

Thornlea Care Home Limited

Thornlea Rest Home

Inspection report

308 St Annes Road
South Shore
Blackpool
Lancashire
FY4 2QP

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Ratings

| | |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| Is the service effective? | Good ● |
| Is the service caring? | Good ● |
| Is the service responsive? | Good ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

Thornlea delivers care and support for a maximum of 17 older people. At the time of our inspection, 17 people lived at the home. Thornlea is a bungalow, situated on a main road in the South Shore area of Blackpool. There are two lounges, a dining room and a rear garden with a decking area offering a range of seating. There are multiple aids and adaptations to meet the needs of people who live there.

At the last inspection on 04 November 2015, the service was rated Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

During this inspection visit, people we spoke with said they felt safe and comfortable living at the home. Thornlea was clean and well-maintained and care records we reviewed included risk assessments intended to enhance everyone's safety and welfare. Staff had training to protect people against the risk of harm, poor care and abuse.

We observed staff ensured people received their medicines on time and concentrated on one person at a time. Evidence in staff files confirmed employees who administered medicines completed relevant training to protect individuals from unsafe management of medication.

The provider followed their recruitment policy to protect people from unsuitable staff. Records we reviewed evidenced there were sufficient numbers and skill mixes of staff to meet each person's requirements. Staff undertook a variety of training courses to underpin their duties. A relative said, "There are lots of staff on duty and they all seem well trained."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. When we discussed choice, consent and freedom with people and relatives, they told us they felt in control of their lives.

Staff frequently provided fluids to maintain people's hydration levels. We observed they offered a choice of food at meal times and checked each person had sufficient to eat. A relative commented, "The food is very nice."

We observed staff engaged with those who lived at Thornlea and their relatives with a cheerful and friendly approach. People were smiling and relaxed throughout our inspection, which demonstrated strong bonds with those who supported them. A relative commented, "The staff are A1, top notch. They're so lovely."

Care records we looked at showed the management team engaged people and their relatives in the

development of their care plans. People and relatives told us staff involved them in all aspects of their care, including the review and update of treatment.

The provider had worked with the local hospice to ensure staff received accredited training in end of life care provision. Staff monitored each person's general health, through a coding system, to ensure the provision of additional support if the person started to deteriorate.

Staff discussed and agreed what support people required and established a care plan to meet their needs. We found records were person-centred because assessments and documentation were geared towards the individual's abilities and preferences.

The management team conducted and completed a variety of processes to check quality assurance and people's experiences of living at Thornlea. These included multiple audits to retain oversight of everyone's safety and welfare. People and relatives told us Thornlea's management team were supportive, approachable and led the home well.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

| | |
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| Is the service safe? The service remains good. | Good ● |
| Is the service effective? The service remains good. | Good ● |
| Is the service caring? The service remains good. | Good ● |
| Is the service responsive? The service remains good. | Good ● |
| Is the service well-led? The service remains good. | Good ● |

Thornlea Rest Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Thornlea is a 'care home.' People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, both of which we looked at during this inspection.

This inspection took place on 11 April 2018 and was unannounced. The inspection team consisted of an adult social care inspector.

Before our unannounced inspection, we checked the information we held about Thornlea. This included notifications the provider sent us about incidents that affect the health, safety and welfare of people who lived at the home. We also contacted other health and social care organisations such as the commissioning department at the local authority and Healthwatch Blackpool. Healthwatch Blackpool is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced living at Thornlea.

Furthermore, we looked at the Provider Information Return (PIR) the provider had sent us. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Additionally, we spoke with a range of individuals about this home. They included four people who lived at Thornlea and four relatives. We further discussed care with two members of the management team and three employees.

We observed care and support in communal areas and looked around the building to check environmental safety and cleanliness. This enabled us to determine if people received the care and support they needed in an appropriate environment.

We examined care records of three people who lived at the home. This process is called pathway tracking and enables us to judge how well Thornlea understands and plans to meet people's care needs and manage any risks to people's health and wellbeing. We checked documents in relation to two staff members. We also looked at records about staff training and support, as well as those related to the management and safety of Thornlea.

Is the service safe?

Our findings

People and relatives we spoke with said they felt safe and secure at Thornlea. One person told us, "I feel safe and comfortable here." A relative stated, "[My relative's] safe, which is really reassuring for me. I can go home and not worry about her." Another relative added, "There's plenty of staff here, it reassures me that [my relative] is safe and well supported."

Thornlea had a clean, well-maintained environment. A person who lived at Thornlea told us, "It's the best place for me if I can't be in my own home. It's clean and comfortable." We saw sufficient personal protective equipment, such as disposable gloves and aprons, was made available to staff. We found restrictors secured windows to protect people from potential injury. The management team also monitored the safe delivery of hot water, electrical, gas, fire and legionella safety certification. This ensured systems were checked to maintain people's safety and welfare.

The provider displayed posters in staff areas as part of their programme of environmental safety. The information guided staff about procedures intended to mitigate risks hazards, such as incident reporting, handwashing and skin tear prevention. The manager followed procedures to maintain a safe environment and reduce the risk of accidents and incidents. They reviewed recurring themes to assess any potential lessons learnt. We saw care records included risk assessments intended to reduce the risk of inappropriate or unsafe support for people who lived at Thornlea. These covered, for example, falls, movement and handling, fire safety, medication and nutrition. The management team reviewed risk documentation to ensure the continuity of each person's safety.

Staff had training to protect people against the risk of harm, poor care and abuse. They understood their responsibility to report concerns and the various organisations to contact. One staff member said, "I would have no problem whistleblowing. I would only implicate myself if I tried to cover up."

We observed staff ensured people received their medicines on time and concentrated on one person at a time. A relative said, "I have no concerns about medication. The staff make sure [my relative] gets it on time." Staff were patient, provided a drink and explained to each individual the purpose of their medication. Recordkeeping followed the National Institute for Health and Care Excellence 'Managing Medicines in Care Homes' guidance. For example, we saw there were no gaps in documentation and a staff signature list was available. Evidence in staff files confirmed employees who administered medicines completed relevant training. Additionally, the management team reviewed procedures as part of their safe management of people's medication.

The provider followed their recruitment policy to protect people from unsuitable staff. The management team were clear about their responsibility to review and document the employee's full employment history. Records we reviewed evidenced there were sufficient numbers and skill mixes of staff to meet each person's requirements. A relative said, "There's plenty of staff around, no worries there." Staff confirmed they did not feel rushed in their duties and had time to sit and talk with people. One staff member told us, "We are not overworked. We can take our time to give better care and chat with people."

Is the service effective?

Our findings

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). None of those who lived at Thornlea had an authorised DoLS to support them. We saw people were not deprived of their liberty throughout our inspection. A person who lived at Thornlea said, "The staff are so respectful of me. They ask what I want to wear and if I want a wash or shower. They never take over."

When we discussed choice, consent and freedom with people and relatives, they told us they felt in control of their lives. One relative said, "[The manager] discussed [my relative's] needs with me and we agreed his care." We observed staff checked people's agreement before they provided support. Care records contained the person's consent to care and specific decisions about, for example, medication, night checks and photographs.

Records we looked at showed staff engaged with other healthcare professionals in the continuity of each person's care. These included, care co-ordinators, hospital specialists, GPs, community services and social workers. We saw staff updated care plans to changes in people's treatment. Family members confirmed the manager informed them and encouraged them to be involved in access to services. One relative told us staff had recently supported their family member to see their GP with a medical condition. They added, "It's reassuring to know they get the attention they need." A member of the management team explained they worked closely with the local hospice to ensure discharge from hospital was not unnecessarily delayed. They added, "We get the residents fast tracked so that they can be back in their own home as quickly as possible." This assisted people's wellbeing because they could remain within their familiar surroundings for longer.

We looked at the building and grounds and found they were appropriate for the care and support provided. For example, the provider had extended an area into a conservatory with a large mural displaying calming scenery. The environment was bright and the gardens offered additional space to sit in peace or socialise with others in good weather.

Staff frequently provided fluids to maintain people's hydration levels. We observed they offered a choice of food at meal times and checked each person had sufficient to eat. One relative commented, "[My relative] has a choice of food and she would say if she didn't like something." Another relative told us, "The food is good and my [relative] is eating well now, she's put weight on." Care records contained nutritional risk assessments and monitoring charts. This formed part of the review of the person's needs and to reduce the risk of malnutrition. Staff training included food hygiene to guide staff to effective food safety management.

We saw staff training included experiential learning to assist their development and skills. A member of the management team told us, "It involves learning what it's like having cataracts, etc, so we can experience it and understand better." Staff undertook other training courses to underpin their duties, such as infection control, mental capacity, safeguarding, medication and food hygiene. A relative said, "The staff seem do

know what they are doing. They are really skilled in their work." Furthermore, the management team supported staff through regular supervision.

Is the service caring?

Our findings

When we discussed care with people and their relatives, they responded positively about the kind and compassionate support they received. One person said, "All the staff are very caring." A relative told us, "I love it. We couldn't have found a better place. The amount of care and friendliness shows." Another relative stated, "It was a relief to find this place. I'm very happy with the service. The staff are great." A third relative added, "The staff are good, they care."

Care records we looked at showed the management team engaged people and their relatives in the development of their care plans. For example, each person had signed their agreement to their support and discussed their wishes and preferences. People and relatives told us staff involved them in all aspects of their care. One relative said, "They talk to me about my [relative's] care. I know her and they understand that." We saw those who lived at Thornlea had their personal belongings in their bedrooms, such as photographs, pictures, soft toys, ornaments and furnishings. These enabled people to settle in and experience the home as their own.

We observed good examples of staff being sensitive and caring when they supported people with their diverse needs to maintain their human rights. Care records included support planning for a person who preferred to dress and display themselves differently. Staff demonstrated a caring and understanding approach, which enabled the person to feel settled within an inclusive environment. Additional documents included checks of people's preferred priorities of care and end of life wishes, their religion and ethnicity. These guided staff to the individual's diverse needs and preferences about their culture and beliefs. The provider ensured information, such as contact details, about advocacy services was made available to those who lived at and visited Thornlea. Consequently, people could access this if they required support to have an independent voice.

Throughout our inspection, we observed staff approached people with a caring and respectful attitude. A relative told us, "I'd give them 11/10. They've gone out of their way for [our family member]." Staff interactions included appropriate use of humour and touch, as well as eye-level contact throughout. The provider ensured staff received dignity training and followed the Department of Health's Dignity in Care guidance. This reflected their passion about delivering a service focused on optimising standards in compassionate care and respect for privacy. One person commented, "They respect my space and privacy." Relatives we spoke with told us the home had a welcoming atmosphere and they were supported to maintain their important family relationships. Another person told us, "[My relative] likes it here. It's more like a home from home. They are welcoming. The staff makes us a brew as though we are at [our relative's] house."

Is the service responsive?

Our findings

People and relatives said staff at Thornlea were responsive to their requirements. One person told us, "They understand what it's like to have to come to somewhere like here and they have really helped me settle in." A relative commented, "In the eight weeks since [my relative] has been here, she's been really settled." Another relative stated, "[My relative's] gradually getting better, so it's nice to see him improving."

The provider worked with the local hospice to ensure staff received accredited training in end of life care provision. We saw associated care records included people's preferences about their end of life requirements. Staff monitored their general health, through a coding system, to ensure the provision of additional support if the person started to deteriorate. A member of the management team told us they had received praise following a recent death at the home. They said this helped them to feel valued and their work was worthwhile. We saw comments on a card that outlined, 'So grateful we found Thornlea Care Home, where the word 'care' really does mean care.'

On admission, the manager completed an assessment of the person's mental, physical and social health. Staff discussed and agreed what support people required and created a care plan to meet their needs. Records were person-centred because assessments and documentation were geared towards the individual's abilities and preferences. The approach to care planning focused on helping people to retain their independence and improve their self-worth and confidence. For instance, intended outcomes centred around the person's strengths and guided staff to be responsive to their requirements. A relative said, "[My relative's] improved since she's been here."

Care planning concentrated on each person's continuity of care because the management team regularly reviewed their documentation. This included discussion about their life histories and update of their preferences and agreed support plans. Staff documented, for example, people's preferred name, activities, meals and family contact. A relative confirmed "They've asked me what [my relative] likes and dislikes." During our inspection, we noted one person had chosen to move to another bedroom. The reason for this was because they could be closer to another person who they got on with. They told us this was important to their wellbeing and appreciated staff involving them in the decision. They added, "We have lots of friendships and chats between us."

In the last year, the provider had not received any complaints. They ensured people who lived at Thornlea and their relatives had access to information to help them comment on their experiences. One person said, "I have no complaints. If I had I would raise them with the management."

Staff assisted people with a variety of arts and crafts projects, which the management team valued and celebrated by displaying them throughout Thornlea. For instance, a family tree on one corridor wall held hand-made flowers with each person's photograph. Another wall contained art created by those who lived at the home. Pets at the home, including a dog and bird, provided stimulation and contact. Children from a local nursery attended Thornlea weekly to bake with people and participate in arts and crafts. A staff member told us, "It's lovely and the residents really enjoy their time with them." The management team also

provided a programme of daily activities to occupy those who lived at the home and enhance their social skills. A relative said, "I think there's enough going on. [My relative] says his days go quickly, so he seems occupied enough."

Is the service well-led?

Our findings

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and relatives told us Thornlea's management team were supportive, approachable and led the home well. One person said, "The owner is wonderful. He even comes along to appointments with you to support you with advice." A relative added, "The management are approachable. I'm very happy." Another relative stated, "I don't have any concerns and I think they do a really good job." A third relative commented, "The manager's very approachable."

We observed people and relatives were relaxed when they engaged with the manager and owner. They demonstrated a good understanding of each person's backgrounds and care requirements. All staff we spoke with told us Thornlea had strong leadership and the management team was supportive. One employee stated, "[The management team] work really well together and are well balanced. Both of them are very approachable."

The management team conducted and completed a variety of processes to check quality assurance and people's experiences of living at Thornlea. This included audits to retain oversight of service delivery, such as health and safety, equipment, fire safety and medication. The provider told us they would address any identified concerns to maintain everyone's safety and welfare. Feedback from people who lived at the home and relatives was complementary.

We saw evidence of the provider working with other organisations in the ongoing improvement of people's lives, including health and social care services. The management team also engaged with external quality assurance organisations to measure and monitor systems. For instance, Investors in People (IIP) had recently awarded Thornlea the bronze standard. IIP is an external organisation that checks how services manage their staff against set standards, such as leadership and staff support and training

Thornlea had a small staff team that worked closely and cohesively on a daily basis. One staff member told us, "The management here is relaxed and we work well together as a team." We saw regular staff meetings provided opportunities to raise concerns or ideas to improve the service. Records from the last meeting outlined areas discussed, such as budgeting, activities, infection control and training. Another staff member told us, "The managers are very approachable, they listen to our ideas."

The service had on display in the reception area of the home their last CQC rating, where people who visited the home could see it. This is a legal requirement from 01 April 2015.