

Mr Alan Hannon

Threen House Nursing Home

Inspection report

29 Mattock Lane
Ealing
London
W5 5BH

Tel: 02088402646

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This focused inspection took place on 24 April 2018 and was unannounced. The last comprehensive inspection of the service was on 25, 26 and 29 January 2018 when we found one breach of the Care Quality Commission (Registration) Regulations 2009 as the provider did not inform CQC of the outcomes of applications they had made to the local authority for authorisation to deprive people of their liberty. At the inspection in April 2018 we looked at the key questions Safe and Well-led and found that the provider and registered manager had made improvements to ensure they sent statutory notifications to CQC and monitored accidents and incidents to keep people safe.

No risks, concerns or significant improvements were identified in the remaining Key Questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection

Threen House Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service provides accommodation and nursing care for up to 26 older people in a converted, detached property. When we carried out this inspection 11 people were using the service.

The service had a manager who registered with the Care Quality Commission in December 2017. 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 using the service were cared for safely as staff completed training in safeguarding and whistleblowing and were clear about reporting any concerns.

Staff reviewed possible risks to people using the service and took action to mitigate these.

The provider carried out checks to ensure new staff were suitable to work with people using the service and there were enough staff deployed to meet people's needs.

People received the medicines they needed safely and as prescribed.

The provider had appointed a qualified and experienced manager who started work at the service in August 2017. People's relatives and staff told us the service was well managed.

The registered manager had appointed teams of staff that were champions in skin integrity, infection

control, falls prevention and health and safety. They had also reviewed systems to improve the management of health and safety, including the reviewing of incidents and accidents.

The provider consulted people using the service, their relatives and staff about the care and support people received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Staff received training in safeguarding and whistleblowing and were clear about reporting any concerns.

Staff reviewed possible risks to people using the service and took action to mitigate these.

The provider carried out checks to ensure new staff were suitable to work with people using the service.

People received the medicines they needed safely and as prescribed.

Is the service well-led?

Good 

The service was well led.

The provider had appointed a qualified and experienced manager who started work at the service in August 2017. People's relatives and staff told us the service was well managed.

The registered manager had appointed teams of staff that were champions in skin integrity, infection control, falls prevention and health and safety.

The provider consulted people using the service, their relatives and staff about the care and support people received.

Threen House Nursing 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.

The inspection took place on 24 April 2018 and was unannounced. Two inspectors carried out the inspection.

Before the inspection we reviewed the information we held about the provider and the service. This included previous inspection reports, the action plan dated 19 April 2018 the registered manager sent us to describe the actions they had taken to meet the regulations and statutory notifications the provider sent us. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about.

During the inspection we spoke with five people using the service, the registered manager, four members of staff and two visitors. We looked at the care records for two people, medicines records for four people and audits and checks the provider and registered manager carried out to monitor quality in the service and make improvements.

Following the inspection we spoke with the relatives or representatives of two people using the service and two healthcare professionals for their views on the service.

Is the service safe?

Our findings

People using the service and their relatives told us the service provided safe care. Their comments included, "It's nice, you feel very safe with [staff] here. I'm very happy" and "Yes, I'd say I'm safe here. [The staff] are very good". A relative told us "Staff got to know [family member] and what his needs are. They make sure he is in the right chair and keep him safe."

A healthcare professional told us, "The manager refers people appropriately and they have been very good at following advice and treatment plans. I also offered them training for staff and the manager arranged this. I think they are keen to do their best and it is always easy to speak with someone who knows the patient."

At the last inspection in January 2018 we found that the service did not review accidents and incidents so that lessons could be learnt. At the inspection in April 2018 we found that the registered manager had introduced a clinical governance system to monitor and improve the care and support people using the service received and identify trends. They carried out a monthly review that included falls, injuries, bruises, infections and pressure ulcers. Where these reviews identified issues they needed to address, the registered manager took action. For example, following two falls in March 2018, staff reviewed each person's risk assessment, the registered manager discussed moving and handling with the staff team and one person's armchair was changed to make it easier for them to transfer and mobilise. Other incident reports included the action taken and details of who the provider had informed, for example, the person's family and GP, police and CQC.

Staff received training in safeguarding and whistleblowing and were clear about reporting any concerns to the registered manager and also knew the outside agencies to contact if no action was taken at provider level. Their comments included, "I'd tell the nurse if I saw any abuse or I'd whistle blow to social services or the police", "If I had concerns I'd tell the nurse in charge or the manager. If nothing happened in a week, I'd whistle blow" and "I've had safeguarding training and I would report any abuse straight away. If nothing was done I'd tell social services or the Care Quality Commission". The registered manager also confirmed they gave staff a copy of a Skills for Care safeguarding booklet so they had the information they needed to hand if they identified any concerns.

The registered manager and provider had reviewed risk assessments for safe working practices using equipment provided in the service in January 2018 and risk assessments relating to people's safety such as failing eyesight, prevention of scalding, moving and handling and continence were updated each month, to keep them up to date. These were clear and listed the measures to mitigate any risks identified. The provider also reviewed the service's fire risk assessment in January 2018 and fire safety procedures were in place. Fire drill training sessions took place and the provider explained clearly how they trained the staff to respond in an emergency. Weekly fire safety checks of the fire safety equipment were carried out to ensure it was maintained in good working order.

The registered manager also completed risk assessments for people using the service and we saw staff reviewed these each month. We saw risk assessments for pressure care, malnutrition, choking, falls and

moving and handling. Where the assessments identified possible risks to individuals they included clear guidance on how to mitigate these. For example, one person's risk assessment for accessing the services garden instructed staff to offer regular drinks to maintain hydration and make sure the person used sun screen. A second person's skin integrity risk assessment included guidance for staff to use pressure relieving equipment and report any marks on the person's body to the nurse in charge.

The provider maintained and serviced equipment at the required intervals to keep it in good working order. The fire alarm system and emergency lighting were serviced in March 2018. There were current gas and electrical safety certificates and the cold water system had last been checked in February 2018. Portable appliance testing had been completed in May 2017 and the registered manager said any equipment that failed the test was discarded. Moving and handling equipment had been serviced in December 2017. Storage areas were locked so people could not access products that could be harmful to them. If repairs were identified, we saw these were reported and action taken to address them promptly.

The provider carried out checks to ensure new staff were suitable to work with people using the service. We saw that Disclosure and Barring Service (DBS) enhanced disclosures had been carried out for all employees and the professional qualification registrations for all registered nurses were checked regularly to ensure they were up to date. The provider had employed one new member of staff since our last inspection in January 2018. We saw they had completed an application form and provided a curriculum vitae that included a full employment history. They had also completed a health questionnaire. Pre-employment checks included two references, proof of identity and a DBS enhanced disclosure. We saw they had completed induction training relevant to their role, including infection control, safe food handling and control of substances hazardous to health. The registered manager explained that all new staff had a mentor and weekly meetings were conducted to monitor their progress during the probationary period.

The service was being staffed appropriately to meet people's needs. At the time of our inspection there was a registered nurse, three care workers, a chef and a cleaner on duty.

People received the medicines they needed safely. A relative told us, "Staff give him time and encourage him, or give it five minutes and come back." They also said they were aware of the medicines her family member needed to take and the service kept them informed of any medicines changes.

Medicines were safely managed in the service. Medicines were securely stored at safe temperatures and nurses carried out and recorded daily temperature checks of the medicines trolley and the medicines fridge. Each person had a front sheet and information that included a dated photograph, a record of any allergies and any relevant information about how the person took their medicines, so the nurses could be clear around this. There was a medicines policy the provider had last updated in April 2018 and we saw this provided clear information for staff to follow. Registered nurses completed annual training in medicines management and the registered manager carried out annual medicines competency assessments, to keep their knowledge and skills up to date.

Medicine administration records (MARs) we viewed were complete with no gaps in signing and where a medicine had been omitted for some reason then an identified coding had been used so it was clear why it had been omitted. Where there was a variable dose of one or two tablets prescribed, the actual amount given had been recorded so the efficacy of the medicine could be monitored. Protocols were in place for 'as required' medicines. These were clear and identified the reason for administering the medicine and the desired outcome.

The majority of medicines were supplied in a 28 day supply monitored dosage system and we sampled

these and saw the medicines had been given as prescribed. We also carried out a stock check of a sample of boxed medicines including controlled drugs (CDs) and these tallied with the amounts given and signed for. Stock balances were maintained for all boxed medicines and CDs were checked at each handover and signed for. The registered manager also carried out weekly stock checks of the CDs as part of her monitoring processes.

Where someone received their medicines covertly, this had been assessed and recorded and signed for by the GP and the dispensing pharmacist and the agreements were reviewed every six months. Where medicines were crushed, each person had an individual pill crusher and these were labelled for the individual to minimise any risk of cross-contamination. The Clinical Commissioning Group's (CCG) pharmacist had last carried out a medicines visit in May 2017 and had been satisfied that medicines were being well managed.

The service was clean and fresh throughout and staff told us personal protective equipment including gloves, aprons and sanitising hand gel were available for use when providing care. Training records also showed that all staff had completed infection control training in January 2018.

Is the service well-led?

Our findings

When we carried out the last comprehensive inspection of the service in January 2018 we found the provider had not informed the Care Quality Commission of the outcomes of Deprivation of Liberty Safeguards (DoLS) applications they made to the local authority to deprive people of their liberty. This was a breach of the Care Quality Commission (Registration) Regulations 2009. Following the inspection, the registered manager sent us notifications to show the local authority had authorised DoLS applications for six people using the service. At the April 2018 inspection we saw the registered manager had set up a system to monitor the need to apply for and renew DoLS authorisations for people using the service. This was evidence that the provider had met the regulation and did not deprive people of their liberty unlawfully.

People's relatives told us they felt the service was well managed. Their comments included, "It's all fine at the moment. [The registered manager] knows her stuff and has turned the place around", "Threen House is great, they always do their best and my [family member] is very happy there", "My [family member] is very well cared for, the home is very well run" and "[Registered manager] is very good. She has taken the ship by the helm and has brought things up to date."

The provider is registered with the Care Quality Commission (CQC) as an individual and has a condition of registration to have a registered manager. The provider held a City and Guilds National Vocation Qualification Level 4 Registered Manager (Adults) qualification awarded in 2005, but they did not have a nursing qualification and had always appointed a qualified nurse to manage the service. The provider had appointed a qualified and experienced manager who started work at the service in August 2017. The manager completed their registration with CQC in December 2017. They told us they kept their knowledge up to date by reading Nursing and Midwifery Council (NMC) and CQC updates and attending the local authority's registered manager forum and provider forum. They also said they were completing a Leadership in Health and Social Care qualification at City University and belonged to an action learning set for managers of services for older people.

Staff told us they felt the culture in the service was fair and open and it was well managed. Their comments included, "The manager is doing a good job. She is very fair", "People are well cared for, there have been a lot of improvements", "We have a good manager. She is very clear about how she wants things done and that has made things better for people living here and the staff" and "I look forward to coming to work. We have come a long way, I'm really happy here and hope we go further."

Another member of staff told us, "[Registered manager] is five star. She is supporting all the staff and ensures everything is in place, step by step. She knows what is going on. It is teamwork, a dedication to your work" and "[Registered manager] will listen – you can talk and make suggestions and she listens to you." She is straight and to the point, she has good leadership and management skills." When we asked them how they worked together on projects, they told us, "You implement [a new procedure] and then you review it."

Staff also told us the registered manager attended the handover each morning, was available outside her working hours and would ring to check all was running well. They also attended meetings, were fully

involved in the running of the home and were very supportive. Staff said the registered manager had also implemented the wearing of uniforms, a dress code and identity badges. They felt the home was being well maintained and said they had received good feedback from people's families. Staff knew the registered manager planned to review the use of call bells and the use of sensor mats for the future. They said everyone looked at ideas and everyone was involved.

Since our last inspection in January 2018, the registered manager had appointed teams of staff that were champions in skin integrity, infection control, falls prevention and health and safety. The teams had one registered nurse and three care workers and the registered manager intended to empower the staff to take responsibility for each area so their knowledge and skills could be utilised. There were comprehensive files with information and protocols available for each topic. Staff also received training to keep their knowledge and skills up to date.

The provider consulted people using the service, their relatives and staff about the care and support people received. We saw they had completed a satisfaction survey with people's relatives in March 2018. After analysing responses in the completed surveys, the provider developed an action plan that included discussing laundry arrangements with the staff team, reviewing the activities programme and making the summer house in the garden available for people to spend time privately with their visitors.

The provider worked with other agencies and organisations to make sure people received the care and support they needed. We saw evidence they worked with health and social care professionals and the registered manager told us they worked with the local GP surgery to take part in a trial to identify improvements in the care of people who had difficulty swallowing. The provider also took part in monitoring meetings organised by the local authority and Clinical Commissioning Group (CCG). We saw the registered manager had also introduced a weekly session with a local Mother and Toddlers group. There was a risk assessment for this and a signing in register. One of the mothers told us that there was always a member of staff in the room with them to attend to any needs a person might have. We spent time observing the session in the home's conservatory and saw this was enjoyed by all of the people who attended.