Anchor Trust

Thornton Hill

Inspection report

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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?	Requires Improvement

Summary of findings

Overall summary

We carried out the inspection of Thornton Hill on 24 and 31 August 2017. At the time of our inspection there were 39 people using the service. This was an unannounced inspection.

Thornton Hill is registered to provide accommodation and personal care for people. It is owned and managed by Anchor Trust. The service is a large converted manor house with a purpose built extension known as the Manor Wing. Thornton Hill is set in its own grounds and overlooks the valley. It is in the village of Thornton-in-Craven, which is approximately eight miles from Skipton.

At the last inspection the service was rated Good overall. At this inspection we found the service remained Good overall.

Since our last inspection the service had appointed a new manager who was in the process of registering with the CQC. However as the manager's registration had not been validated and had been on-going since April, we found the condition of registration had not been met. 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 staff spoke positively about the manager, overall leadership and management of the service. The provider was continuously seeking and implementing new ideas and ways for the service to improve. They stayed abreast of best practice and current research in the field of dementia care and brought new ideas into the service in order to enhance people's quality of life.

Staff told us they were well supported. We saw supervisions and team meetings regularly took place, however some staff appraisals were missing.

We saw that some of the communal internal and external areas in the home looked clean and were repaired when required. We noted the home manager was in the process of implementing improvements needed in the service.

We found that the Mental Capacity Act 2005 and the Deprivation of Liberty (DoLS) 2009 legislation had been adhered to in the home. The manager told us of the people at the home who lacked capacity. We found appropriate Deprivation of Liberty Safeguard (DoLS) applications had been submitted to the Local Authority in relation to people's care.

Staff knew how to protect people from the risk of abuse or harm. They followed appropriate guidance to minimise identified risks to people's health, safety and wellbeing.

There were enough staff to keep people safe. The provider had appropriate arrangements in place to check

their suitability and fitness to support people.

Staff ensured the environment was clear of slip and trip hazards to support people to move freely around. The premises and equipment were regularly maintained and serviced to ensure these were safe.

Medicines were stored, recorded and managed safely and people received their medicines as prescribed.

People continued to receive support that was personalised and met their specific needs. Senior managers reviewed people's needs regularly to ensure current support arrangements continued to meet these.

Staff received relevant training and were supported by senior staff to help them to meet people's needs effectively. Staff knew people well and had a good awareness and understanding of their needs, preferences and wishes.

People were supported to eat and drink enough to meet their needs. They enjoyed the meals they ate at the service. People were also supported to stay healthy and to access healthcare services when needed.

Staff encouraged people to participate in a wide range of activities and to maintain relationships with the people that mattered to them in order to promote social inclusion. Staff were warm and welcoming of visitors to the home and friends and families were free to visit when they wished.

Staff were caring, treated people with dignity and respect and ensured people's privacy was maintained particularly when being supported with their personal care needs.

People were supported to retain as much independence and control as possible with daily living tasks. People were encouraged to make choices and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People and staff were encouraged to provide feedback about how the service could be improved. We saw a number of improvements had been made by the provider which had had a positive impact on the quality of care that people experienced.

People were satisfied with the support they received from staff. People knew how to make a complaint if they were unhappy about any aspect of the support they received. The provider maintained arrangements to deal with people's complaints appropriately.

Regular checks and reviews of the service continued to be made by senior staff to ensure people experienced good quality safe care and support at all times.

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 remains Good.

Is the service effective?

Good

The service was effective.

Staff were supported in their role; however some staff had not received an annual appraisal.

Appropriate referrals had been made for deprivation of liberty safeguards. The service was working in line with the Mental Capacity Act 2005.

People were supported to contact health care professionals when required.

People received support and staff promoted hydration throughout the service.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The service did not have a registered manager in post.

The home manager was proactive in their approach to running the service. The service had a clear line of accountability.

Quality assurance checks had been completed to identify and improve services.

Thornton Hill

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 the 24 and 31 August 2017 and the inspection was unannounced. This was the first inspection since the service opened in 2016.

The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included speaking with the local authority contracts and safeguarding teams and reviewing information received from the service, such as notifications. We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at how people were supported throughout the day with their daily routines and activities. We reviewed a range of records about people's care and how the service was managed. We looked at four care records for people that used the service and four staff files. We spoke with three people and three support workers as well as the manager, regional manager and chef. We also spoke with one relative of a service user and one visiting health professional. We looked at quality monitoring arrangements, rotas and other staff support documents including supervision records, team meeting minutes and individual training records.

Good

Is the service safe?

Our findings

Since our last inspection the provider continued to ensure all staff were supported to keep people safe from abuse or from harm. All staff were trained in safeguarding adults at risk and in equality and diversity. Information about risks that could make people vulnerable, for example financial abuse, were detailed in people's records along with the steps staff should take to ensure they were sufficiently protected. We saw when a safeguarding concern had been raised about a person; senior staff had worked proactively with other agencies involved in their care to ensure the person was sufficiently protected. The service had a whistleblowing procedure in place and staff were aware how to raise a concern through this procedure.

Staff were also well supported to minimise risks posed to people due to their specific health care needs. Senior staff continued to assess, monitor and review risks posed to people by their healthcare needs and by the wider environment. They updated people's support plans promptly so that there was current guidance for staff on how to ensure identified risks, for example from falls, choking or poor food and fluid intake, were reduced or minimised in order to keep people safe from injury or harm.

The provider had systems in place to ensure the environment was safe and did not pose unnecessary risks to people. We saw staff kept the environment free from trip hazards that could cause people to slip or fall. Staff also followed well established procedures for minimising risks to people that could arise from poor hygiene and cleanliness. The environment, including communal areas such as toilets and bathrooms, were clean and well maintained. Staff wore appropriate personal protective equipment (PPE), particularly when supporting people with their personal care, to reduce the risk of spreading and contaminating people with infectious diseases.

The provider continued to follow robust recruitment processes so that any new staff employed to work at the service were suitable and fit to support people. They were improving these checks at the time of our inspection to gain additional assurance about the character of prospective employees. The provider had carried out criminal records checks on all existing staff to assure themselves of their continuing suitability to work at the service.

There were enough staff to support people. One person said, "If I need someone they come straight away." Another person told us, "There is always people [staff] around." The provider used a dependency tool, which took account of the level of care and support people required, to help them plan the numbers of staff needed to support people safely at all times. We observed throughout our inspection staff were visibly present and providing appropriate support and assistance when this was needed. Roster's showed when staff called in sick, management were able to leave their office based work and support people directly. This helped fill staffing gaps so people could be supported in an unrushed manor.

People were supported to take the medicines prescribed to them. The provider continued to maintain appropriate arrangements for safe medicines management. We checked stocks and balances of medicines and people's individual medicines administration record (MAR) which showed no gaps or omissions. This indicated people received their prescribed medicines. Medicines were stored safely and securely. Staff were

suitably trained and their competency to safely administer medicines was regularly assessed by senior staff.

Good

Is the service effective?

Our findings

Our last inspection we rated this domain as Requires Improvement. At this inspection we found the service had made improvements and were now rated Good in this domain.

Staff received training to ensure they were up to date with best practice and skills. All new members of staff were only able to support people unsupervised once senior staff were satisfied they demonstrated the necessary skills and competence to do so. Senior staff met with all staff regularly through a revised programme of supervision meetings which staff were encouraged to reflect on their work practice, discuss any issues or concerns they had and identify how they could improve further through training and development opportunities. However although staff told us they were supervised and felt supported, we noted gaps where some staff had not had an annual appraisal. The registered manager and regional manager agreed this was an area they were focusing on. We recommend the service start an annual program of appraisals for all staff.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found when required, the provider had made applications for assessment to the local DoLS team. The provider had policies and procedures in place for staff to follow in relation to the MCA. The service currently supported five people with an authorised DoLS in place with no conditions attached. All of the staff we spoke with had good knowledge of their responsibilities under the MCA and DoLS. One staff member said, "As much as possible we want people to make decisions for themselves." People's ability to make and consent to decisions about their care and support needs continued to be monitored and reviewed by senior staff on a monthly basis. We observed during our inspection staff continually prompted people to make decisions and choices and sought their permission and consent before providing any support.

People were supported to eat and drink enough to meet their needs. People were asked for their feedback and views on menus so that these were reflective of their preferences and choices for the food they liked. Staff showed good awareness of people's individual dietary needs. People with food allergies or special diets due to their cultural, religious or healthcare needs were catered for. People said they enjoyed the meals they ate. One person told us, "It's always a good meal, plenty to fill us up." Another person said, "I don't always like what's on the menu but staff will get me something else." A staff member told us, "People

have two main choices of food but if they don't want that we can make something from whatever is in the kitchen." We saw some people requesting food that was not on the menu.

Staff monitored what people ate and drank to check that people were eating and drinking enough. Records showed when staff had had any concerns about this they had reported this to senior staff promptly, who had sought appropriate assistance or support for the individual. Senior staff also carried out nutritional risk assessments to monitor and review that the support provided to each person remained appropriate and to identify anyone who may need further support with their food and fluid intake due to any changes in their healthcare needs.

People also continued to be supported to maintain their health and overall wellbeing. One person said, "If I felt ill I would tell the staff. I often see doctors or nurses around so they would help." Another person told us, "They always check if I am ok, I needed a doctor once but they [staff] sorted that." On the day of inspection we spoke with a visiting district nurse who confirmed staff responded quickly to people not being well.

Staff carried out regular health checks and recorded daily the support provided to people including their observations about people's general health. This helped them identify any underlying issues or concerns about people's current health. When staff became concerned about a person's health they took prompt action to ensure they received appropriate support from the relevant healthcare professional such as the GP. Information about people's current health and wellbeing was shared by senior staff through shift handover meetings. This ensured all staff were up to date and informed about the current support people required to help meet their needs.

Good

Is the service caring?

Our findings

Since our last inspection, people continued to receive support in a caring manner. People spoke positively about the staff that supported them. One person said, "They are great. I really like [staffs name]. They always have a smile." Another person told us, "They take their time with us, very caring." One relative told us staff were always very friendly and they were happy with their parents care. We observed many positive interactions between people and staff through the course of our inspection. Staff chatted with people, asked how they were and regularly checked if people required any help and assistance from them.

Staff knew people well and supported them to retain as much independence and control as possible. One person said, "I decide when I want to go to bed." Senior staff ensured people's records were up to date with information about people's communication needs and preferences and the level of support they required from staff with day to day tasks. We saw staff prompted people to do as much as they could and wanted to do for themselves. Staff were able to explain to us the specific support people required and how each person communicated their choices about what they wanted. This showed us people received the support they needed in a caring way.

Information for people was presented in formats that were easy to understand and displayed in a visible and accessible way. For example around the environment we saw bright and colourful displays, using pictures and photographs, to inform people about the date, time, the day's menu and planned activities and the staff on duty at the service that day. There was also information displayed about each person living at the home accompanied by their photograph and a brief life history which helped to aid people's memories and recollections as well as provide information to staff to help them get to know people better.

People were treated with dignity, respect and staff ensured they had privacy when this was needed. One person said, "They listen to what I have to say. They are very good at listening." One staff member said, "We cover people when supporting them with personal care and make sure doors are closed and windows are shut. It's important for people's dignity."

We saw staff greeted people by their preferred name. They gave people the time they needed to make choices and decisions about what they wanted and then acted on these. During activities staff made sure that each person was invited to participate so that no one was excluded. If people chose not to take part, this was respected. People were dressed in fresh, clean clothes and their hair and nails were tidy and trim. After eating, staff discreetly ensured people were helped to clean their hands and face and any spillages on their clothes were wiped quickly to avoid unsightly stains or marks. We observed staff knocked on people's doors and waited for permission before entering their rooms. Doors to people's rooms and communal bathrooms and toilets were kept closed when people were being supported with their personal care to ensure they were afforded privacy.

People's last wishes were recorded in their care plans. Most people who used the service had 'advanced care plans'. These included what was important to them, such as where they wanted to end their life, what they worried about and what they wanted to happen. For example, one person's care plan stated that they

wanted family to be aware as soon as possible and they wished to be buried. The manager told us that they undertook assessments during admissions and reviews, to discuss with people and their representatives end of life preferences. The manager explained that when a person was approaching the end of their life, they had a discussion with all relevant people involved in the person's care, such as the GP, next of kin, and the palliative care service to ensure that the person's wishes were respected and they experienced a pain-free and dignified death.

Good

Is the service responsive?

Our findings

People and their relatives were satisfied with the care and support received from staff. One person said, "I think they're great." Another person told us, "I like it here staff are quick to help me when I need it." This was also evidenced in the positive feedback obtained by the provider though their annual quality survey from people's relatives and representatives.

Since our last inspection, people continued to receive support which met their specific needs. People's support plans were current and contained clear information about their life histories, their likes and dislikes and their specific preferences and choices for how support should be provided to them. There was detailed information for staff on how people should be supported with daily living tasks, for example, with the help they needed in the morning to get ready for the day ahead, how they wished to receive personal care, how they wished to spend their day and the meals they preferred to eat. This ensured people received support that was personalised and focused on their needs being met.

Senior staff ensured people's care and support needs were reviewed with them every month or sooner if there had been any changes to these. When there were changes to people's needs, their support plans were updated to reflect this along with updated guidance for staff on how people should be supported with this. The provider ensured all staff were informed of any changes through daily briefings between senior staff and shift handovers with all staff.

People remained active and participated in a wide range of activities and events to meet their social and physical needs. One person said, "We have parties here, they are great fun. I like to have my hair done as well." There was a range of planned activities in the home each day that people could participate in such as singing and music sessions, exercise classes, arts and crafts and bingo, hair and nails and music quizzes. There was also an I pad device for people to use. The manager told us they currently were piloting a scheme to aid people living with dementia. For example one corridor had been made to look like a street, with a coffee shop where you could get a drink. They had plans to put real drain pipes in the corridor and potted plants to add to the realism with sounds of nature quietly playing. This was to aid reminiscence for people living with dementia.

Staff supported people to stay in touch with their family and friends and maintained an open and welcoming environment within the home so that family and friends could visit when they wished. They were also invited to join in with celebratory events such as birthdays, summer parties and other special occasions. Relatives confirmed to us they were free to come and visit as they pleased.

People and their relatives were informed about how they could make a complaint if they were unhappy or dissatisfied with the service. The provider continued to maintain appropriate arrangements for dealing with complaints or concerns if these should arise. Records showed when a concern or complaint had been received; the manager had conducted an investigation, provided appropriate feedback to the person making the complaint and offered an apology where this was appropriate when people experienced poor quality care and support from the service.

Requires Improvement

Is the service well-led?

Our findings

People spoke positively about the management of the service. One person said, "I know [managers name], yes they are good." A relative told us, "They seem to know what they are doing, any small things they have sorted from the beginning."

Since our last inspection the provider had formally appointed a new manager for the service who showed us they were in the process of registering with us. However as the manager's registration had not been validated and had been on-going since April, we found the condition of registration had not been met. The new manager had a good understanding and awareness of their role and responsibilities particularly with regard to CQC registration requirements and their legal obligation to submit notifications of events or incidents at the service. This was important as we need to check that the provider took appropriate action to ensure people's safety and welfare in these instances.

Staff spoke positively about the manager and said they were well supported by them. Regular staff team meetings took place at which senior staff shared any important changes taking place within the service that impacted on staff's roles. Staff were also encouraged to reflect on their working practices, to share information and learning about people's care and support needs and for their ideas about how people's experience of the service could be improved.

The provider was continuously seeking and implementing new ideas and ways for the service to improve so that people experienced good quality care that met their needs. Staff told us the new manager had strengthened communication and relationships between people and staff. It had also led to improvements in the quality of information shared with staff each day about each person so that they had access to the most accurate and up to date information about them. People's care records had been improved. These were now more accessible and easier for staff to read and understand how people's needs should be met. Monthly reviews of people's needs had also been introduced to enable senior staff to identify more quickly any changes required to current arrangements in place to support people.

Changes had also been made to the environment. A dining room door which had been closed previously was now opened and a fire alarm check that rang weekly over a lunch time was being trailed at a different time. Further improvements were being made including the general visibility in the environment to support people to move freely around at all times. The provider ensured people were involved in discussions about how the service could be improved and acted on their ideas and suggestions. They used a range of methods to gain feedback including regular surveys for staff and people who used the service users and an open door policy.

Records showed senior staff continued to make regular checks of key aspects of the service. We saw recent checks had been made around the safety of the environment, people's care records and medicines administration. When areas requiring improvement were highlighted, records showed the manager took appropriate action to address shortfalls or gaps in the service. In this way senior staff were ensuring people experienced good quality safe care and support.