Cornerstone Trust

Thicketford Place

Inspection report

132 Thicketford Road
Bolton
Lancashire
BL2 2LU

Tel: 01204392043

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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

The inspection took place on 16 March 2016 and was unannounced. The last inspection was carried out on 21October 2013 when the service was found to be meeting all requirements reviewed.

Thicketford Place is a small care home, which can provide support for up to six adults with learning and physical disabilities. The provider is a charity organisation, The Cornerstone Trust who set up the home in 1993. A group of trustees oversee its running, with the day to day management carried out by the registered manager. The home is on a main road, in a busy residential area in Bolton. There is good access to local buses and there are nearby shops and other local amenities. At the time of the inspection there were three adults in long term support at the service.

There was a registered manager in place at the service. 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.

The service had a robust recruitment procedure and staff were recruited safely. There were sufficient numbers of staff to meet the needs of the people who used the service.

Appropriate risk assessments were held in care files for areas such as moving and handling, nutrition, falls. Accidents and incidents were dealt with and recorded appropriately.

Staff had undertaken training in safeguarding adults and were aware of the procedures to follow if they had any concerns. They were confident of the reporting procedure for safeguarding concerns.

Staff had undertaken appropriate medication training and safe systems were in place for the ordering, dispensing, storage and disposal of medicines.

People's nutritional needs were catered for and food and fluid intake was monitored to help ensure people's health and well-being was supervised.

Care plans included a range of health and personal information and were person centred. The files were regularly reviewed and updated.

Staff had undertaken a robust induction programme and training was on-going throughout their employment.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS).

People told us staff were kind and caring. We observed interactions between staff and people who used the service and saw that they were respectful and friendly. People's privacy and dignity was respected.

Information was given to people who used the service and their relatives and communication was good. Efforts were made to ensure staff and people who used the service had effective methods of communication.

Care plans were person-centred and information about people's individual preferences and interests was recorded.

There was a range of activities for people to access and people were supported to go on holiday if they wished to.

There was a complaints procedure, which was displayed prominently in the home.

Relatives and staff told us the manager was approachable and accessible.

Staff meetings, supervisions and appraisals were undertaken regularly, ensuring staff had a forum to discuss any issues and their continual professional development was overseen.

A number of quality audits and checks were carried out on a regular basis to help ensure continual improvement to care delivery.

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 were recruited safely and there were sufficient numbers of staff to meet the needs of the people who used the service.

Appropriate risk assessments were held in care files. Accidents and incidents were dealt with and recorded appropriately.

Staff had undertaken training in safeguarding adults and were aware of the procedures to follow if they had any concerns.

Staff had undertaken appropriate medication training and safe systems were in place for the ordering, dispensing, storage and disposal of medicines.

Is the service effective?

Good

The service was effective.

People's nutritional needs were catered for and food and fluid intake was monitored to help ensure people's health and well-being was supervised.

Care plans included a range of health and personal information and were regularly reviewed and updated.

Staff had undertaken a robust induction programme and training was on-going.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring.

People told us staff were kind and caring. We observed interactions between staff and people who used the service and saw that they were respectful and friendly. People's privacy and dignity was respected.

Information was given to people who used the service and their relatives and communication was good.

Efforts were made to ensure staff and people who used the service had effective methods of communication.

Is the service responsive?

Good

The service was responsive.

Care plans were person-centred and information about people's individual preferences and interests was recorded.

There was a range of activities for people to access and people were supported to go on holiday if they wished to.

There was a complaints procedure, which was displayed prominently in the home.

Is the service well-led?

Good

The service was well-led.

Relatives and staff told us the manager was approachable and accessible.

Staff meetings, supervisions and appraisals were undertaken regularly.

A number of quality audits and checks were carried out on a regular basis to help ensure continual improvement to care delivery.

Thicketford Place

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 16 March 2016 and was unannounced. The inspection was carried out by an adult social care inspector from the Care Quality Commission (CQC).

Prior to inspecting the service we reviewed information we hold on the service including notifications sent by the provider.

Prior to the inspection we contacted other agencies including Bolton local authority to see if they had any information about the service. Healthwatch England is the national consumer champion in health and care. We also contacted a health professional who has dealings with the service to ascertain their experience and views.

During the inspection we were unable to speak with the people who used the service, as one had gone out to a day centre and the other two did not have verbal communication. However, we observed care throughout the day and how staff and people who used the service interacted with each other. We spoke with four members of staff, including the registered manager. After the inspection we contacted two relatives of the people who lived at the home. We also spoke with a health and social care professional who had regular contact with the service to ascertain their views of the care and support delivered.

We looked around the premises and looked at all three care plans, three staff personal files, training records, quality monitoring audits, meeting minutes and other records held by the service.

Good

Is the service safe?

Our findings

We looked at three staff personnel files and saw they included application forms, job descriptions, two references for each person and proof of identity. Each staff member had a Disclosure and Barring Service (DBS) check. This helped the service to ensure their new employees' suitability to work with vulnerable people.

We saw from staff rotas that there were appropriate numbers of staff on duty on a regular basis. We spoke with staff about what happened when individuals were unwell or required extra support for a period of time. They told us that in these cases extra staff were put in place for as long as they were needed. The registered manager told us they had a number of bank staff to call on who were used to the service and the people who lived there. They also had access to an agency if they needed it, but rarely used agency staff as bank staff were usually enough to cover.

There was an appropriate safeguarding vulnerable adults policy in place, which was up to date. We saw that safeguarding concerns had been reported appropriately, though there had been no recent concerns. Staff had all undertaken safeguarding training, at induction and regular refresher training courses. Staff members we spoke with were able to explain the nature of safeguarding concerns and were confident about who to report to, what to record and how concerns should be followed up.

Appropriate risk assessments were in place at the service and we saw that there was an annually serviced nurse call system in use, which alerted staff to people coming out of their rooms. Where necessary further alarm systems were also used, in the form of bed sensors and listening monitors. These measures helped ensure staff were alerted when an individual was moving around or in some cases suffering a seizure, so that they could get to them as quickly as possible.

We saw the accident and incident forms at the service, which were completed with body maps and actions taken. Accidents were analysed for patterns and trends and we saw that lessons had been learned from these. For example, one individual who used the service had tripped more than once over the threshold of the conservatory. This had been replaced when the conservatory upgrade had been carried out, with a flatter threshold to help minimise the risk of further accidents.

The registered manager also told us they were in the process of having a new non-slip footpath laid at the front of the property. This was in response to a member of staff who had slipped on the existing path, and would make it safer for all the people who used it.

Fire equipment was in place and there was a fire escape route plan which the registered manager was in the process of updating in conjunction with the fire service, to ensure this was complete and fit for purpose. We saw records of weekly alarm tests, regular, unannounced fire drills and servicing of equipment. These were complete and up to date.

Cleaning schedules were in place and cleaning duties were split between a part time domestic worker,

regular day and night staff. Thorough room checks were undertaken regularly by the registered manager and these were documented, issues identified and actions noted.

The service had obtained a food hygiene rating of 5 from environmental health, which is very good. There was an appropriate infection control policy, signed as read by all staff. There had not been a recent infection control audit, but the registered manager had attended a recent meeting and was engaging with the local infection control team.

We looked at the medicines policy for Thicketford Place, which included administration, storage and disposal of medication. There was information about covert medication, that is, when medication is given without the person's knowledge when they are unable to make an informed decision and the medication is given in their best interests. There was also reference to controlled drugs, medication given as and when required (PRN) and homely remedies.

We saw that all staff had received training in level two medication. We were shown the locked room where medicines were stored in locked cupboards. We saw the medication administration record (MAR) sheets, which included a photograph of each person to help ensure medicines were given to the right person. MAR sheets were completed appropriately. Care files contained medication authorisation forms. We saw the most recent medicines audit, undertaken by the pharmacist, on which there were some minor recommendations. The registered manager showed us documentation where these recommendations had been noted and disseminated to all staff, who were required to sign as read, to ensure these were addressed. All recommended actions had been completed.

Good

Is the service effective?

Our findings

A health professional we spoke with told us, "They [the service] do an excellent job. Communication is very, very good. They always keep me informed".
We looked at three staff personnel files and saw evidence of a thorough induction programme. Staff had undertaken the local authority induction training, newer staff now undertaking the Care Certificate. This recently replaced the Common Induction Standards and National Minimum Training Standards. Staff we spoke with felt the induction they received was comprehensive.
The service supplied an employee handbook. We saw that there had been recent updates to this book and all employees had been required to sign to say they had read and understood the amendments.
Training was on-going and we saw that staff received refresher courses in all mandatory training on a regular basis. Extra training was also available and staff were supported to undertake the National Vocational Qualification (NVQ) programme or the Qualifications and Credit Framework (QCF), which has replaced the NVQ in order to enhance their knowledge and add to their professional development.
We saw evidence of regular supervision sessions, which included topics such as service user issues, training, teamwork, rotas, duties and policies and procedures. We also saw that annual appraisals were undertaken with all staff.
Staff told us both written and verbal handovers were given at the start of each shift to ensure staff coming on duty were aware of any issues or concerns. Staff meetings were also held regularly to provide an opportunity for staff to discuss issues or put forward suggestions.
We looked at all three care files. They included a photograph of the individual and general information. There was information about professionals involved and friends and family and a pen picture of the person. We saw that these were regularly updated. There was information about medication, professional involvement and appointments, routines, activities, likes and dislikes, communication, support needs and meetings held. Each care file included appropriate risk assessments in areas such as mobility, moving and handling and nutrition.
Social work reviews were undertaken on an annual basis and the registered manager told us that she tried to time in house reviews of care files to fall in between these. This ensured that files were reviewed at least every six months as well as being updated when changes occurred.

We saw the menus for the house, which were on a three week rolling programme. However, the registered manager told us that this was extremely flexible and people could change their minds about what they wanted to eat. There was fresh fruit available at all times and people who used the service were supported to go to the shops for treats if they wanted to.

People's particular requirements with regard to nutrition were adhered to, for example, one individual was on a gluten free diet and one had some swallowing difficulties. There was a variety of gluten free food available and a soft diet was prepared to address the swallowing difficulties. The speech and language team (SALT) were also involved to help with this. People's intake of food and fluid was recorded at all meals taken at the home to ensure this was monitored.

The premises were adapted to ensure that people with restricted mobility were able to move about freely.

The home was clutter free and care had been taken to ensure furnishings were appropriate for people on the autistic spectrum as some individuals struggled to cope with too much disorder.

Occupational therapists had significant input in ensuring that appropriate equipment was in place for each individual and was being used to maximum efficiency.

We saw that consent was obtained, from relevant family or friends, for the use of photographs and administration of medicines.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental 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 take 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 application 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.

The staff we spoke with had a good understanding of the MCA and were able to explain about the capacity of each of the individuals who lived at the service and their decision making abilities. Each person living at the home had an independent advocate to help ensure decisions were made in the person's best interests. We saw evidence of best interests decisions within the care files.

The registered manager had spoken to the local authority DoLS team on several occasions to obtain advice about putting certain restrictions in place to keep people safe. No one at the home was subject to a DoLS authorisation on the day of the inspection, but the registered manager was in the process of putting in applications for all three people who used the service.

Good

Is the service caring?

Our findings

We were unable to speak with people who used the service as none of the three were able to communicate verbally. However, we spoke with two relatives. One person said, "[Our relative] couldn't be in a better place. Staff are excellent and welcome us like friends. They keep in touch via e mail and telephone calls and keep us informed of any changes". Another told us, "Our relative] is happy and is always happy to go back when she's been for a visit". A health professional we contacted told us, "I find the team very good in what they do. They go the extra mile, come in on their days off. They meet people's needs, I have no concerns".

We observed interactions between staff and people who used the service throughout the day and saw that staff were polite, friendly and respectful at all times. People's privacy and dignity was respected and staff asked what people wanted to eat and drink, whether they wanted to go out and gave gentle encouragement, for example, for them to wear appropriate outdoor clothing for the weather.

The service supplied information to potential users of the service and their families, which gave details of services, staff, the home and activities. This was also produced in an easy read, pictorial format to make it more accessible to people who may have difficulty with written information. We saw, within the four care files, that much of the information was also in easy read and pictorial format. Review meetings were produced in this way and clearly reflected the input of the individuals who used the service in simple sections including food and exercise, where I go, family and friends and physical and mental health.

We observed staff during the day using simple signs, facial gestures and body language to aid communication with the people who used the service. They also picked up on the signals given by the individuals to understand what they wanted. It was clear that staff knew and understood the people who used the service well and they managed to avoid any frustration due to miscommunication.

The registered manager was qualified in British Sign Language (BSL) and used this to help include the people who used the service who had difficulty in communicating. One individual had knowledge of the signs as these had been used to aid communication in her childhood. She hoped to be able to teach the staff BSL in the future as this would help the service be inclusive with people with sensory impairments in the future, as they were offering a respite facility at the home.

We saw that all the people who lived at the home had independent advocates. This helped ensure that they were receiving the appropriate care and support, delivered as they wanted it to be. It also helped inform staff of the wishes of individuals.

We asked if residents' meetings were held and the registered manager told us that, due to the people who used the service being non-verbal, they now felt these were not useful. However, they had implemented a 'Dreams and Aspirations' book in which they wrote any suggestions from friends, family, advocates and staff about what they felt particular individuals may benefit from and enjoy in the future.

The registered manager told us that she kept people's family updated with information via telephone and

regular e mails.

Good

Is the service responsive?

Our findings

We spoke with two relatives about whether the service was person-centred. They agreed that they were. One relative said, "They [the service] have worked strenuously hard to overcome our relative's difficulties and can now take [our relative] out and on holiday".

People's rooms were decorated to their tastes as far as possible, with personal photographs and objects around the rooms. One person had moved from a first floor bedroom to the ground floor recently, during a period of illness, so that staff could attend to their needs more promptly. Staff told us the individual really liked their new room and they had put personal items in it to make them feel comfortable and familiar within a new environment.

Care plans were individual and included information about people's backgrounds, family and friends and hobbies and interests. People's likes, dislikes and preferences were documented within the plans and their aspirations documented within a separate book.

We saw that there was a range of activities on offer for the people who used the service. These included day care, sensory room, spa treatments, pub lunches, trips to the shops, music therapy, walks and holidays. Two of the individuals had a holiday planned for later in the year, in Llandudno, at a hotel where there was a facility to access extra care support. This would help ensure the individuals were cared for appropriately and would be able to make the most of the break. The registered manager told us the other individual did not like to go on holiday and would be facilitated to have a series of days out instead. Being away from home made this person particularly anxious and unsettled, therefore they were supported to access activities that they would enjoy without stress.

Whilst we were at the service we saw that staff were supporting an individual to a hospital appointment. The registered manager told us that, if any of the individuals had to go to hospital for out-patients appointments or because of illness they accessed the learning disability nurse who was based there. This helped their appointment or stay be much less stressful than it might be as she would ensure they were given the appropriate support and reassurance. A health professional told us, "One person has had numerous hospital admissions and the staff have supported them through this in an autistic friendly way. They contacted the hospital prior to the admissions to help ensure things went as well as possible".

People who used the service were also supported by staff to visit family members and friends on a regular basis. This helped them keep in touch with their loved ones.

There was an appropriate complaints policy in place, which had been reviewed and was up to date. This was displayed in the entrance of the premises. This was also outlined in the information given out to people and was also available in easy read pictorial format. There had been no recent complaints made to the service.

Good

Is the service well-led?

Our findings

There was a registered manager in place at the service. 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.

One relative we spoke with told us, "We just need to pick up the phone and someone is there". Another said, "They [the staff] are always on the phone and any concerns will be sorted".

Staff we spoke with told us the registered manager was accessible and approachable and they were able to speak with her when they needed to. One staff member said, "[The registered manager] is easy to communicate with and the on call system is supportive".

There was someone on call at all times throughout the day and night. This was either the registered manager or the team leader. Staff reported that they felt this gave them a lot of support and reassurance.

We saw that staff meetings were held regularly and we looked at the most recent meeting minutes. Discussions included environmental issues, training, updates to procedures, medicines, on call arrangements and service user issues. This provided a forum where staff could raise concerns and issues and put forward suggestions. Information and updates could be disseminated to staff.

Staff supervisions and appraisals were undertaken regularly. These provided a structure for staff to ensure their working practice was monitored, training and development was addressed and any concerns could be raised.

The service issued a satisfaction questionnaire on an annual basis to relatives of people who used the service. We saw the analysis of the most recent questionnaire which indicated a high level of satisfaction with the service delivery.

We looked at policies and procedures at the service. All appropriate policies were in place and they had all been reviewed and updated in the last month. All these policies had been signed as read by all staff.

We saw a number of quality audits and checks, including monthly room audits, regular care plan reviews, equipment checks, fire drills and health and safety checks.