City of Bradford Metropolitan District Council

Thompson Court

Inspection report

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Date of inspection visit:
11 July 2016

Date of publication:
16 August 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
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 inspected Thompson Court on 11 July 2016. The visit was unannounced.

The service had previously been inspected in August 2014 and was found to be compliant with all of the legal requirements inspected at that time.

Thompson Court offers respite, rehabilitation and long stay care for up to 37 people. At the time of the inspection there were 34 people using the service.

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 told us they felt safe at the service and able to speak with staff or the registered manager if they had any concerns. No-one we spoke with had any concerns on the day of our inspection. Staff understood how to keep people safe and what to do in an emergency situation. The service had robust safeguarding procedures and individual risk assessments were in place to keep people safe.

People and their relatives we spoke with told us they were happy with the service. They spoke particularly positively about the caring and kind attitude of the staff and how the service treated them as individuals, encouraging choice and independence. We saw many caring interactions during the course of the inspection.

Staff had a good understanding of the people they cared for, including likes, dislikes and individual preferences.

People's needs were assessed and a range of appropriate care plans put in place. Staff understood people's plans of care and how to meet their individual needs.

Improvements were needed to some medicine management practices such as ensuring medicines were signed for after being administered rather than beforehand.

Staff were safely recruited to help ensure they were of suitable character to work with vulnerable people.

Overall, there were generally sufficient numbers of staff deployed although the service needed to review the numbers of staff deployed at peak times to ensure levels consistently allowed for safe care and support.

Staff received a range of training which was kept up-to-date. Staff received supervisions and appraisals although these needed to be kept more up to date.

There was a range of activities on offer, according to people's choice.

The home was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and acting within the legal framework of the Mental Capacity Act (MCA).

A range of audits and checks were undertaken by the service to monitor, identify issues and take action to resolve them. However, some issues were not always effectively addressed.

People who use the service, staff and healthcare professionals praised the registered manager and management team and said they could approach them with any concerns.

We saw evidence people's views were sought to making positive changes in the service.

A complaints policy was in place and people had information about how to make a complaint in their bedrooms. Where a complaint had been raised, we saw the service had taken this seriously, taken appropriate actions and held meetings to discuss concerns with the people involved wherever possible.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People felt safe at the service, staff had received safeguarding training and understood how to report concerns about people's safety.

Some aspects of medicines management and administration were not always safe.

There were generally sufficient quantities of staff to ensure people received prompt care and regular interaction although care staff during the morning period appeared stretched.

A robust recruitment policy was being followed to keep people safe.

Is the service effective?

Good

The service was effective.

Staff received the training they required to fulfil their roles and meet people's needs.

The service was meeting the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were provided with the support they required to ensure their nutritional needs were met.

People had access to a wide range of healthcare professionals

Is the service caring?

Good

The service was caring.

People and healthcare professionals praised the staff and told us the care provided was good.

People's dignity and privacy was respected.

People's independence was encouraged and goals clearly

evidenced in people's care records.

Is the service responsive?

Good

The service was responsive.

Care records were detailed, person specific and reviewed regularly.

Activities were arranged in accordance with people's preferences.

A system was in place to record, investigate and respond to complaints.

Is the service well-led?

Requires Improvement

The service was well led.

The management team were well regarded by people that use the service, staff members and health care professionals.

Staff were able to approach the registered manager with any concerns or issues.

The service sought the opinion of people who used the service through on-going surveys.

Issues with governance were not always addressed effectively.

Thompson Court

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.

This inspection took place on 11 June 2016 and was unannounced.

The inspection team consisted of an adult social care inspection manager and an adult social care inspector.

Before the inspection we reviewed information we had received about the service from the local authority commissioning and safeguarding teams as well as notifications received and the 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. The service had completed and returned the PIR information in a timely manner.

During the inspection we spoke with eight people that use the service, four care staff, the registered manager, the deputy manager, the cook, the activities co-coordinator and two healthcare professionals. We reviewed four people's care records, some in detail and others to check specific information, four staff records, medicine records, staff training information as well as records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe at the service. One person said, "I feel safe," and another replied when asked if they felt safe at the service, "Oh, yes."

The service had notified the Care Quality Commission about any relevant safeguarding incidents and we saw appropriate actions had been taken as a result.

Staff we spoke with had received safeguarding training, understood how to keep people safe and what actions to take if they were concerned about people. People's monies were handled safely.

We saw risk assessments were up to date, detailed and person specific. These had been completed where it had been identified that people's safety might be compromised. There was a positive approach to risk taking with the emphasis on encouraging independence whilst minimising risk. This included ensuring risk assessments were in place for people who were self-administering their medicine. Where people had identified allergies these were clearly recorded in care records to ensure all staff were aware.

Emergency procedures were relevant and in place.

The service had a medicines policy which was currently under review by the local authority. The service had not experienced any medicines errors in the last 12 months. Staff we spoke with told us they had been trained in the safe handling of medicines. There was a robust weekly medicines audit system in place and a stock check of tablets was done every morning. This meant any issues were highlighted and actions taken in a timely manner. For instance, we saw the person administering the medicines on the day of the inspection noted a discrepancy with one person's medicines count. They immediately made a note about the discrepancy and reported it to their line manager for investigation.

Some people living at the service were responsible for and administered their own medicines to promote independence. However we did note one person had run out of their dossette medicines over a weekend period and the deputy manager was looking at ways to reduce the possibility of re-occurrence.

Medicines administration records (MARs) were hand written by the service due to the unique nature of the service, with short stay, rehabilitation and respite beds as well as long stay beds. We saw these were accurate, checked by a second member of staff when written, and were clearly legible. We reviewed the MARs and saw they had been consistently signed by staff. This showed us people were receiving the correct medicines at the right times. We spoke with the registered manager and deputy manager who said they were discussing implementing a system with the local pharmacist whereby they would take over responsibility for generating a printed MAR for those people staying longer than a few days.

We observed the person administering medicines in one of the wings during the morning medicines round. We saw medicines were given in a calm and supportive manner and the staff member waited with the person to observe them taking their medicines. When a person was in their bedroom, the staff member

knocked and checked they were awake before entering, making a note to return if the person was still sleeping. We saw the staff member signing for medicines before people had taken them throughout the medicines administration round. However, we saw no-one had refused any medicines on the day of our inspection, the staff member had waited for the person to swallow the medicines before leaving them and this did not have a negative impact on the safety of people living at the service. We also observed when the staff member was administering medicines from a dossette, they emptied the tablets from the dossette into their hand before putting into the medicines container and were not wearing gloves. This also happened when counting some medicines. We raised our concerns with the registered manager and deputy manager and from our discussions were confident processes would be put in place to ensure all staff understood and followed the correct medicines administration process.

Some prescription medicines contain drugs that are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs (CDs). We found these medicines were kept securely. CDs require two staff members trained in the safe administration of medicines to check and administer the medicines and sign the CD administration book. We saw a second staff member had checked and signed for the administration of a controlled drug.

Some medicines are 'time specific', such as those needing to be given 30 to 60 minutes before food. We saw the MAR charts reflected this and people had received these medicines at the correct time.

Some people had been prescribed topical ointments and the service had separate MAR sheets for these. We saw these contained application instructions such as 'as required' rather than specific application information. We saw there were no body maps to assist application in the MAR. 'Best practice' suggests any open tubs or tubes of cream used for multiple applications should be discarded after 28 days. We saw 'open date' information had not been put on the topical ointments we checked. We spoke with the deputy manager who told us they would introduce body maps and ensure prescribed tubs or tubes of topical ointments contained the 'open date' in future. From our discussions with the manager and deputy manager after the inspection, we felt confident these measures had been implemented.

We reviewed staffing levels and saw for the majority of time there were enough staff deployed for safe care and support of people at the service. However, we observed staff were particularly busy during the early morning when people required assistance. A staff member told us they felt another member of staff was needed in the morning, "Especially when double ups are needed," and added, "I'd like to give the service users more time." They also explained the support needs of people that use the service had increased and staffing levels had not risen. For instance, when we arrived at the service at 08:10, we had to ring the doorbell twice in order to gain access. When the door was answered by a kitchen domestic, they explained the staff who usually responded to the doorbell were senior care staff who were both occupied administering medicines. When we entered the premises, we heard the call bell system repeatedly ringing. Staff we spoke with explained this was due to the central telephone alerting system rather than one individual call bell. However, we were concerned about the numbers of staff on duty at that time since several people living at the service were either 'non-weight bearing' or required two staff members to assist with their care needs.

There were six care staff on duty and two senior care workers who were administering medicines when we arrived for the inspection. We saw comments had been made at the service user meeting on 1 June from people concerned staff were overstretched and they didn't want to ask for help as they were so busy. Prior to our inspection we had received information of concern which included a concern that somebody who used the service had been made to wait to for a period of half an hour to access the toilet. This had resulted in them being incontinent which caused them and their family great distress. Although feedback from people who used the service was overwhelmingly positive one person did tell us, "You ring the bell and they

come as soon as they can. There are some people who expect immediate attention but staff are very busy." This person assured us they had not had to wait for an excessive time to receive a response to their call bell. We spoke with a health and social care professional who told us they had, in the main nothing but praise for the service; however, they had witnessed a staff member tell somebody they would have to wait for support as staff were busy on one occasion. They told us they had reported this to the management team as they did not like it and had been assured this would be addressed. We spoke with the registered manager and deputy manager and they agreed to review staffing levels, particularly at busy morning periods.

Effective recruitment procedures were in place to ensure staff were suitable for the role and safe to work with vulnerable people. This included obtaining a Disclosure and Barring Service (DBS) check and two positive written references before staff commenced work. We reviewed four staff files and saw correct procedures had been followed in all cases. There was a stable staff team working at the service, many of whom had worked there for many years and turnover was low. The service employed agency staff to cover holidays and sickness although the registered manager told us they used regular agency staff to provide continuity of care.

The building offered several lounge and dining areas and was comfortably furnished and decorated. People enjoyed access to the grounds which were well tended. One person we spoke with commented, "The garden areas are nice." However, we noted some areas of the building were in need of refurbishment and this potentially compromised the provider's ability to maintain effective infection control measures. For instance, although the building appeared clean and we noted no malodours, the skirting board paint in some bathrooms had been damaged which meant the surface was porous and as such could not be cleaned effectively. We also noted some bathrooms were cluttered. One bathroom contained four commodes and a laundry trolley whilst another contained eight wheeled trollies. The registered manager told us they were aware this was an issue that had been caused by some changes to the building use resulting in lost storage. They explained they had ordered a large shed for the storage of equipment that would be delivered in the two weeks after our visit.

We saw all maintenance checks and servicing of equipment had been completed as required. This meant the provider could demonstrate the building and equipment was safe.

The service had an accidents and incidents policy. We saw accidents and incidents were well documented, investigated and action plans put into place as a result.

Good

Is the service effective?

Our findings

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. At the time of inspection, no DoLS were in place or had been applied for.

We saw people were supported with their decision making in accordance with the requirements of the MCA. Care records invited care staff to explore people's ability to make decisions prior to their admission to the service and at initial post admission assessment. We noted in some people's care records their decision not to accept some aspects of care and treatment. These were clearly recorded and respected.

Throughout our visit we saw staff checking with people if they were happy to receive support and interventions before these were carried out.

People who lived at the service told us they enjoyed the food provided and consumed a good and varied diet. One person told us, "The food's good." Another person commented, "I've put on weight since I've been here. I've enjoyed every menu." People told us they had had a Sunday roast dinner the day before which they had greatly enjoyed. We saw people's nutritional needs were being met and staff understood these needs. For instance, when we observed the lunchtime meal, we saw the care worker giving a vegetarian option to one person who didn't eat meat.

Drinks were offered to people at regular intervals throughout the day. We saw staff using different techniques to encourage people to drink more fluids. For example, we saw a note written on a chart placed on the table in someone's bedroom which said, "You need to drink more."

The service offered a choice of food and drinks at mealtimes, which on the day of inspection included chicken supreme and rice or sausages, beans and chips, followed by sultana sponge and custard. The food looked appetising, portions were of a good size and people told us they enjoyed their meal. The main meal was served at lunchtime with a smaller meal offered at teatime. We saw fresh fruit was put on the table at mealtimes for people to consume if they wished. People were given the option to eat meals in their rooms or in one of the dining rooms. We saw people laughing and chatting together at mealtimes, showing mealtimes were used an opportunity for social interaction.

We spoke with the cook who told us they had a five week rotating menu and used fresh produce in food

preparation. They explained how they received information from staff about people's dietary needs and kept a dietary card system in their office which highlighted this information. This corresponded to the information we saw displayed in the main office.

We saw people had access to a wide range of health care professionals including GPs, district nurses, physiotherapists, dieticians, occupational therapists and tissue viability nurses. We saw evidence in people's care files of involvement from the multidisciplinary team in order to help them achieve their therapy goals. We spoke with a visiting healthcare professional who told us, "Communication is really good. They fax first thing (in the morning) with needs and will ring with any concerns."

We looked at staff training records and saw these were up to date or planned. A training needs analysis was completed monthly by the deputy manager which highlighted what training was required so they could book staff onto appropriate courses. Training included mandatory and service specific courses and staff we spoke with told us they were happy with the training and development provided. One staff member told us, "I think they're very good with training. They will try to slot me in for training if I put in for something of interest."

We looked at staff files and saw there was a system of appraisals and formal supervisions. However some of these were out of date. We spoke with the deputy manager who told us they had plans in place to ensure appraisals and supervisions were updated. They told us they regularly spoke with staff informally about their progress, although these discussions were not formally documented.

Good

Is the service caring?

Our findings

People we spoke with told us they thought the care they received from the service was good and were very satisfied with the support they received. One person told us, "We're very well looked after, the staff are really nice." Another person said, "The staff are lovely. I've not seen a bad one yet." A third person commented, "The staff are lovely here." A fourth person told us, "These ladies in here are angels. They are so patient. Even at night they are patient; nothing is too much trouble." A fifth person commented, "They are looking after me very well."

A healthcare professional commented, "They're really well looked after. No concerns." Another visiting health and social care professional commented, "It is as good as it gets. People feel confident."

Staff all told us they were confident people were supported appropriately. One staff member told us, "It is one of the best homes I have worked in. I am not just saying that. I'd come here." Another staff member told us they thought the home passed the 'mums test'. This is a question we consider at inspection in terms of a service being good enough for a person we love to use. The staff member told us their relative had been in the service for a time. Another staff member told us, "You become their family."

Staff were kind, gentle and encouraging in their approach to people and we witnessed many good, caring interactions. For instance, we saw one person making their way to the dining room and a staff member praising their mobility progress. The person commented, "I've done better," and the staff member said, "You've done marvellously." Responding to the conversation between people at the dining table about their rehabilitation progress, the staff member also commented, "You're all doing really well."

Staff knew the people at the service and were able to tell us their likes and dislikes and care needs. The activities co-ordinator explained they were compiling life story books for the longer stay residents to include a variety of topics of interest to the person, including photographs. They were speaking with people and relatives to collate as much detailed information as possible. They explained they wanted these books to serve as vibrant descriptions of people and their lives to use as discussion topics, rather than a 'tick box' exercise. When completed these documents would be a valuable tool for staff to better understand the people they were supporting.

We saw staff respected people's dignity and privacy, knocking on people's bedroom doors and asking for permission before entering, saying, "Can I come in?", and ensuring doors were closed when supporting people with personal cares. We heard staff saying to people, "I'll come back later," when they entered someone's room in the morning as the person said they didn't want to get up at that time.

We saw clear evidence of the person in their care planning. However, we noted some language used in the care records was medically based and did not invite staff to record people's needs positively. For example, we saw the 'service user details' form asked staff "Is the patient confused?" We raised this with the registered manager who acknowledged the form had been adapted from a hospital form but told us this could be amended to use more positive language about people's needs.

We saw the service commitment to encouraging people's independence clearly evidenced through goals and plans detailed in people's care plans. On the day of our inspection, we witnessed one person moving from one unit at the service to the rehabilitation unit in line with their care plan goals. This indicated clear strategies were in place to encourage people's independence.

We saw people's relatives and friends were encouraged to visit at different times and were made to feel welcome.

Good

Is the service responsive?

Our findings

We found care records were relevant and provided information about people's current care needs. Where people had assessed support needs, relevant care plans were in place that provided clear direction on how to provide people's care and support. This included people's likes and dislikes. Where people's care needs had changed we saw records had been amended appropriately to reflect this. Records contained sufficient details to enable staff to support people appropriately.

People were supported through an enabling approach to maintaining and improving their levels of independence. We saw from records that people's care and support was adapted as their independence increased. A visiting health professional told us staff were responsive to people's needs, stating, "Staff work hard to get people on their journey to home. Staff work hard to be consistent in following therapy advice."

The registered manager told us one of the ways the service promoted people's independence was to arrange their bedroom at the service as much as possible like their bedroom at home. For instance, they would move the bed so the person could get out of bed at the same side as they were used to and furniture was arranged as much as possible to match that of their own bedrooms.

There was a culture within the home of asking people's consent and respecting their choices. We saw people's personal preferences were met wherever possible. For instance, some people liked to eat their meals in their rooms and this was catered for. We heard staff asking people what they wanted throughout the inspection. For instance, one staff member asked a person who used the service, "Would you like some more breakfast or would you like to go and sit in the lounge." Another staff member asked a person at breakfast, "Would you like butter with your toast?" We heard a staff member asking a person sitting in their bedroom, "Would you like your bedroom window shutting?" People were offered choices about how they spent their day. We observed one person was asked where they wanted to sit and where this necessitated a rearrangement of furniture this was done.

The service employed an activities co-ordinator for 30 hours each week with five of these hours being allocated for care duties. A hairdresser came to the service one or two days each week, and a private podiatrist attended weekly. We saw a range of activities were on offer, subject to people's choice. These included dominoes, chair exercises, 'parachute' ball games and quizzes. The activity co-ordinator told us, "We don't do it if they don't want." During our inspection, we observed an exercise session take place. Engagement with people was appropriate and amongst the exercises discussion took place on a range of current affairs and sporting events. We heard people later on discussing the morning's exercises amongst themselves, saying they had enjoyed these.

We saw from one person's records they had previously enjoyed painting. Staff we spoke with were aware of this and had taken steps to ensure the person had equipment available to paint when they wanted to. Staff explained the person had told them they felt they needed time to settle in before they returned to this pastime. The staff member we spoke with was clear this would be respected but the person would be supported when they felt they were ready; in the meantime they had asked for some of the person's

previous work to be brought into the home for them to enjoy.

The service had a clear complaints policy in place. Where formal complaints had been made, we saw these had been investigated and appropriate actions taken. Information on how to make a complaint was in place in people's bedrooms. We reviewed the complaints file and information from the local authority and saw only one complaint had been raised in the last 12 months. We had been made aware of information of concern in relation to a person's care prior to our inspection. The registered manager told us they were waiting for this complaint to be formally received prior to recording its receipt. All appropriate action had been taken in relation to the complaint including raising a safeguarding alert with the local authority.

People who used the service told us they had not had cause to raise a complaint. One person told us, "Things are dealt with immediately."

Requires Improvement

Is the service well-led?

Our findings

We saw the service had an open and honest culture and a committed and stable workforce. The staff team were all very proactive in explaining their roles and responsibilities. It was evident throughout our inspection that staff had the confidence to fulfil the requirements of their roles. We saw, and staff told us, morale was good and they were happy and confident in their roles. A staff member told us, "I love my work. I'm quite happy. People work as a team." Another staff member commented, "I enjoy working here."

Staff and healthcare professionals told us the management team were approachable and they felt they could go to them with any concerns. Staff told us they felt supported in their roles. One staff member said, "If we have any issues I can speak to the manager or deputy; they are very approachable." A healthcare professional commented, "Communication is really good. We have a good, close relationship."

From observing and speaking with the registered manager and deputy manager, we concluded they were committed to leading by example and improving the service wherever possible. For instance, when we spoke with the manager on the day following our inspection, they told us about changes they had already started to implement in regards to medicines management.

A more pro-active approach needed to be considered regarding people's sexuality. Although people's diversity was explored in terms of culture and religion we found there was no record of consideration of people's sexuality being explored. When we raised this with staff they told us this was not an issue at the service. The lack of exploration of all aspects of people's diversity risked this important aspect of meeting people's rights to have all important relationships respected being potentially overlooked.

We saw people who used the service for rehabilitation and respite were asked to complete surveys following their stay. All responses recorded a score of 4 (Good), or 5 (Very good).

We saw a quality visit had last taken place by a senior manager in May 2016. This had looked at a range of areas within the service to identify any areas for improvement so appropriate remedial actions could be taken.

Governance systems were in place to check the safety and quality of the service. However where issues had been identified these had not always been addressed. We noted there had been an on-going issue with water temperatures and pressures in the building. On the day of our visit we checked the hot water taps in the bedrooms and found those rooms at the end of corridors sometimes had very limited or no hot water supply. Staff told us this was an intermittent problem. We raised this with the registered manager who told us they would organise for this to be addressed.

Accident analysis had been completed which included the location and time of accidents. We discussed this with the deputy manager who told us the analysis had identified the need for assistive technology such as sensor mats to help reduce the risk of falls. However they told us the equipment loans service no longer

provided this to people receiving long term care. We asked the deputy manager about the steps the provider was taking to address this but they were not aware of the action the provider intended to take to make sure risks to people were reduced. However, they agreed an option could be to hold a central stock of this type of equipment, as they did for continence products and pressure relieving equipment, and would apply for funding to the local authority to purchase these.

Our inspection of the environment showed refurbishment was required in some communal areas. It was not clear what plans the provider had in place for a rolling programme of refurbishment. The registered manager told us local authority budget pressures might impact on planned refurbishment programmes.

We saw minutes from staff meetings which were held every six months to discuss a variety of topics. We also saw senior staff, specific 'wing' meetings and activities co-ordinator meetings were held in between these.

Appropriate statutory notifications had been received by the Commission from the service in a timely manner.