Century Healthcare Limited

New Thursby Nursing Care Home

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?	Good

Summary of findings

Overall summary

The inspection visit at New Thursby Nursing Care Home took place on 15 August 2017 and was unannounced.

New Thursby Nursing home is a large detached home set on the main road between Blackpool and St Annes on Sea. The home is spacious and set over two floors, on which bedrooms and bathing facilities are situated. There are thirty-two single rooms and four shared rooms. Seventeen rooms are equipped with en-suite facilities. There is a choice of communal lounges and seating areas. At the time of our inspection there were 37 people living at the home.

The service had a registered manager. 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.

At the last inspection the service was rated Good. At this inspection the service remained Good.

During this inspection, we received comments that demonstrated people were satisfied with their care. The management and staff were clear about their roles and responsibilities. They were committed to providing good care and support to people who lived at the home.

Records we looked at indicated staff had received safeguarding from abuse training. Staff we spoke with told us they were aware of the safeguarding procedure and knew what to do should they witness any abusive actions at the rest home. One relative told us, "I go home at night and do not worry about my [relative's] safety."

The provider had recruitment and selection procedures to minimise the risk of inappropriate employees working with vulnerable people. Checks had been completed prior to any staff commencing work at the home. This was confirmed from discussions with staff.

We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who lived at the home. The deployment of staff was structured to meet the needs of people who lived at the home.

Staff responsible for assisting people with their medicines had maintained their professional qualifications to ensure they were competent and had the skills required. Medicines were safely managed and appropriate arrangements for storing medicines were in place.

Staff received training related to their role and were knowledgeable about their responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People who were able told us they were happy with the variety and choice of meals available to them. We saw regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration. One person told us, "I do enjoy the meals, and I am a very good eater." A second person said about the meals, "There is always enough choice and plenty to eat."

We found people had access to healthcare professionals and their healthcare needs were met. We saw the management team had responded promptly when people had experienced health problems.

Care plans were organised and had identified care and support people required. We found they were informative about care people had received. They had been kept under review and updated when necessary to reflect people's changing needs.

People told us they were happy with the activities organised at New Thursby Nursing Home. The activities were arranged for individuals and for groups.

A complaints procedure was available and people we spoke with said they knew how to complain. People and staff spoken with felt the registered manager was accessible, supportive and approachable.

The registered manager had sought feedback from people who lived at the home and staff. They had consulted with people and their relatives for input on how they could continually improve. The registered provider had regularly completed a range of audits to maintain people's safety and welfare.

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 remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service was well led.

The provider had ensured there were clear lines of responsibility and accountability within the management team.

The management team had a visible presence throughout the home. People and staff we spoke with felt the provider and the management team were supportive and approachable.

The management team had oversight of and acted to maintain the quality of the care provided.

The provider had sought feedback from people, their relatives and staff.

New Thursby Nursing Care 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 team consisted of one adult social care inspection manager and an assistant adult social care inspector. An expert by experience was also part of the inspection team. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert- by-experience had a experience of supporting older people.

Prior to this inspection, we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are submitted to the Care Quality Commission and tell us about important events that the provider is required to send us. We spoke with the local authority and a national consumer champion in health care, to gain their feedback about the care people received. This helped us to gain a balanced overview of what people experienced accessing the service. At the time of our inspection there were no safeguarding concerns being investigated by the local authority.

Not everyone shared their experiences of life at the home. We observed how staff interacted with people who lived at the home and how people were supported during meal times and during individual tasks and activities.

We spoke with a range of people about New Thursby Nursing Home. They included four people who lived at the home and three relatives who visited people during our inspection. We spoke with the registered manager, five members of the management team and four staff. We looked around the home to make sure it was a safe environment and spent time observing staff interactions with people who lived there. We

checked documents in relation to three people who lived at New Thursby Nursing Home and four staff files. We reviewed records about staff training and support, as well as those related to the administration of medicines and the management and safety of the home.

Good

Is the service safe?

Our findings

People we spoke with told us they felt comfortable and safe when supported with their care. Observations made during the inspection visit showed they were relaxed in the company of staff supporting them. One person who lived in the home told us,"I feel very safe here, my daughter looked at a few places, but could not find anywhere safer than this." A second person commented, "It was my choice to have bed rails on the side of my bed to make me feel safer. This was done straight away." A relative told us, "My [relative] has been here several years and this place has never been safer." A second relative said, "I go home at night and do not worry about my [relative's] safety."

The service had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen and staff spoken with confirmed they had received safeguarding vulnerable adults training. Staff members we spoke with understood what types of abuse and examples of poor care people might experience and understood their responsibility to report any concerns they may observe. There had been no safeguarding incidents raised with the local authority regarding poor care or abusive practices at the home when our inspection visit took place.

Care plans seen had risk assessments completed to identify the potential risk of accidents and harm to staff and people in their care. The risk assessments we saw provided instructions for staff members when delivering their support. For example, we saw a risk assessment for one person to manage their ongoing health problem. The assessment had the aim of the assessment and a step by step guide to guide staff and keep the person safe and healthy. This showed the registered provider had systems and processes to assess and manage risk.

We found staff had been recruited safely, appropriately trained and supported. They had skills, knowledge and experience required to support people with their care and social needs. The registered provider monitored and regularly assessed staffing levels to ensure sufficient staff were available to provide the support people needed. During our inspection visit staffing levels were observed to be sufficient to meet the needs of people who lived at the home. We saw staff members were in attendance in the communal areas to provide supervision and support people with social activities.

We looked at how medicines were prepared and administered. Medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. We observed one staff member administering medicines during the lunch time round. We saw the medicine trolley was locked securely whilst attending each person. One person told us, "My medication is 100% on time I am never waiting. It is a routine that is abided by."

People were sensitively assisted as required and we observed consent was gained from each person before having their medicine administered. The medicine administration recording form was then signed. Controlled Drugs were stored correctly in line with The National Institute for Health and Care Excellence (NICE) national guidance. The controlled drugs book had no missed signatures and the drug totals were correct. This showed the provider had systems to protect people from the unsafe storage and

administration of medicines.

We looked around the home and found it was clean, tidy and maintained. The service employed designated staff for cleaning of the premises who worked to cleaning schedules. There were designated areas to store wheelchairs. This meant communal areas remained clear and free from hazards. We observed staff making appropriate use of personal protective clothing such as disposable gloves and aprons. This meant staff were protected from potential infection when delivering personal care and carrying out cleaning duties.

Good

Is the service effective?

Our findings

"I feel like a rock star the way they treat me here." This was one of the responses we received when we asked about the care people received at New Thursby Nursing Home. Other people we spoke with were also complimentary about the care within the home. A second person commented, "I was quite poorly when I came here. I am not as poorly now. I could not improve on anything". A third person said, "The staff know exactly what I need but are always asking if I want anything more."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff working in this service make sure that people have choice and control of their lives and support them in the least restrictive way possible; the policies and systems in the service support this practice.

We talked with people and looked at care records to see if they had consented to their care where they had mental capacity. People told us they were able to make decisions and choices they wanted to make. They said staff did not restrict the things they were able, and wanted, to do. About choice one person told us, "The staff are very competent, they always ask but they know. They are very friendly without being over familiar; very professional."

We observed lunch in the dining room. One person's care plan had recorded they liked generous portions as they had a good appetite. We saw different portion sizes and choice of meals were provided as requested. Food served looked nutritious and well presented. Drinks were provided and offers of additional drinks and meals were made where appropriate. The support we saw provided was organised and well managed. The atmosphere throughout lunch was relaxed and unhurried with people being given sufficient time to enjoy their meal. This helped ensure people ate and drank sufficient to meet their needs.

People told us they enjoyed meals provided for them and were happy with choices made available to them. One person commented, "My meals are adapted to my requirements, and there is always an alternative. We also have a choice of snacks between meals." A second person told us, "I do enjoy the meals, and I am a very good eater." A third person said about the meals, "There is always enough choice and plenty to eat."

We visited the kitchen and found it clean and hygienic. Cleaning schedules ensured people were protected against the risk of poor food safety. The service had been awarded a five-star rating following their last inspection by the 'Food Standards Agency'. This graded the service as very good in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

The provider and chef had knowledge of the food standards agency regulations on food labelling. This showed the provider had kept up to date on legislation on how to make safer choices when purchasing food for people with allergies.

People's healthcare needs were carefully monitored and discussed with the person or family members as part of the care planning process. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been. One person told us, "I am waiting to see a doctor, he is coming today, the staff sorted this out for me." A second person commented, "I can see a doctor when I want." During our inspection visit we noted two visits from healthcare professionals. This confirmed good communication protocols were in place for people to receive continuity with their healthcare needs.

Good

Is the service caring?

Our findings

People and their relatives consistently praised the caring attitude of the staff and management team. Feedback and observations during our inspection visit showed people were well cared for. One person told us, "You lose a lot when you give up your own home but I feel I have gained a lot by coming here." A second person commented, "I have met most of the staff. Even the staff from the laundry and the handyman. They are all special, I count them all as real friends." A third person said about the care they received, "I spent some time in hospital and when I came back I felt it was good to be home. I regard this as home. I even had a welcome home from staff. They had spring cleaned my room from top to bottom. A lot of TLC at every level."

We saw staff had an appreciation of people's individual needs around privacy and dignity. We observed staff knocked on people's doors before entering and bathroom doors were closed before support was offered. We noted staff spoke with people in a respectful way, giving people time to understand and reply. We observed they demonstrated compassion towards people in their care and treated them with respect. One person we spoke with said, "The staff always listen and respond positively." A second person told us, "The staff do not impose anything, they always ask. The courtesy is there."

We observed several people being helped to mobilise and saw this was carried out with compassion and appropriate humour. We saw people responded to staff presence and interactions positively. This demonstrated people were comfortable in the presence of staff. This was supported by comments received. One person told us, "The staff are very open to suggestions. I have even heard students being told to make eye contact." This showed the registered provider guided staff to develop positive caring relationships.

We discussed advocacy services with the registered manager. They told us no-one had an advocate at the time of inspection. They confirmed should advocacy support be required they would support people to access this.

People's end of life wishes had been recorded so staff were aware of these. We saw people had been supported to remain in the home where possible as they headed towards end of life care. This allowed people to remain comfortable in their homely surroundings, supported by familiar staff. On the day of our inspection we saw training being delivered by staff from the local hospice. They were training staff on the pathway to quality end of life care. This showed the registered provider respected people's decisions and guided staff about positive end of life support.

Good

Is the service responsive?

Our findings

People were supported by staff that were experienced, trained and responded to the changing needs in their care. Staff had a good understanding of people's individual needs, likes and wishes. For example, one person who lived in the home told us, "Everyone seems to know what is important to me." A relative commented,"The staff are always checking for safer ways of doing things. They [the staff] identified that my [relative] would be safer being lifted with a full body hoist, rather than the chair type, so the home went and bought one."

People who lived at the home told us they received a personalised care service which was responsive to their care needs. They told us the care they received was focused on them and they were encouraged to make their views known about how they wanted their care and support provided. One person told us, "They [staff] are very open to suggestions.They always say we are here to help you." A second person told us, "I have seen my care plan and I have signed it." A relative confirmed they contributed to the planning of thie relative's care saying, "I am always included with my [relative's] care plan."

Three care plans we looked at were reflective of people's needs and had been regularly reviewed to ensure they were up to date. One person required a specific approach to ensure their care needs were met. Staff were able to tell us how best to support the person. They were knowledgeable about the support people in their care required. One person told us, "Some of the staff have bent over backwards to sort me out. They have gone above and beyond what I would expect."

We found there was a complaints procedure, which described the investigation process and the responses people could expect if they made a complaint. Staff told us if they received any complaints and people were unhappy with any aspect of their care, they would pass this on to the registered manager. Relatives we spoke with and staff all told us they would not hesitate to raise concerns and felt they would be listened to, but no one had any cause for complaint. One person told us they had complained once and this was sorted out quickly to their satisfaction.

Good

Is the service well-led?

Our findings

The home demonstrated good management and leadership. There was a clear line of management responsibility throughout New Thursby Nursing Home. The service had a registered manager who was supported by a deputy manager and they were both clearly visible within the service. The management team had good knowledge of all people living there and their relatives.

The registered provider had introduced new roles within the management structure. They had appointed an operations manager to work across all the homes owned by Century Healthcare Limited. This was a developing role and we were told it was to drive quality throught the homes. The registered provider had also introduced the CHAP (Care Home Assistant Practitioner) role. We saw the role was valued with one member of the management team telling us it was about developing staff and using their skills. This showed the registered provider was creative in developing strong management and leadership.

Relatives and staff felt the management team were supportive and approachable. People told us the atmosphere was relaxed and homely around the premises. One person told us, "There is good teamwork, from top to bottom, including the gardener. It is the personal touch." A second person told us, "The culture of the home is very friendly." A relative also mentioned the atmosphere in the home saying, "In my experience the culture of the home is very relaxed." By delivering a positive culture the registered provider was promoting positive outcomes for people being cared for.

We saw people and staff were offered the opportunity to give feedback on the quality of the service provided. Actions taken in response to the survey given to people who lived at the home was; staff are allocated to answer the front door from 4pm. There were also changes to domestic cleaning and activities. Regarding listening to people's views one person told us, "Feedback is ongoing, all the time. I commented on the fact that all I can see out from my bed is a fence and the sky. The staff have rigged up a bird feeder and hanging basket for me to look at."
A second person commented, "Not long ago I was given a form to fill in."Actions taken in response to a staff survey was more activities, and everyone to be mindful when supporting people to dress. This showed the registered provider sought and acted on feedback so they could deliver quality care.

We saw minutes which indicated regular staff meetings took place. The minutes from staff meetings included discussions on the availability of water machines, workload, meals and staff absence. One member of staff told us, "We have a morning meeting everyday at handover. At the staff meetings we talk about everything and anyone can add to the agenda."

We saw records which showed weekly and monthly audits took place to assess quality assurance. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. Records showed the provider had ensured gas, emergency lighting, fire extinguisher and legionella checks were completed as required.

Further audits included checks around health and safety, accidents and incidents, medication the environment and portable appliances. Any issues found on audits were quickly acted upon and any lessons learned to improve the service going forward were recorded. This showed the provider monitored and maintained the home to protect people's safety and well-being.

We saw there was an up to date fire plan. Each person had a personal emergency evacuation plan. The registered provider employed a full time electrician who worked between the homes. Each home had a maintenance person who was included on an on call rota. This was to provide 24 support should it be required. This showed the registered provider had responsive systems that ensured people's environment remained safe.

We noted the provider had complied with the legal requirement to provide up to date liability insurance. There was a business continuity plan to demonstrate how the provider planned to operate in emergency situations. The intention of this document was to ensure people continued to be supported safely under urgent circumstances, such as the outbreak of a fire.

It is a statutory requirement registered providers of health and social care services display their performance assessment from the last Care Quality Commission (CQC) inspection report. Registered providers must ensure their performance assessment is displayed clearly at each location delivering a regulated service and on their website. We checked to see the registered provider had met this statutory requirement. We found the rating from the CQC inspection carried out in 2015 was displayed on the registered provider's website and within the home.