

Barchester Healthcare Homes Limited

Thistle Hill Care Centre

Inspection report

Thistle Hill
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North Yorkshire
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Thistle Hill Care Centre is a nursing home providing personal and nursing care for up to 85 people. At the time of the inspection 81 people received a service. Thistle Hill Care Centre accommodates people across three separate wings with their own adapted facilities. The Deighton wing supports people living with Dementia, the Ripley wing supports people with physical nursing needs and the Farnham wing supports younger adults with physical health needs. The premises are fully accessible with a lift to access the Deighton wing. Ripley and Farnham are on the ground floor.

People's experience of using this service and what we found

Checks to maintain a safe and clean environment were completed and recorded. The provider had an up to date infection prevention and control policy in place for staff to follow. The policy would benefit from a review to ensure it remained effective and considered all latest guidance to keep internal areas of the home free from odours that were offensive or unpleasant.

Staff had good access to personal protective equipment to manage the risks associated with the spread of infection including COVID-19 and adhered to government guidance to protect people.

People received initial assessments of their needs and information, including risks to formulate care plans for staff to use as a point of reference when supporting people. For example, care plans included personal emergency evacuation plans (PEEPs), to ensure required levels of support were quickly provided to support any safe emergency evacuation of the home.

The provider had good governance procedures in place which were used to manage and check service quality. Any areas identified for improvement were logged and actions implemented. Oversight was used to evaluate repeating trends. For example, where people were at risk from falls, outcomes were used to reduce further incidents by ensuring people maintained their mobility in a safe way, with access to any required equipment and support.

People told us they felt safe with the staff who supported them. Staff were clear on types of abuse to look out for and how to raise their concerns when required. The registered manager understood their requirement to notify relevant organisations to ensure any safeguarding allegations were routinely investigated with any outcomes and actions implemented.

Where people required support to take their medicines this was completed safely as prescribed. The provider worked closely with other health professionals and supported people with any required referrals to maintain their health and wellbeing.

Staff were safely recruited into their roles and were supported with a range of training and support to perform their duties. This included observations of their practice and regular supervisions.

People told us they were happy with the service they received. They told us they were confident in approaching staff and the registered manager with any concerns and that any feedback or suggestions would be responded to.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People told us they felt a part of the community where they lived and enjoyed good access to a range of relevant activities.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 26 July 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Thistle Hill Care Centre on our website at www.cqc.org.uk.

Recommendations

We have made a recommendation for the provider to review their policy and procedures for the management of unpleasant odours in the home. We found no evidence during this inspection that people were at risk of harm from these concerns.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Thistle Hill Care Centre

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was completed by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Thistle Hill Care Centre is a 'care home.' People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Thistle Hill Care Centre is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 8 residents, 1 visitor, 4 family members, and 7 staff members including the clinical lead, a nurse in charge, the registered manager and regional director. We observed a medication round and associated medicines practice. We reviewed records associated with the management and oversight of the service, 3 care plans, and 4 staff files, associated training and support records, and a range of policies and procedures used by staff as a point of reference to support them in their roles.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection, the rating has changed to good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

At our last inspection, the provider had failed to ensure the service was always clean and staff always used face masks to protect people from the risk of COVID-19. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- We were somewhat assured that the provider's infection prevention and control policy was up to date. However, we recommend the provider takes action to review their policy to ensure practice effectively removes and mitigates lingering offensive or unpleasant odours in reasonable timescales.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- The provider was following required guidance on visiting. No unnecessary visiting restrictions were in place which ensured people enjoyed good visiting arrangements in support of their daily lives.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection, the provider had failed to ensure people's personal emergency evacuation plans were up to date. The Registered Manager had not always reviewed incidents to share learning with staff and minimise the risks to people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- Risks to people's safety and welfare were assessed and well managed.

- People's care plans were reviewed and included risk assessments about current individual care needs.
- Control measures to reduce known risks were set out in care plans for staff to refer to.
- Daily handover meetings were held to discuss any concerns in people's needs. Where changes were required, care plans were routinely updated.
- Staff knew people well and were knowledgeable about people's individual needs and what to do to provide safe care and support.
- Good governance procedures ensured incidents and concerns were reviewed and evaluated. Outcomes were shared with staff and used as part of lessons learnt to keep people safe from similar incidents.
- Information was shared across the organisation to support learning and promote good practice.

Staffing and recruitment

- Appropriate pre-employment checks were conducted to ensure suitable staff were employed. This included Disclosure and Barring Service (DBS) checks. The information helps employers make safer recruitment decisions.
- People were supported safely by staff who knew them well. People interacted well with staff who encouraged people to maintain their independence to live their best lives. One staff member said, "We have quite a stable team and we work well together to understand and meet people's everyday needs."
- Processes in place ensured enough suitably trained staff were recruited and on duty to safely meet people's needs.
- The service had experienced some staffing issues but had managed this by having regular and consistent agency staff. These staff received a service specific induction and shadowed regular staff to enable them to provide safe support to people.

Using medicines safely

- Medicines were received, stored, administered, and disposed of safely. Staff involved in handling medicines had received recent training around medicines and observations were conducted to ensure they continued to follow best practice guidance.
- Where people received support with their medicines, guidance was in place to manage any known risks.
- Regular reviews ensured any prescribed medicines remained relevant and their reliance monitored and reduced where alternative methods were successfully implemented.

Systems and processes to safeguard people from the risk of abuse

- People were safe from the risks of abuse and avoidable harm. One person said, "Yes, very safe and they [staff] are all really good; they make sure I've got everything I need."
- Staff had received training in safeguarding and understood how to recognise signs of abuse and what actions to take to safeguard people from avoidable harm.
- All incidents were documented with systems and oversight to record outcomes and take actions to help prevent similar events.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection, the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks, and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

At our last inspection, the provider had failed to ensure quality assurance checks remained effective, putting people at risk of otherwise avoidable harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- The registered manager had implemented a range of checks and audits with good provider oversight. Information was reviewed for any trends and outcomes used as part of continuous learning across the organisation.
- Care plans were regularly reviewed and evaluated to ensure support in place was in line with people's changing needs and information helped staff to keep them safe from known risks.
- The registered manager empowered senior staff who provided good support to help carers meet people's individual needs. A staffing structure was in place and staff were clear about their roles and responsibilities.
- Processes were in place to ensure the robust recording, evaluation and analysis of any accidents, incidents or complaints in a timely manner.
- People and staff told us the home was well run, the registered manager was approachable, and responsive to any suggestions or concerns. A relative said, "[Registered Manager] is extremely good, and she runs a tight ship. We have regular residents and relatives' meetings so if you have any problems or complaints, you can bring it up there and you are listened to."

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people

- Care plans included detailed information to ensure their care and support reflected their needs, aspirations, and objectives. This information was regularly reviewed with people to ensure outcomes remained achievable and any identified risks managed.
- Staff had a good understanding of people's needs and promoted an inclusive safe environment where people could thrive. A nurse in charge said, "There are a lot of positive improvements in people's wellbeing."

For example, we ensure people have all the equipment, including latest technology for them to regain and build on their independence."

- People spoke openly, with enthusiasm about their daily living, their future plans, and about their past experiences they had living their best lives. One person said, "The best thing here is the communication as there is always someone to talk to; we don't have anything to complain about."
- The registered manager was supported by the provider with regular oversight visits made by the management team.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People told us they were routinely consulted with and that their wishes, plans for their care and feedback about the service were listened to and respected.
- Staff discussed their passion for their roles and the supportive team approach to providing people with consistent care. They told us this promoted people's independent living arrangements.
- Ongoing assessments of people's need ensured care was planned to meet any personal characteristics and preferences. People's views were recorded and where required adjustments made to ensure care was tailored to meet their needs.
- The provider had established working partnerships in place for the benefit of people and the service. People benefitted from regular external input from a range of health professionals to support them with their daily living, health, and well-being.