

Century Healthcare Limited

New Thursby Nursing Care Home

Inspection report

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Lancashire
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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

About the service

New Thursby Nursing Care Home is registered to provide care for 42 older people or younger adults. It is a large detached home set on the main coast road between Blackpool and St Annes on Sea. The home is 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. At the time of our inspection there were 30 people living at the home.

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

People told us they felt they were cared for safely by the staff team. They were able to be as safe and as independent as possible because staff risk assessed and helped them manage avoidable risks. The registered manager had a thorough recruitment system and there were enough staff to meet people's care and support needs. Staff supported people with their medicines according to national guidelines. The home was clean, with good infection control.

Staff were familiar with people's dietary and nutritional needs and provided people with a choice of food and drinks. Staff supported people to see healthcare professionals promptly so their health and wellbeing needs were met. People were helped to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff assessed people's capacity to make decisions. The home was comfortable and pleasantly decorated and suitable for people's needs. Staff had been trained, were supported and had the skills, knowledge and experience to provide good care.

People told us they liked living at New Thursby and were treated with patience, care and respect. Staff were respectful and provided care that met people's diverse needs and preferences. They encouraged people to make choices and decisions and to be involved in planning their care.

The provider had a complaints policy. People knew how to complain and said any concerns were dealt with promptly and to their satisfaction. Staff had assessed, were familiar with, and reported on people's specific communication needs. People were involved in varied activities in the home and in the local community. The staff team supported people needing end of life care and had the skills and knowledge to do so.

People said staff involved them in decisions about the home such as meals, routines, leisure and social events. The registered manager monitored the service to check on the quality and to make sure staff were providing good care. They understood and acted on legal obligations, including conditions of CQC registration and those of other organisations. They worked in partnership with other services and organisations and were involved in research to develop and follow good practice, keep people safe and improve their well-being.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at

www.cqc.org.uk

Rating at last inspection:

At the last inspection the service was rated good (published 16 September 2017).

Why we inspected

This was a planned inspection based on the rating at the last inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

New Thursby Nursing Care Home

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 Care Act 2014.

The inspection team

This inspection was carried out by two inspectors 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

New Thursby nursing care home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did before inspection

We completed our planning tool and reviewed information we had received about the service since the last inspection. This included notifications we had received from the provider, about incidents that affected the health, safety and welfare of people supported by the service. We looked at previous inspection reports. We also sought feedback from partner agencies and health and social care professionals. We used the

information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who lived at New Thursby and three relatives. We spoke with the registered manager, deputy manager, cook and five nursing and care staff.

To gather information, we looked at a variety of records. This included medicines records and parts of three people's care records. We also looked at other information related to the management of the service. We did this to ensure the management team had oversight of the service and they could respond to any concerns highlighted or lead in ongoing improvements. We walked around the building to check the home was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- People were protected from the risk of abuse and avoidable harm. They said they felt safe because staff were skilled and caring and systems were good. One person said, "I wanted to come here because [family member] had been in here and I know it is very safe." A relative said, "This home is absolutely safe, it is excellent. I can't fault it."
- The provider had managed risk through effective procedures. Senior staff completed assessments to make sure people were safe from avoidable hazards. Staff supported people to remain as independent as they were able, while protecting them from unnecessary risks.
- Staff were trained in safeguarding vulnerable adults and knew what to do if they felt someone was being harmed or abused. They had arrangements in place to support people in emergency or unexpected situations.

Using medicines safely; Preventing and controlling infection

- Staff managed medicines safely, as prescribed and in line with good practice guidance. Staff were trained in medicines and were regularly checked to make sure medicines were given correctly. One person told us, "Staff give me my medicines always at the same time – within a couple of minutes."
- The home was clean and hygienic. People supported, staff and visitors were protected from potential infection because staff were trained and followed safe infection control practices.

Staffing and recruitment

- Staff recruitment remained robust and safe. The registered manager made recruitment checks before any new staff member could work at the home.
- There were sufficient, suitably skilled and experienced staff to meet people's needs. People told us there were enough staff to provide the care they needed without rushing them. They said staff took the time to make them feel cared for. Although one person added, "They are always fully staffed but they are often busy." People told us staff responded quickly to requests for help. One person said, "They are a couple of minutes at the most."

Learning lessons when things go wrong

- Staff learnt from situations that did not go as well as planned. They reported and documented any accidents, incidents and near misses. The registered manager reviewed and reflected with staff and took action where improvements were needed. This reduced the risks of similar incidents.
- The staff team were aware of their responsibility to report any issues to the relevant external agencies and did so promptly.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

- The provider had made sure the home was maintained and suitable for people. People told us they were happy with the standard of accommodation provided and were comfortable living at the home. A relative told us, "The room [family member] was in at first was not quite right for wheelchairs, so as soon as a more suitable room was available the [registered manager] gave us that." Where people needed mobility equipment this was provided.
- Staff had encouraged people to personalise their bedrooms to their individual taste. One person said, "My room is very nice. I like it, it is alright for me." People told us staff were helpful with making any changes to rooms to benefit people. A relative told us, "You just need to mention something and it is done. {Family member] couldn't see the TV properly in their room so the provider quickly arranged to move it. They had to get part of the room rewired to accommodate it but did it willingly."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The staff team worked closely and effectively with health and social care professionals. They were familiar with people's health conditions and gave them support to attend appointments and receive health care promptly.
- People told us staff were quick to notice if they were unwell and supported them to see a doctor if they needed one. Relatives said they would be informed if their relative was unwell. One relative said, "If I am not here the matron will ring me and let me know what is going on. They will also tell me what is going on as soon as I walk in."
- The registered manager worked in partnership with other health care professionals, sought help, and support promptly and shared relevant information. A relative complimented the registered manager for quickly spotting their family member had developed a health problem. They told us she quickly arranged for the person to go to hospital for treatment and they recovered well.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff provided people with sufficient food and drink and helped people to have appropriate nutritional care and support. People told us the food was very good and they got plenty of choice in food and drinks. One person told us, "I like everything so I have never asked for anything different." A relative said, "Family member is on blended food and I help them eat. Staff now bring up food [to the first floor] in a heated trolley. They used to bring up food on trays and the sweet was always cold by the time [family member] ate it. The heated trolley is a huge improvement."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff support: induction, training, skills and experience

- Staff completed informative assessments that assisted them in providing the right care. They encouraged people to be involved in this. They were knowledgeable about people's health needs.
- The staff team had frequent training, supervision, appraisal and staff meetings, to help them provide suitable care and to help develop their skills and knowledge. People told us staff were well-trained and competent. A relative said, "Are they well trained? I think so yes. What one doesn't know the other will. They are always doing some training." A recently appointed staff member said, "I have had more training here than in two years elsewhere."
- Staff applied learning effectively in line with best practice. This helped them to provide care that met people's needs.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The registered manager had made applications for DoLS where people did not have capacity and restrictions were placed upon them for their safety. Staff met any conditions where DoLS had been authorised.
- People had been asked for their consent to decisions where they were able to give this. Where people were unable to make a particular decision, relevant people were involved in best interests' decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were knowledgeable and respectful of people's human rights, differences and diverse needs, which helped them provide the right support. People told us staff listened to and took their wishes into account. One person told us, "They will do anything for you to make things better for you." Another person said, "You could not wish for a better group of carers."
- People told us staff were kind and considerate and treated them in an attentive and patient way. One person said, "They are lovely. I am very happy here." Relatives commented, "They are very accommodating. I would recommend this place 100%." And, "I think it is a nice, friendly place to live, and [family member] now calls it home. I have recommended this place and would definitely do so again."

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful in the way they addressed and supported people. A relative said, "Staff always treat [family member] with dignity. They always talk to [family member] when they are giving care, even though [name] is usually asleep."
- We saw staff respected people's privacy, knocked on people's doors and waited for a response before entering the room. One person told us, "They always knock. They impress on everyone that they need to knock before entering."
- Staff helped people to be as independent as they were able. They assessed risks with people and encouraged people to do what they could while remaining safe.
- Care records seen documented people's needs and preferences. People's confidentiality was respected and their care records kept securely.

Supporting people to express their views and be involved in making decisions about their care

- People said they were encouraged to say how they wanted to be cared for and with making decisions about their lives. Staff involved people and where appropriate, relatives in discussions about and any changes in their care. One person said, "I am more than happy with it. It works for me." A relative told us, "We sit down every couple of months and go through it [care plan]. Because [family member's] health varies they are always tweaking it, but they always let me know what they have done."
- People were given information about advocacy services, and help to contact them if needed, so an independent person was able to act on their behalf, if needed.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- Staff gave care that met people's needs, respected their choices and helped their wellbeing. People told us staff listened to their views and choices and involved them in reviewing their care. Care records were personalised and informative.
- People told us they had the opportunity to socialise and there were frequent leisure activities, but no pressure to get involved if they didn't want to. One person said, "I sometimes join in. It depends what is on." A relative said, "The activities co-ordinator organises things to do. She takes things to do to people in their rooms as well as group activities. She also does trips out."
- People said family and friends were always made welcome. A relative said, "There are no restrictions on me visiting. This was the first question I asked when I came to look around and I have never been stopped from coming in."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff were aware of the AIS. They made sure people with a disability or sensory loss were given information in a way they could understand.
- Staff understood each person's communication needs, including where people needed extra support with speech, hearing, sight or understanding. This information was written in people's care plans.

Improving care quality in response to complaints or concerns

- People and their representatives had access to complaints information. They told us they knew how to complain and would feel comfortable doing so without fear of a negative response. They said they hadn't needed to make a complaint but believed that their concerns would be acted upon to their satisfaction. One person told us, "They always tell me that if there is something wrong to let them know." A relative commented, "If I am not happy I would have a quiet word. Everything I have to say is treated seriously and dealt with quickly and properly."

End of life care and support

- Staff supported people at the end of life. They knew the importance of providing good quality end of life care and caring for people in their familiar surroundings with staff they knew. The family of a recently

deceased resident commented, "All the team are a credit to the nursing home and made [family member's] last few months very special and comfortable when she really needed it. The nursing care at New Thursby is exceptional."

- Staff had explored people's preferences and choices including their cultural and spiritual needs in relation to end of life care where people were willing. They had recorded this in their care plans.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

- The registered manager and provider planned and delivered effective, safe and appropriate person-centred care. They were open and transparent and focused on providing a high standard of care.
- The registered manager sought people's views in a variety of ways including discussions, meetings and surveys. She knew people and their care and support needs and made sure these were well met. People said she was approachable, listened and took action on any requests or concerns. One relative said, "The home has a lovely feel to it. It is a good environment because the matron runs things personally."
- Staff told us they felt supported by the registered manager and senior team. They said they listened to and acted on ideas and suggestions and were caring and supportive. One staff member said, "I absolutely love it here, I am happier here at New Thursby than I have been in any other place." Another staff member told us, "[The registered manager] is brilliant. I never get up and not want to come to work. I love it. I can't fault it." They said they could discuss ideas in staff supervision, handover and team meetings.
- The registered manager and provider met their responsibilities to apologise to people and/or their relatives when mistakes were made and act on their duty of candour. They told us there had been no recent events that had required such a response.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a clear staffing structure and lines of responsibility and accountability which people understood. People were praising of the registered manager. Comments included; "It is a really well-run home. She is very organised. It can't be an easy job." And, "[The registered manager] runs a tight ship and keeps everyone focussed. The staff are really nice, they know and care about what they are doing."
- The registered manager had systems to check people had good care and were supported as they should be. They carried out audits on the quality of the service. If shortfalls were found, they promptly made improvements. They met with the provider frequently to keep them informed about the management of the home.
- The registered manager followed current and relevant legislation along with best practice guidelines. This helped them keep people safe and to meet their diverse needs. They understood legal obligations, including conditions of CQC registration and those of other organisations.

Continuous learning and improving care; Working in partnership with others

- The registered manager encouraged continuous learning and development within the service through meetings, discussions and training to assist in providing good outcomes for people. They evaluated any accidents and incidents to see if lessons could be learnt and to reduce risks of similar events.
- The registered manager maintained good working relationships with partner agencies. This included working with commissioners and health and social care professionals.
- The management team looked at current legislation, standards and evidence-based guidance. They had been involved in new and innovative national and local research activities that improved people's health and wellbeing. Where improvements could be made, these were discussed and acted on.