

Thornhill House Care Home Service

386 Stewarton Street
Wishaw
ML2 8DU

Telephone: 01698 297297

Type of inspection:

Unannounced

Completed on:

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Service provided by:

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Jasmine Alkureishi, a Partnership

Service provider number:

SP2003000244

Service no:

CS2003001239

About the service

Thornhill House is situated in a residential area of Wishaw within close proximity to local shops and transport links. The service is registered to provide a care service to a maximum of 22 older people two of which can be for short stay/respite care. At this inspection there were 18 people living here.

The service states it aims "to provide an environment for 22 older people to enable them to live as independently as possible yet retain their rights as individuals with their right to personal dignity maintained at all times".

The home is a traditionally built sand-stone building of two storey construction with a purpose built ground floor extension to the rear of the main building. Access to the first floor is by stairs or a chair lift. There are two communal lounges on the ground floor as well as a dining room. Rooms are spacious and people are encouraged to personalise their rooms. The home has a well maintained enclosed mature garden to the rear of the building for people to enjoy.

What people told us

We gathered feedback from residents in the service and their families by sending out questionnaires, speaking to people during the inspection and looking at some feedback provided to the manager from thank you cards recently received from relatives.

We received positive feedback and comments from the people who use the service and their relative's, some of which were as follows;

'get well looked after, food is good and staff are great, I'm happy being here'.

'have a lovely room and the laundry comes back on time, staff are attentive and they look after us well'.

'really happy with the care my relative receives, if staff are concerned they call us and we come round. Room is lovely and very homely. She enjoys the food and always a wee activity taking place'.

'the staff in Thornhill are very helpful and always anxious to take care of my relatives needs who is very happy here. There are regular activities, quizzes, keep fit, entertainment all of which is thoroughly enjoyed. My relative tells me she feels safe and well cared for and I am always made welcome and enjoy visiting Thornhill'.

'thank you so much for all the love care and warmth over the last three years. Our relative was happy and enjoyed being in Thornhill. Testament to all your great work'.

'the family and I would like to thank everyone involved in the care of our relative. We are extremely grateful that they were able to spend their last year at Thornhill a place that was familiar to them and with a staff team second to none in their support and compassion for residents'.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
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How good is our leadership?	not assessed
How good is our staffing?	not assessed
How good is our setting?	not assessed
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

People who experience care have the right to be treated with dignity, respect and compassion and have confidence in the people who provide their care and support.

The home benefits from a stable management and staff team who had access to a range of regular training opportunities to ensure they were appropriately skilled in their roles. We looked at the recruitment files. We thought this process could be improved by updating the application forms to comply with current best practice guidance (see area for improvement 1).

The residents and relatives we spoke to spoke positively of the staff and said they felt well supported and informed of what was happening. We observed good standards of practice from staff who demonstrated a genuinely compassionate approach when interacting with people. Residents were well presented and appeared comfortable and relaxed which contributed to people feeling valued and respected.

Residents could be confident that staff had an overview of their health care needs and consulted with relevant health care professionals including the GP and district nurses as needed and were being well supported to receive their prescribed medications.

How people spend their day is important in maintaining people's physical health and wellbeing. The manager had attended training on Caring About Physical Activity (CAPA). Staff were encouraging physical activity through chair exercises or regular walks with the homes' resident dog. We saw that people had enjoyed outings, entertainment and links with the local community. From speaking to staff we were aware that not all activities were being recorded. We suggested the manager develops a way of recording and evaluating the good work and interactions that staff provide on a daily basis.

Communal areas were spacious, clean and nicely presented. Residents could wander freely with no restrictions. Staff were aware of people's nutritional needs and provided support where required. People could choose where they wanted to eat their meals and we saw drinks and snacks being offered regularly which helped maintain people's health.

The home appeared clean and tidy, rooms were individualised and staff displayed respect for people's privacy which promotes a relaxed and friendly space for people living here. There is a large mature garden area. One of the residents has a greenhouse and grows vegetables and plants as well as helping to maintain the grounds.

There had been some issues in recruiting and retaining maintenance staff which had led to some of the maintenance checks falling behind. The manager had recently recruited a maintenance person and records demonstrated these checks were now being carried out regularly. External contractors carried out servicing of appliances and equipment to ensure a safe environment.

The manager sought feedback on the services' performance through one to one conversations. People told us they felt well informed of any changes through newsletters and verbal feedback. The manager acknowledged the need to record these informal meetings and discussions in order to provide better evidence of consultation and the positive outcomes achieved.

Areas for improvement

1. The manager should improve the information currently requested and recorded within the application forms to ensure they are up to date and comply with current best practice recruitment guidance. Newly appointed staff application forms should include two professional references with evidence of authenticity.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state, I am confident that people who support and care for me have been appropriately and safely recruited (HSCS 4.24).

How good is our leadership?

This key question was not assessed.

How good is our staff team?

This key question was not assessed.

How good is our setting?

This key question was not assessed.

How well is our care and support planned?

4 - Good

People should be able to benefit from care plans which are regularly reviewed, evaluated and updated which consistently informs all aspects of the care and support they experience.

Some of the care plans contained some good person centred information and recorded people's choices and preferences. This was demonstrated in the practice and positive interactions we observed during the inspection with staff who clearly knew people's needs well.

There was up to date information available on who had the legal powers to make a decision on individuals behalf as well as anticipatory care plans which staff continue to work through in consultation with residents, relatives and carers.

There was evidence of good links and input from various healthcare professionals, who staff consulted if they had any concerns.

Since the previous inspection staff had been working on summary plans. These contained the most up to date and relevant information that staff could quickly access. These had been completed well and provided more up to date information than the care plan.

Regular review meetings were taking place to ensure people were satisfied with the care provided. We suggested the manager develop a review matrix which will assist the manager and staff when planning these meetings and provide evidence that these were taking place within the required timeframe.

There were current up to date risk assessments in place, more detail around the management of the risk will improve these plans further. Staff were able to explain individuals needs and how they managed these. This level of detail needs to be captured within the care plan. The manager had recognised the need to improve the plans and had new care plan documentation with plans to implement this over the coming months.

The care and support provided by staff seemed good, however the paperwork such as care plans need further improvement. We found that the quality and content of the care plans varied and still need to be developed to be more outcome focused in order to capture what is important to each individual and how staff are going to ensure this is provided (see area for improvement 1).

An on-going development plan would inform people of any planned changes within the service including changes to the care plans and how and when the manager and staff expect to achieve these changes in consultation with people who use the service (see area for improvement 2).

Areas for improvement

1. The manager of the service should improve each care plan to ensure they are outcome focused with clear guidance for staff on how they are expected to carry out care and support in order to meet individual preference and need.

This is will ensure care and support is consistent with the Health and Social Care Standards which state, My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices (HSCS 1.15)

2. The provider and manager should have a development plan providing details of any progress or planned changes for the service with timescales and regular updates to ensure people are kept fully informed and can be involved in what is happening within their service.

This is will ensure care and support is consistent with the Health and Social Care Standards which state, I am actively encouraged to be involved in improving the service I use in a spirit of genuine partnership (HSCS 4.7)

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

The provider must have relevant up to date evidence of staff training and refresher training.

This is to comply with SSI 2011/210 Staffing 15 A provider must (b) ensure that persons employed in the provision of the care service receive (i) training appropriate to the work they are to perform.

This requirement was made on 25 February 2019.

Action taken on previous requirement

Staff have access to a wide range of online training as well as face to face training from Care Home Liaison and the local district nurses. There was evidence of previous training attended and where staff were due to attend an update of had failed a training session the manager was alerted to this and then actioned it appropriately.

Met - within timescales

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

Care plans should be outcome focused with clear guidance for staff to carry out tasks in the way the resident prefers.

This area for improvement was made on 22 March 2018.

Action taken since then

This area for improvement has not been met. Please refer to key question 5, How well is our care and support planned for further information.

Previous area for improvement 2

Minutes of six monthly reviews should clearly show the person's life over the past six months.

This area for improvement was made on 22 March 2018.

Action taken since then

The review records we looked at suggested that six monthly reviews were taking place. We suggested the manager develop a system providing the dates of previous, current and planned reviews for ease of reference as this information is currently recorded within each individual care plan which is time consuming when auditing this information. This area for improvement has been met.

Previous area for improvement 3

Handwritten entries in Medication Recording Sheets should clearly show who prescribed the medication and should be signed and dated.

This area for improvement was made on 22 March 2018.

Action taken since then

Any handwritten entries we saw on the medication recording sheets provided a reference to the prescriber and were dated and signed. This area for improvement has been met.

Previous area for improvement 4

New staff application forms should show full previous employment dates.

This area for improvement was made on 22 March 2018.

Action taken since then

We discussed the need to review and update the application forms currently used to ensure the service adheres to the most current, up to date best practice recruitment guidance. Where references had been requested and not returned there was no indication of how this had been followed up, one file contained only one reference. This area for improvement has not been met.

Previous area for improvement 5

Staff should have regular opportunities to attend team meetings.

This area for improvement was made on 22 March 2018.

Action taken since then

Formal meetings were not taking place regularly. The manager informed us that she spoke to staff on a daily basis and any concerns or requests were dealt with at these discussions. It was clear from speaking to people that consultation was taking place and staff we spoke to confirmed this and provided positive feedback on the service and manager support. The manager agreed to look at ways of recording these informal meetings. This area for improvement has been met.

Previous area for improvement 6

The service should have a development/improvement plan.

This area for improvement was made on 22 March 2018.

Action taken since then

This area for improvement has not been met and remains work in progress.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health benefits from their care and support	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and care planning reflects people's planning needs and wishes	4 - Good

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