Thornlea Nursing Home
Care Home Service

21 Hawthorn Gardens
Loanhead
EH20 9EQ

Telephone: 0131 440 0904

Type of inspection: Unannounced
Inspection completed on: 9 November 2017

Service provided by: Thornlea Nursing Homes Ltd
Service provider number: SP2003002476

Care service number: CS2003010673
About the service

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Thornlea Nursing Home is a family run care home service which provides 24 hour nursing care. The service is situated in Loanhead, on the main bus route into the city of Edinburgh.

The service is registered to provide care and accommodation for a maximum of 33 older people. At this inspection the home had full occupancy.

The accommodation is provided on two floors. There are 25 single rooms and four double rooms. There are two lounges and two dining rooms on the ground floor. Stairs and a stair lift give access to the upper floor. There are gardens to the rear and front of the home.

The service’s written statement of purpose states:

“We place the rights of residents at the forefront of our philosophy of care. We seek to advance these rights in all aspects of the environment and the services we provide and to encourage our residents to exercise their rights to the full”.

What people told us

Prior to the inspection we sent out care quality questionnaires. Four completed questionnaires were returned to us. Three people strongly agreed that they were overall happy with the care they received, while one person agreed they were happy with the care they received. One person said their relative “is kind of bored”...“maybe a bit more in the way of activities/stimulation/outings may be helpful”.

The inspection volunteer spoke with 11 residents and 8 relative and comments were positive. People said things like “level of care superb”, “always improving the place”, “great variety of food and plenty”. The inspection volunteer observed that the level of meaningful activities and engagement could be improved.

Self assessment

The Care Inspectorate did not ask for a Self Assessment this year.

From this inspection we graded this service as:

<table>
<thead>
<tr>
<th>Category</th>
<th>Grade</th>
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</thead>
<tbody>
<tr>
<td>Quality of care and support</td>
<td>2 - Weak</td>
</tr>
<tr>
<td>Quality of environment</td>
<td>not assessed</td>
</tr>
<tr>
<td>Quality of staffing</td>
<td>not assessed</td>
</tr>
<tr>
<td>Quality of management and leadership</td>
<td>2 - Weak</td>
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</table>
What the service does well

The service was diligent at keeping people safe and free from trips and falls. Falls for older adults especially can have serious outcomes which can lead to a significant loss of independence and mobility. We recognised that the service was doing this, though this did not meet current best practice and potentially put people at risk of not having their rights upheld. We have discussed this further in the section ‘what the service could do better’.

People were positive about the care and support they received. They told us that they had enough to do and that the food was good and they were well looked after. We saw that the service had a dedicated ‘recreation employee’. However, we found that this did not adequately meet people’s needs.

We observed that residents appeared well groomed and cared for. We could also see that people who were of a low weight had put weight back on and people’s skin had healed. Speaking with staff, we heard that the service makes its own fortified drink to help people maintain or gain weight. We also saw that people who needed help with eating or needed a special diet, received this. However, we found that people were at risk of not getting these needs met due to care planning and recording issues.

The service sometimes involved other professionals in helping to care for people living with dementia who experienced stress or distress due to their medical condition. We saw that the service was training some staff in this specifically and was rolling out further training in dementia. However, more professional involvement and clearer care planning would ensure that all people have their needs better met.

We saw that people’s bedrooms were very individual and personalised and that these were clean and tidy. People had their own furniture, ornaments and decorations. This tells us that people are given choice which reflects good practice in this area.

Staff told us that they felt supported by the current management arrangements. The home is a family run business. This can be a benefit in that it can allow greater attention to detail through good communication due to the small and close knit nature of the service. However, we felt a more formal structure would make sure that any improvements would be consistently delivered.

We saw and heard how a detailed review had been done on topical creams. This will make sure that people get the right cream, in the right way at the right time and that all creams are within date. At the time of the inspection, we acknowledged the work that had gone into this and fed back directly to the staff member and to the manager.

What the service could do better

The service was performing at a weak level and we have made four requirements and three recommendations.

When safety equipment is used we would expect that this is done in the most minimal way possible, never due to a lack of staff and in a way which promotes the activity level of individuals. Also, that there would be a clear plan of why the equipment is used, for how long and what other measures have been tried. If best practice is not followed, then people could be unnecessarily restricted and the service may not be acting in accordance with relevant legislation and regulations. We have made a requirement about this.
We found that the service could do more to assist people in a person centred way, who were living with dementia and experiencing stress or distress. We would have liked to see detailed care planning around these needs and further close working with other professionals who can provide non pharmacological support. We observed that the activities provided could be extended too, especially on a one to one basis. People who struggled to express themselves were observed as not having enough to do. This does not adequately meet people’s needs, which can lead to poor outcomes. We have made a requirement about this.

We saw that people’s needs appeared to be met, though we did not have sufficient confidence in looking at the care records to ensure that this would be consistently or reliably achieved. This is important so that people get the same level of care all of the time. Plus, good record keeping is an expected level of professionalism for both care workers and nurses. We have made a requirement about this.

Similarly, we saw that the management overview needed to be improved. This was in regard to all areas of service delivery but specifically in regard to monitoring people’s weight, skin and falls. It is important to have a good overview so swift action can be taken if an area of concern is noted. Without monitoring trends, people’s needs could be missed, putting them at risk of harm. We have made a requirement about this.

We found that staff would benefit from further training and a formal system of supervision. We could see that there were some staff suitably trained but better outcomes for people would be achieved with a greater number of staff being suitably trained in the near future to adequately meet people’s needs. If staff do not have regular and formal supervision, the quality of care received by people can be below standard or inconsistent. We have made one recommendation each to cover both of these areas.

In order for the service to be clear about what legal powers are in place for people, we have suggested that the service creates a central log. It is important for the service to know what legal powers people have been given and to whom. Specific documents can give legal authority to nurses to give treatment to a person who does not have the ability to make these decisions. We have made a recommendation about this.

During a previous inspection, it was recommended that there were areas of infection control and storage of items that could be improved. At the time of inspection we found that most of this had been completed and the service agreed to make small further improvements. We will look at this again at the next inspection.

**Requirements**

**Number of requirements:** 4

1. The provider must ensure that safety equipment is used in accordance with best practice. In order to comply they must:

1) keep a record of all people who are kept safe by means of restraint
2) have a specific care plan for each resident to whom this applies
3) The care plan indicates why restraint is necessary, demonstrating that this is the least restrictive option, when and what circumstances restraint is used, the duration of use and detail what other measures have been used to meet the person’s needs.

This is to comply with the Social Work Improvements Scotland (Requirements for Care Services) 2011 (SSI 2011/210) Regulation 4 (1) (c).
Timescale: An action plan indicating how the service is meeting this requirement is to be submitted to the Care Inspectorate within three weeks of receiving this report.

The service could make use of the following best practice resource:


2. The provider must ensure that all people with distressed reactions on account of their illness have their needs met in a person centred way and in line with best practice. In order to achieve this they must:

1) identify all residents who experience distressed reactions
2) provide a person centred plan to meet these needs. This may include one to one support or other interventions as required
3) if the person has medication to manage this behaviour, the service details the duration of the medicine’s use, its effect and what non pharmacological interventions have been tried
4) refer back to the prescriber regularly in line with best practice, with regard to the effects of psychoactive medications
5) refer to Edinburgh and Midlothian Psychological Assessment Team (EMPAT) for additional support if residents’ distress continues.

This is to comply with the Social Work improvements Scotland (Requirements for Care Services) 2011 (SSI 2011/210) Regulation 4

Timescale: An action plan indicating how the service is meeting this requirement is to be submitted to the Care Inspectorate within three weeks of receiving this report.

The service could make use of the following best practice resource:


3. The provider must ensure that all care records are accurate and detailed in order to assure good outcomes for people. This must include:

1) detailed recording of food and fluids for people at risk of malnutrition
2) organised recording in order to manage wound care
3) accurate risk assessments
4) repositioning charts to be completed timeously
5) agreement on care plans areas of how these are to be completed
6) review documentation to be developed and people’s needs to be reviewed every six months.

This is to comply with the Social Work improvements Scotland (Requirements for Care Services) 2011 (SSI 2011/210) Regulation 5

Timescale: An action plan indicating how the service is meeting this requirement is to be submitted to the Care Inspectorate within three weeks of receiving this report.
The service may take into account the following professional codes of practice:


4. The provider must develop appropriate auditing systems and management overview to support quality assurance processes and ensure best outcomes for people. This must include:-

1) reinstate and develop the previous overview of people at risk of malnutrition
2) audit all aspects of service delivery including care plans and risk assessments
3) ensure accidents and incidents are audited and analysed monthly.

This is to comply with the Social Work improvements Scotland (Requirements for Care Services) 2011 (SSI 2011/210) Regulation 4

Timescale: An action plan indicating how the service is meeting this requirement is to be submitted to the Care Inspectorate within three weeks of receiving this report.

Recommendations

Number of recommendations: 3

1. It is recommended that the service develops a central log of the legal powers in operation for people and keeps copies of the necessary documents.

This takes account of National Care Standards, Care Homes for Older People, Standard 5 - Management and Staffing Arrangements.

2. It is recommended that the service develops its knowledge in the following areas: dementia and adult support and protection. The service can make use of the following best practice resources:


3. It is recommended that the service develops its supervision policy and practice so that staff receive regular, formal support. The service can make use of the following best practice resource:

http://www.stepintoleadership.info/supervision.html
Complaints

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

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<thead>
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<th>Date</th>
<th>Type</th>
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