

Thornfield House Care Home Service

9/10 Thornfield Avenue
Selkirk
TD7 4DT

Telephone: 01750 722 808

Type of inspection:
Unannounced

Completed on:
14 May 2024

Service provided by:
Mr Jim and Mrs Vivien Armstrong a
Partnership

Service provider number:
SP2005950458

Service no:
CS2005104373

About the service

Thornfield House is a privately owned care home for older people situated in a quiet residential area near to the centre of Selkirk in the Scottish Borders.

The service provides residential care and is registered for 25 residents.

Accommodation is provided on two floors of a converted, large, late Victorian house. The communal rooms for sitting and dining are on the ground floor. Bathroom and toilet facilities are on both floors. First floor bedrooms are accessed via the stairs, a stair lift, or a passenger lift. There is a separate kitchen on the ground floor and small laundry facilities on the first floor.

There is on and off street parking to the front of the building and a pleasant, enclosed garden area to the rear.

On the day of inspection there were 22 people living in Thornfield House care home.

About the inspection

This inspection visit took place on 07 May 2024 between 09:20 and 15:55.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

The inspection was carried out by two inspectors from the Care Inspectorate. Our visit was then followed by time examining evidence remotely.

In making our evaluations of the service we:

- Spoke with people using the service and their relatives at our visit
- Spoke with members of staff and the management team and a visiting health professional at our visit
- Received completed online feedback questionnaires from staff, relatives, supported people and health and social care professionals
- Observed practice and daily life
- Reviewed a range of documents

Key messages

- There were very good strengths demonstrated in supporting positive outcomes for people
- Staff members knew supported people well and this promoted good health and wellbeing outcomes
- People were encouraged to be part of the community and be physically active through exercise and physical games
- Management were proactive when working with other professionals to achieve positive outcomes for supported people
- Personal plans held good information about the person's care and support needs - we have made some improvement suggestions
- Staffing arrangements currently met the needs of supported people.
- Training and development was ongoing with additional training being planned
- An outstanding area for improvement relating to the process and tracking of recruitment stages has been repeated
- There had been considerable environmental improvements within the home and in the garden with more improvements planned
- Management demonstrated a commitment to provide high quality care and support to people.

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?	5 - Very Good
How good is our leadership?	5 - Very Good
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
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?

5 - Very Good

We found significant strengths in aspects of the care and support provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People experienced warmth and kindness in how they were supported and cared for. Family members considered their relative was treated kindly, fairly and with dignity and respect. Staff knew people well and when a person moved into the home they were quickly welcomed and included. One visiting professional told us: "All staff know the residents well. Can tell you all their likes and dislikes plus preferences. Good person-centred care seen being delivered".

People were encouraged to be part of the community, being involved in local festivities, and supported to attend local clubs. Along with family and friends the community was also welcomed into the home. With local entertainers and musicians, therapy pets, nursery children and Brownies regularly visiting. People were encouraged to be physically active through exercise and physical games.

There were opportunities for meaningful engagement and activities within the home. People were supported to celebrate notable events and birthdays. Management were exploring additional engagement opportunities. We have suggested support workers complete a Scottish Social Services Council (SSSC) Open Badge on meaningful connections. This should give staff more confidence and skills to ensure people are consistently supported to be active, engaged and stimulated throughout the day.

Nutritional needs were met well with good meal options for people to choose from. The menu was being reviewed and people had been consulted and asked for new meal suggestions. The cook knew peoples food and drink preferences well and which person required fortified or special diets. Food diaries were kept for people whose food intake was being monitored due to health concerns.

People's weight was monitored to identify if further support was needed from a health professional, for example a doctor or a dietician or the speech and language team. There were other monitoring systems in place to ensure people's wellbeing.

With staff knowing people well, they were able to recognise if there were any changes to the person's health and wellbeing needs. Where concerns where, identified referrals were made to appropriate professionals in a timely manner. Families were also contacted about health and wellbeing concerns and kept up to date. This reassured them about the care and support their relative received.

Procedures were in place to safely support people with their medication. There was very good communication with the local general practitioner (GP) and the local pharmacy. This ensured any medication changes were acted upon quickly. There was very good involvement with other health professionals including district nurses. One nurse telling us how staff would always follow the treatment plan they had put in place.

Overall, there were very good strengths demonstrated in supporting positive outcomes for people. One family member told us: "My relative has just recently moved in and we find the home to be caring, professional and any needs my relative has are met, my relative was included in activities the day they moved in".

How good is our leadership?**5 - Very Good**

We found significant strengths in relation to the leadership of the service and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Management demonstrated a commitment to provide high quality care and support to people which reflected the organisational values and aims for the service. Management promoted a learning culture and sought continual improvement of the service. The manager provided very good stability within the home, was approachable and evidenced transparency and openness.

Staff told us how supportive the manager was. Performance issues were addressed by the manager in a supportive way to bring about learning and better outcomes for people. Staff considered they were able to play an active part in evaluating and improving the quality of the service they work in.

The quality of the service was being checked through various quality assurance systems and processes including satisfaction questionnaires and internal audits. We have suggested additional audits undertaken in relation to care planning and recording.

Incidents were managed well and learning was sought to reduce reoccurrence. Future planning and improvement were progressed through various improvement plans.

Management worked very well with health and social care professionals to achieve positive outcomes for supported people. One professional told us: "Manager has always taken on board and acted on any action raised. Manager is very open and honest, shares all relevant information. Manager always looking for ways to improve the care and support provided"

Relatives were regularly kept up to date about their loved ones wellbeing. Introduction of the electronic care planning system will support increased involvement for relatives. They will have access to care information and newsletters through the electronic system. We have suggested to get the newsletters up and running sooner rather than waiting for the new system to be in place. Relatives were confident in the leadership of the home. One told us: "The manager provides really good leadership, creating a willing team who work well together. I'm always impressed by their dedication"

How good is our staff team?**4 - Good**

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

At the inspection visit there were sufficient staff on duty to meet people's needs. Staff told us they had enough time to care and support people without rushing. Most family members considered there were enough staff on duty to care for their relative. We were satisfied staffing arrangements currently met the needs of supported people.

Management were proactive in sourcing appropriate training for staff through various avenues. These included from health and social work professionals and Scottish Borders skills networks. A new e-learning platform had increased the scope of training available for staff to undertake. There were good training plans in place, all of which should further increase staff members care and support knowledge and skills.

One to one supervision meetings were taking place with staff. These provided opportunities for staff to reflect on their practice.

We have made some suggestions to the format of the supervision record document, including adding a section which prompts a discussion around values and care standards. Observations of competency were also undertaken. We have advised these are linked to supervision to further staff members continuous professional development.

At our inspection visit, staff told us they were happy in their roles. This was reflected in the questionnaire feedback from staff. Outside professionals told us they found staff moral to be positive. There was good information from various sources showing the staff team were working well together.

We checked recruitment records as part of our core assurances and saw people had been safely recruited. The recruitment process to track tasks completed throughout the recruitment journey needed improvement. An outstanding area for improvement relating to the process and tracking of recruitment stages has been repeated. See area for improvement 1.

Areas for improvement

1. To ensure people can be confident they are supported by staff who have been appropriately recruited the recruitment journey should be effectively processed and tracked to evidence safe recruitment.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

"I have confidence in people because they are trained, competent and skilled and able to reflect on their practice and follow their professional and organisational codes." (HSCS 3.14)

This also follows the Scottish Government's guidance: Safer recruitment through better recruitment September 2023.

https://www.careinspectorate.com/images/documents/Safer_recruitment_guidance_2023.pdf

How good is our setting?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

At our visit we found the atmosphere in the home to be calm and relaxed. Relatives and health professionals who regularly visited the home told us they experienced a homely environment.

Over the last two years there had been considerable environmental improvements within the home and in the garden.

Improvements in the home included a new heating system, new flooring and carpeting and a refurbished entrance hallway which created a welcoming ambiance. People's rooms had been refurbished with décor being personal to each individual.

An operational sluice had been installed to further improve infection, prevention and control measures which reflected management's commitment to continuous environmental improvement.

People who regularly visited told us they found the home to be clean. Cleanliness was supported through the use of cleaning schedules and room checks which also looked for any needed repairs.

We advised for regular checks around the home to keep it free from clutter which will further enhance the pleasant ambiance for people living and working in the home.

Considerable work had been undertaken to make the garden a lovely place for people to spend their time which will be beneficial to their emotional wellbeing. The work was near to completion and people were starting to visit the garden with staff support. They will be able to enjoy sitting in the garden, enjoying the environment. People could also be more involved with working in the garden, tending the flowers and working in the vegetable plot. Some people may have enjoyed gardening and will benefit from being active in the garden again. For others this could be a new positive experience.

The service was acting in response to recommendations made at their last fire service audit. A new fire alarm system was due to be installed.

The internal environmental improvements were ongoing with more improvements planned particularly in the communal areas of the home.

How well is our care and support planned?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Personal plans sampled held good information about the person's care and support needs. Relevant health monitoring documents and risk assessments were in place. Each person also had a mini care plan which gave staff an overview of the person's support needs and their personal preferences.

Plans listed people's health conditions. We have advised to include additional information on the health condition itself and how the condition impacts on the person's life. This will give staff a clearer understanding about the health challenges people experience.

Relatives were involved in reviews with staff about their loved one's care and support. We have suggested amendments to the review document to ensure, where changes are identified at a review, personal plans are updated. A new personal planning auditing system was being introduced which should support this process.

Where people could experience stress and distress, management were working proactively with health professionals to identify any possible triggers and how to best support the person at those times. We have advised personal plans are reviewed to ensure details of the signs of stress and distress and ways of supporting the person are included in the plan.

Where people were unable to make choices or decisions, supporting legal documentation was in place. This meant staff were clear about their responsibilities and supporting people with any decisions to be made or need support to make.

An electronic care planning system is to be introduced. This will make it easier for staff to access personal plan information. Electronic plans should also allow management to more easily monitor, update and audit plans.

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

To ensure that people can be confident that they are supported by staff who have been appropriately recruited staff records should be improved. Staff records should include detailed information of the recruitment process that has been followed, training needs and achievements, and supervision and observation records.

This ensures care and support is consistent with the Health and Social Care Standards, which state: "I have confidence in people because they are trained, competent and skilled and able to reflect on their practice and follow their professional and organisational codes." (HSCS 3.14)

This also follows the Scottish Government's guidance: Safer recruitment through better recruitment.

This area for improvement was made on 14 April 2022.

Action taken since then

Training, supervision and competency observation records were being recorded.

We have repeated part of this area for improvement relating to the recruitment process and tracking of stages . This has been further detailed under key question 3.

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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	5 - Very Good
2.4 Staff are led well	5 - Very Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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