

Barchester Healthcare Homes Limited

Thistle Hill

Inspection report

Thistle Hill
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 8 March 2017 and was unannounced. This meant the registered provider and staff did not know we would be visiting the service. A further two days of inspection took place on 13 and 15 March and these were announced.

Thistle Hill is registered to provide nursing care for up to 85 younger adults or older people, who may be living with dementia or a physical disability. The home is divided into three units. The Deighton unit provides care for up to 41 people who may be living with dementia. The Ripley unit provides care for up to 24 older people who require general nursing care and the Farnham unit provides care for up to 20 younger adults with disabilities. At the time of this inspection, there were 61 people living at the service.

There was a registered manager in post who had registered with the Care Quality Commission (CQC) in July 2016. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last comprehensive inspection on 26 July 2016, we identified breaches of regulations. The registered provider had failed to deploy sufficiently qualified and competent staff and effectively monitor and assess the quality of the service being provided. We found that staff did not have the competencies and skills to care for people safely and the needs and preferences of people were not always adequately reflected in care practices and documentation. We asked for and received an action plan telling us what the registered provider was going to do to ensure they were meeting the regulations.

The service was placed into the low levels concerns process with the local authority in September 2016 due to the number of concerns which had been raised by visiting professionals and CQC. At the time of this inspection, Thistle Hill were no longer in the low levels concerns process as the local authority had recognised improvements that had been made.

At this inspection, we found the registered provider and registered manager had begun to implement their action plan and steady progress was being made. We found that the registered provider was still struggling to recruit permanent staff and the use of agency staff was still high, although this had reduced in recent months. We found some concerns still outstanding including the deployment of staff and a continued breach of one regulation relating to good governance.

You can see what action we told the provider to take at the back of the full version of the report.

Overall, people told us they felt safe. Staff understood how to safeguard people from abuse and were confident the registered manager would deal with any concerns raised appropriately. Referrals had been made to the local authority safeguarding team when required.

People, relatives and staff we spoke with expressed mixed views regarding staffing and the continued use of agency staff. We saw from the rotas that staffing levels were based on the provider's assessment of people's needs and occupancy levels but staff were not always deployed effectively.

Risk assessments had been developed and contained relevant information. However, we found that these were not always in place when needed. Accidents and incidents had been thoroughly recorded and appropriate action had been taken to reduce the risk of reoccurrence.

We found gaps in medicine administration records and some of the staff we spoke with were not aware of the correct procedure to follow if they identified any concerns. The administration of topical medicines, such as creams, was not always recorded. Medicines were stored safely and staff competency assessments had been completed.

We have made a recommendation about the management of some medicines.

Safe recruitment procedures had been followed. Recruitment files showed that appropriate checks had been made on the suitability of the employee and staff had received a thorough induction when they joined the service.

Staff had completed a range of training and specialist training had been provided when relevant. We saw that supervisions had begun to take place and staff we spoke with confirmed this. However, the supervisions had not been completed as frequently as the registered provider's policy stated. Annual appraisals had not yet taken place.

Care plans we looked at contained a range of capacity assessments, but the amount of detail was inconsistent. We found that appropriate capacity assessments were not always in place regarding the use of physical interventions. Staff told us they knew what 'Deprivation of Liberty Safeguards' (DoLS) meant and the implications for people of having a DoLS in place.

People were supported to maintain a balanced diet. People's weights were monitored and recorded on a monthly basis. We observed lunch time routines on all three units and found that support was provided in a dignified way. People had mixed views regarding the quality of the meals on offer. We could see there was a shortage of staff in the kitchen and other staff, such as the activities coordinator, were being utilised to cover the short fall.

Care records contained evidence of close working relationships with other professionals to maintain and promote people's health. We could see that referrals to these professionals had been made in a timely manner and these visits were recorded in people's care records. People confirmed staff were proactive in seeking professional advice.

We saw that staff responded to people's needs in a timely manner but this was not always consistent on the North Deighton unit due to the deployment of staff. Staff explained to us how they respected a person's privacy and dignity by keeping curtains and doors closed when assisting people with personal care, and by respecting their choices and decisions.

Care plans were produced to meet individual's support needs and were reviewed on a regular basis. Care records contained person-centred information but this was not always up to date.

People were aware of how to make a complaint and told us that the registered manager listened to

concerns raised. However, we found that complaints had not always been managed appropriately. A copy of the registered provider's complaints policy was displayed at the service.

People had mixed views about the activities on offer at the service. On the first day of inspection the activities coordinator had been requested to support kitchen staff so there were very little activities taking place. We saw evidence such as photographs which showed activities were on offer.

People and staff spoke positively about the registered manager and recognised the improvements that had been made. Staff felt supported and were confident in approaching the registered manager with any concerns. The registered manager had begun to seek feedback on the service being provided from people, staff and relatives.

We found some of the quality assurance systems were working well, but others needed to be improved to ensure people received a consistent, quality service. Notifications had been sent to the CQC as required by legislation.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

There was enough staff on duty but they were not always deployed effectively. People had experienced times when staff were not available to meet their needs.

Risk assessments had been developed but these were not always in place when required.

Medicines were stored securely and staff competencies had been assessed. Gaps in recordings had not always been investigated.

Staff understood how to safeguard people from abuse and were confident the registered manager would deal appropriately with any concerns raised.

Requires Improvement ●

Is the service effective?

The service was not always effective

Staff had begun to receive regular supervisions but annual appraisals had not been completed.

Deprivation of Liberty Safeguards were in place where required. Records did not always show that best interests decisions had been made regarding the use of physical intervention.

Staff completed a thorough induction to the service. Staff had completed mandatory and specialist training.

People were supported to maintain their nutritional wellbeing.

Requires Improvement ●

Is the service caring?

The service was caring.

People told us staff treated them with dignity and respect.

We observed positive interaction between people, relatives and staff throughout the inspection.

Good ●

Care records detailed people's wishes and preferences around the care and treatment that was provided.

Is the service responsive?

Good ●

The service was responsive.

Care plans contained information to ensure staff could provide person-centred support.

There was a range of activities on offer at the service.

People knew how to make a complaint and were confident these would be addressed by the registered manager.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

We found some of the quality assurance systems were working well, but others needed to be improved to ensure people received a consistent quality service.

The registered manager had not organised and monitored the deployment of staff effectively which had a negative impact on the support people received.

Staff we spoke with told us they felt supported by the registered manager.

Feedback had been sought from people, relatives and staff.

Thistle Hill

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 March 2017 and was unannounced. A further two days of inspection took place on 13 and 15 March and these were announced.

The inspection team on the first day consisted of three adult social care inspectors and two experts 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. The second day of inspection consisted of two adult social care inspectors and the third day consisted of one adult social care inspector.

The registered provider had been requested to complete a provider information return (PIR) and this had been returned within required timescales. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We checked our systems for information and used this as part of our inspection planning.

During the inspection, we reviewed a range of records. This included eight people's care records such as care planning documentation and medicines records. We also looked at six staff files relating to their recruitment, supervision, appraisal and training. We viewed records relating to the management of the service and a wide variety of policies and procedures.

During the inspection, we spoke with ten members of staff including the registered manager, regional director and deputy manager, eight people who used the service, nine relatives and a volunteer.

We used the Short Observational Framework for Inspection (SOFI) during this inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at all the facilities provided including communal lounges and dining areas, bathrooms and people's bedrooms.

Is the service safe?

Our findings

People told us they felt safe at Thistle Hill. One person told us, "I do feel safe living here, people here are friendly and look after you." Another person told us, "I feel very safe here, staff are great. I get help when I need it." A relative we spoke with told us, "I have full confidence in the staff to keep [person] safe."

The staff we spoke with were all aware of the different types of abuse, what would constitute poor practice and what actions needed to be taken to report any concerns. Staff told us the registered manager would respond appropriately to any concerns. We looked at training records in relation to safeguarding and could see that staff had received training. Referrals had been made to the local authority and recorded appropriately.

At the last inspection, we identified a breach of regulation relating to safe care and treatment as agency staff were not familiar with people and their current care needs, and care records did not contain sufficient information. At this inspection, we found that improvements had been made.

Individual risk assessments were included in care plans for people where appropriate. These included falls, moving and handling, tissue viability, choking, and the use of lap straps. We found these contained sufficient information. However, we identified that people did not always have appropriate access to emergency buzzers to allow them to seek assistance when needed and this was not covered in an associated risk assessment. We discussed this with the registered manager and on the second day of inspection, appropriate risk assessments and action plans had been developed.

We reviewed the accident and incident records held within the service. There was evidence to show that the registered manager reviewed the initial information before completing an internal investigation when required. Following the investigation, appropriate action was taken to reduce the possibility of future occurrence.

Risk assessments were in place associated with the day to day running of the service. Regular checks were made by the maintenance staff in areas such as water temperature, emergency lighting and fire alarms. Required test certificates in areas such as electrical testing, controlled waste, legionella and firefighting equipment were in place. Records showed that regular fire drills were taking place for both day staff and night staff.

People's use of medicines was recorded using medicine administration records (MARs). A MAR is a document showing the medicines a person has been prescribed and the recording when they have been administered. A list of staff signatures for those staff administering medicines was stored in the front of the MARs. This helped create a clear record of who was administering medicines.

We reviewed the MARs for 15 people and saw there were some gaps in recordings. We asked the nurse on duty what action they would take if they identified any gaps. They were unsure of the procedure they needed to follow. We informed the registered manager of this observation who told us they would speak

with staff to ensure they understood the procedure to follow.

Topical medicine administration records (TMARs) were not always completed accurately. Some did not contain all the relevant information, such as frequency and we saw gaps in recordings on TMAR's. Some people who were prescribed topical medicines did not have a TMAR in place.

Some people were prescribed 'as and when required' (PRN) medicines but these had not always been managed appropriately. One person was prescribed PRN pain relief medicine but this was being administered routinely. Staff had not considered discussing the regularity of this pain relief with the person's GP to enable them to adjust their treatment regime to a more regular dose. Protocols were not always in place for some PRN medicines which meant there was no clear guidance on when the medicine should be given for staff to follow.

We recommend that the service consider current guidance on the management of medicines and take action to improve their practice accordingly.

Medicines were stored securely, safely and at the correct temperatures. Stock checks of medicines were carried out every month to ensure people always had access to the medicines that they needed. Some people were prescribed controlled drugs. These are governed by the Misuse of Drugs Legislation and have strict control over their administration and storage. We could see these were stored and administered correctly.

At the last inspection, we identified a breach of regulation relating to the suitability, competencies and experience of staff due to the high number of agency staff being used. At this inspection, we found that improvements had been made but further improvements were needed. The registered manager now ensured that they only used agency staff who were familiar with the service and had received appropriate training. They also tried to ensure, where possible, that agency staff worked with permanent staff who were aware of people's likes, dislikes and preferences.

We discussed the continued use of high numbers of agency staff with the registered manager and regional director and what action they were taking to try and recruit permanent staff. The regional director told us, "We have put a case to the Barchester Board [of Directors] with regards to recruitment and have an attractive employment package we can offer to try and get permanent staff. We are just waiting to hear back from the Board before we push ahead." They also told us about weekly recruitment calls, regular contact with local job centres as well as attending job fairs and organising open days at the service.

The registered manager told us, "The use of agency staff has decreased over the past few months and we now make sure we only use those who have been to the service before wherever possible. What is important is that we have the correct number of staff on duty but recruitment is high on our agenda and we are doing everything we possibly can to tackle the problem."

People, relatives and staff told us the use of agency staff was high and this had a negative impact on the care and support people who used the service received. One member of staff told us, "It would be better if we had regular permanent staff. We now get regular agency staff who know the home and what to do which is an improvement." People we spoke with told us, "There are some nights when it's entirely agency. You get nights where there is an unfamiliar team; they don't know the people well and you have to keep telling them what to do." Relatives told us, "The only problem is agency staff; some are brilliant, some are a waste of space." They explained, however, that the registered manager was responsive to feedback and if agency staff were not effective, they did not come back to the service.

We looked at staffing levels on each unit. On the Farnham unit there were two nurses and four care assistants to support 15 people. On the Ripley unit there was one nurse and four care assistants to support 21 people and on the Deighton/North Deighton unit there were two nurses and six care assistants to support 25 people.

We saw that staff responded to people's needs in a timely manner but this was not always consistent on the North Deighton unit. For example, one person was requesting assistance but there was no visible staff presence. We located two members of staff and asked if they could assist the person. We also observed people sat in the lounge on the North Deighton unit who were unsupervised for long periods of time as staff were supporting people with personal care.

We looked at the dependency tool that was used to determine safe staffing levels. The Deighton unit was split into two clearly defined units, Deighton and North Deighton, but staffing levels were not appropriately distributed. We identified that during the morning from 8am until 10am there was only one nurse and one care assistant on duty on the North Deighton unit. Most people on this unit required two staff members to assist with personal care needs which meant there were periods of time when staff were not available to assist them when they required support. We spoke with the registered manager regarding this who told us they would look at how staff was distributed on the North Deighton unit and how the dependency tool was used.

During the inspection, we looked at four staff recruitment files. We could see from the records we looked at that safe recruitment procedures were followed. Applications and interviews had been completed. Two checked references and a Disclosure and Barring Service (DBS) check had been sought prior to staff starting employment at the service. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This helps employers make safer recruiting decisions and also minimises the risk of unsuitable people working with adults at risk.

The registered manager showed us records which confirmed appropriate checks had been completed before agency staff started working at the service.

During the inspection we found items that posed a risk to people stored in bathrooms and shower rooms that were accessible to people. The deputy manager took immediate action to address this. Some furniture and carpets throughout the building were old and in need of replacement. The registered manager told us that a Barchester Director was due to visit the service and these areas would be looked at. On the second day of inspection, the registered manager showed us an action plan which detailed that carpets, furniture in bedrooms, lounges and dining room furniture would be replaced and quotes were being obtained. This was as a result of the visit from a Barchester Director.

Is the service effective?

Our findings

At the last inspection in July 2016, we found that training records were not up to date and a thorough induction process was not recorded. At this inspection, we found that improvements had been made and additional training had been provided to staff.

We asked staff to tell us about the induction, training and development opportunities they had been given at the service. Staff told us, "I did an induction. It lasted about two weeks and included shadowing an experienced staff member." Another member of staff told us, "We have done lots of training recently. The training we do is good and we do get the opportunity to complete additional training if we want to."

Induction portfolios were now completed to monitor staff's progress through the induction period. These portfolios included evidence to show that staff had been signed off as competent in areas such as administering medicines. Induction portfolios also included staff development reviews which were completed at one, six and 12 weeks during the probationary period.

We looked at a training matrix which confirmed that training was up to date for most staff. Mandatory training is training the registered provider thinks is necessary to support people safely. Certificates were available to evidence mandatory and other training that had been completed. Recent specialist training had also been provided to some staff in areas including dementia and pressure area care. Nurses were now required to complete cardiopulmonary resuscitation (CPR) training. The registered manager now also checked that agency staff had received appropriate training.

People we spoke with told us they thought that permanent staff were suitably trained to look after them. One person told us, "I certainly do. The ones I have come in contact with are [trained]." Some people had concerns about agency staff and thought they didn't always have the appropriate skills. A relative said, "The full time staff here are outstandingly trained, the agency staff are not. They don't know the residents or their needs."

At the last inspection in July 2016, staff had not received regular supervisions. At this inspection, we found the registered manager had taken appropriate action and regular supervisions were taking place although this was not as regular as the registered provider's policy stated. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. From the records we looked at, we could see that these meetings were used to discuss any support needs the member of staff had, as well as confirming their knowledge and performance over a period of time. Appraisals had not been completed. The registered manager told us that plans were in place to ensure appraisals were brought up to date and that the main focus had been on recruitment and completing supervisions to ensure permanent staff felt supported.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 make

particular decisions, any made on their behalf must be in their best interests and 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the Mental Capacity Act, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Records showed that staff had received training in MCA and DoLS and staff we spoke with demonstrated an understanding of the procedures to follow if they suspected a person lacked capacity. We found evidence that 49 DoLS applications had been submitted to the relevant authority. At the time of our inspection 24 DoLS had been granted. This helped to ensure the service worked in line with current legislation and people were supported in the least restrictive way to meet their needs.

We looked at eight care plans and saw that mental capacity assessments had been completed when required. Best interest decisions had not always been recorded where people lacked capacity to give consent. For example, in the Ripley lounge, we observed one person who used a specialist wheelchair due to their needs, was secured in the chair with a lap strap. We checked the person's care plan to see if a best interest decision was in place due to this use of restriction. There was no record of any discussions regarding the use of a lap strap and no information to confirm this was the least restrictive way to ensure the person's safety when using the wheelchair.

We discussed this with the registered manager and clinical development nurse. They confirmed they would ensure all forms of restraint were correctly recorded, including best interest decisions.

People were supported to maintain a balanced diet. People's weights were monitored and recorded on a monthly basis. People were assessed against the risk of poor nutrition using a recognised Malnutrition Universal Screening Tool (MUST). People's weights were monitored in accordance with the frequency determined by the MUST score, to determine if there was any incidence of weight loss or significant gain. This information was used to update risk assessments and make referrals to relevant health professionals if needed. Staff were able to tell us whether the people they supported had specific dietary needs and if so what they were. The cook adapted dishes to people's requirements (such as soft diets or diabetic diets) and ensured alternatives were available if people did not want what was on the daily menu.

We looked at the four-weekly menu plan. There were two meal options available at lunch and at tea time. We saw that refreshments and snacks were provided throughout the day and this was encouraged by staff.

At the last inspection, people and relatives raised concerns about the quality of the food provided and we identified a breach in regulation in relation to person-centred care. At this inspection, we could see that improvements had been made but further improvements were needed.

People and relatives still had mixed views on the quality of the meals provided. One person told us, "The food is good, it's fine. I enjoy it." A relative we spoke with told us, "I have never had any but I can tell [person] likes it." Other people told us they did not like the food and stated, "It's not very good and we don't get enough veg." Another person told us they felt the food was "Going downhill."

The registered manager told us how they now ensured the food looked appetising and requested a 'sample' meal to be presented to them daily so they could check the quality of the food and presentation.

During the inspection, we observed a lunch time routine on all three units. Choices for lunch on the day of the inspection were lasagne or jacket potato. There was a small sample of picture menus available for people living with a dementia on the Deighton unit, and we observed staff showed people plates containing the choices of meals on offer and they were able to select which they preferred.

People on the North Deighton unit required support with meals. This was provided in a dignified way and we observed staff chatting to people whilst assisting them. On the Ripley and Farnham unit, we saw that people were supported to eat their meals independently where possible. Plate guards and dual handle beakers were in use which enabled people to eat and drink without support.

Care records contained evidence of close working relationships with other professionals to maintain and promote people's health. These included GP's, district nurses, social workers and dieticians. We could see that referrals to these professionals had been made in a timely manner and these visits were recorded in people's care records. People confirmed staff were proactive in seeking professional advice.

Is the service caring?

Our findings

People and relatives told us that staff were caring. One person told us, "Yes, they look after me very well." Another person told us, "I like living here; staff are good and caring." Relatives we spoke with told us, "We are like a little family. They [staff] all do a good job" and "We had lots of concerns a few months ago but I have to give them their dues, they listened and made changes. Things have moved on now and he [the person who used the service] is on end of life care and I've been very impressed. The staff have been excellent; they are genuinely very caring."

During the inspection, we spent time in communal areas observing interactions between staff and people. We saw staff helping to arrange furniture so a resident could access the table in their wheelchair. Another member of staff asked people if they could change the channel on the television for another person. They agreed. The member of staff then checked the volume was ok for everyone.

We observed banter between people, relatives and staff throughout the inspection and positive relationships were seen. Staff on the Deighton unit were proactive with their approach to people and closely monitored them without restrictions being in place. We observed one member of staff allowed a person to move items around the lounge. Staff did not intervene; they observed and put the items back into the correct position once the person moved away. Permanent staff on the Deighton unit had built positive relationships with people and it was clear from observations that staff were aware of people's care needs. Some agency staff did not have the correct approach when dealing with people living with a dementia. We shared our observations with the registered manager. We were informed on the second day of inspection that one agency member of staff would not be returning to the service.

We saw that some staff were caring and this was demonstrated through positive interaction with people. One person walked around the dining area during lunch time. The person declined to take a seat so staff provided them with sandwiches which they could eat whilst walking around the service. Another person was content with a doll they carried around and we observed staff chatting to the person about the doll and 'how beautiful' it was. The expression on the person's face demonstrated this was positive interaction.

Staff explained to us how they respected a person's privacy and dignity, by keeping curtains and doors closed when assisting them with personal care and by respecting their choices and decisions. One member of staff told us, "I always explain everything to the residents. If a resident is sat in the lounge and needs help with toileting, I take them to the bathroom and explain everything to them before I do anything" and "There are always male staff to help male residents and female staff to help female residents."

People told us staff treated them with dignity and respect. One person told us, "They come and ask you if you are comfortable and they help me to move position; they knock on the door before coming in when I'm being bathed to make sure it's ok to come in." Another person told us, "Staff close the curtains and doors. If someone tries to open the door, they say you can't come in. Those are the things that you notice."

Relatives we spoke with told us, "I get here at 10.30 am and 25% of the time (relative) is in the shower. The

door is closed and I knock on the door and I wait for someone to tell me if I can or cannot come in. I wait in the dining room if I can't. When they have finished with their personal care they come and tell me."

Care plans detailed people's wishes and preferences around the care and treatment that was provided. One person told us, "I go to bed when I want and get up when I want. When I want a day in bed, I can have a day in bed." Relatives we spoke with told us they were involved in people's care. One relative told us, "I am involved with their care plan; they go through it step by step then I sign it."

We spoke with one relative who was extremely positive about the end of life care that was provided by staff at Thistle Hill. They told us, "They were all angels, and not just to [person's name] but to me and my husband. They made the difficult time much easier and were always available for whatever we needed. I really can't thank them enough."

Is the service responsive?

Our findings

We saw care plans began with a pre-admission assessment, which had been completed before the person moved to the service. This meant the service was ensuring they could meet people's care needs before they moved to the service and looked at areas including medical history, mobility, skin condition and communication needs.

Some care records contained a completed 'life history' document which enabled staff to gain a more comprehensive understanding of people's hobbies, interests and their lives before they moved to the service. Areas covered included relatives, work history and significant events. We found that not all care records contained a completed life history. The registered manager told us this was something that was ongoing and they had not yet managed to completed life history documents for everyone.

Care plans were produced to meet people's individual supports needs in areas such as communication, mobility, nutrition, tissue viability, personal hygiene and sociability. Care plans were detailed and focused on the person's preferences and were reviewed on a monthly basis. Not all of the care plans we looked at were up to date. For example, one care plan detailed that no bed safety rails were in place. When we checked, we could see that the person was now using bed safety rails but the care plan had not been updated to reflect this. A person's nutritional care plan detailed they were on a 'C diet' (thick pureed) but information recorded in other parts of the care plans detailed they were on an 'E Diet' (fork mashable). We spoke with the deputy manager about this who took action to correct the discrepancies

The care plans we looked at were person-centred. For example, a personal care plan detailed how a person liked a wet shave daily and that a specific sensitive aftershave was to be used. A care plan relating to sleep requirements detailed how the person preferred to have one pillow whilst in bed with dim lighting throughout the night. This level of detail enabled staff to provide person-centred support and was extremely important due to the use of agency staff who may not always be familiar with people they were supporting.

At the entrance to the service, a sign was displayed stating the service's activity co-ordinator had been recognised by the registered provider as the best in the region. We saw photographs displayed at the entrance of the service which showed people had taken part in a range of activities. There was an activities board which showed what activities were planned for the week including quizzes, movement to music and board games. We completed observations in the lounge on the Ripley unit and noted several people sat without any interaction for long periods of time. The registered manager was not sure why this was happening as staffing levels were sufficient and said that they would place the deputy manager on the Ripley unit to monitor staff interactions with people.

We asked people about the activities on offer at Thistle Hill and received both negative and positive comments. People told us, "There are no activities down here for me" and "There's not much going on here but I don't bother as I have plenty to do; there used to be more going on." A relative we spoke with told us, "It's a lifeless environment sometimes with a lack of stimulation." We spoke to the registered manager regarding the negative comments. They told us they would arrange a residents meeting to discuss activities.

Other people spoke more positively about the activities on offer and told us how they enjoyed visits to 'The Deep' in Hull, local garden centres and craft fairs. A relative told us about a recent fund raising event that they had organised to help pay for an accessible walkway at the service. They told us, "We had an opening ceremony and a famous person came to support."

There were three activities coordinators at the service. They told us that they found the job role 'rewarding' and felt what they were doing was 'making a difference to people's lives'. They explained how they had a monthly themed event and for the month of March this included a 100th birthday celebration for a well-known celebrity and a Mother's day celebrations.

We were given a copy of the registered provider's complaints procedure. The procedure gave people details about who to contact should they wish to make a complaint and timescales for actions. We looked at the recording of complaints and could see that these had not always been recorded appropriately. For example, an email that had been sent to the registered manager but this had not been logged as a formal complaint.

People and relatives confirmed they knew how to make a complaint and told us, "I would go to the nurse or the registered manager" and "I don't let things fester and they are sorted straight away." One relative told us that items of clothing had gone missing and she had raised a complaint with the registered manager. They expressed that they were very happy with the outcome and that the issue was dealt with straight away. People and relatives told us they were confident in approaching the registered manager if they wished to raise a complaint.

Is the service well-led?

Our findings

During the last inspection, we identified that staff were not always deployed appropriately. At this inspection we could see that improvements had been made but there were still issues with the deployment of staff on the North Deighton unit. We could see the Deighton and North Deighton units clearly operated separately. The dependency tool that was being used calculated staffing levels for both units together. The registered manager then divided staff onto the units. We found that a sufficient number of staff were not deployed onto the North Deighton unit. There was also inexperienced staff being utilised on the Ripley unit, which had contributed to the lack of best interest decisions relating to restraint and the interaction between staff and people.

People had mixed experiences of care and were not experiencing a consistent service. Some people we spoke with, including some members of staff, felt that this was down to difficulties in maintaining a consistent and well-led team of suitably skilled and experienced staff and the continued use of agency staff. However, people told us that agency staffing levels had reduced and they were aware that the management team were actively trying to recruit permanent staff.

Staff had not received annual appraisals and supervisions were not taking place as regularly as stated in the registered provider's policy. The recording of complaints was not always accurate. We identified that complaints received had not always been recorded in line with the registered provider's complaints policy.

We found some record keeping at Thistle Hill needed to be improved. Risk assessments for people who were unable to access their emergency buzzers were not in place and this had not been identified by the registered manager or staff. Some care plans had not been updated in a timely manner and the information recorded in them was not accurate. For example a care plan stated that a person did not use bed safety rails but when we checked this person's bedroom we could see that bed safety rails were in place.

Quality assurance audits were completed on a monthly basis in areas such as medicines, health and safety, clinical governance, falls and care planning, although these did not always identify the concerns we found during the inspection. Action plans had been developed following all audits. These were reviewed monthly, although it was not always recorded when the action had been completed. The registered manager accepted this was a shortfall and told us they would include action completion dates.

We provided feedback regarding the concerns we had found during the inspection. The registered manager accepted these were areas for improvements. They had already begun to develop an action plan and some areas of concern had already been addressed by the registered and deputy manager.

Not having a system that identified shortfalls in the delivery of care and accurate records was a breach of Regulation 17 (Good governance) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a registered manager in place who had registered with CQC in July 2016. This person had previous, extensive experience of managing care homes.

The management team were able to explain what actions they were taking to try and address the on-going difficulty recruiting permanent staff and could evidence that improvements had been made, such as a reduction in the total number of agency staff being used during a monthly period. This had reduced month by month since our last inspection in July 2016. The registered manager understood the implications and impacts on the service due to the continued use of agency staff.

At our last inspection, concerns remained regarding the lack of an open and responsive culture within the organisation, where staff, people who used the service and their relatives lacked confidence as to whether their feedback was listened to and acted upon. At this inspection, we found that feedback relating to the management of the service was positive and people and relatives told us that things had improved and they felt their views with regards to agency staff had been listened to.'

Staff we spoke with told us they felt supported by the registered manager and confident they would deal with any concerns or issues raised. One member of staff told us, "The registered manager is lovely and does their best. They are open and easy to approach."

Resident and relatives meetings had also taken place where topics such as the menu choice, the quality of food and activities were discussed. People told us they had been involved in residents meetings. Residents had been asked to complete satisfaction questionnaires and the information had been used to develop action plans where concerns had been raised. These action plans were reviewed on a monthly basis and information regarding action being taken was displayed in the reception area of the service. This demonstrated that the registered manager was actively seeking feedback to try and improve the quality of the service.

The professionals that we spoke with prior to this inspection told us that they recognised improvement had been made since the registered manager joined the service and that this was 'on-going.'

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Effective systems or processes to assess, monitor and improve the quality and safety of the services provided and mitigate risks had not been operated.