

Thames Health Care Limited

# Thames House

## Inspection report

Thames Street  
Rochdale  
Lancashire  
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Tel: 01706751840

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Thames House provides accommodation and nursing care to up to 20 people with Huntington's disease, acquired brain injury and other physical disabilities on two floors. It is purpose built with 20 en-suite bedrooms.

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

Safeguarding policies, procedures and staff training helped protect people from harm. All necessary checks on staff and the environment were undertaken to keep people safe. Risk assessments helped protect the health and welfare of people who used the service.

People were supported to live healthy lives because they had access to professionals, a well-trained staff team and a choice of a nutritious diet. The service worked with other organisations to provide effective and consistent care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were treated as individuals which helped protect their dignity. People's equality and diversity was respected by a caring staff team and where they wanted supported pursue their sexuality and religion

We saw that the service responded to the needs of people by providing meaningful activities, having regularly reviewed plans of care and any concerns acted upon. Staff were able to support people at the end of their lives.

The registered manager conducted audits and attended meetings to discuss best practice topics with other organisations to improve the service. A positive culture was being created which helped motivate staff.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection.

The last rating for this service was good (published on 21 January 2017).

### Why we inspected.

This was a planned inspection based on the previous rating.

### Follow up.

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring.

Details are in our caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-Led findings below.

**Good** ●

# Thames House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was undertaken by one inspector

#### Service and service type

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

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

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

We reviewed information we had received about the service since the last inspection. We asked the local authority and Healthwatch Rochdale. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Neither organisations had any concerns.

#### During the inspection

We spoke with three people who used the service, the registered manager, the deputy manager, a trained nurse and two care staff. We reviewed a range of records. This included three people's care records and eight medicines records. We looked at four staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including audits, policies and procedures.

#### After the inspection

We looked at records sent to us electronically, which included staff training and supervision information.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People who used the service told us, "I never have any problems here, they (the staff and other people who used the service) are all cool" and "I feel safe and would tell them if not."
- Staff were trained in safeguarding vulnerable people and knew where to find information to report any incidents. Staff were aware of the whistle blowing policy and said, "I would report any abuse I saw to my unit manager and escalate to the registered manager if required" and "I would report poor practice."
- We saw the registered manager recorded and acted upon any safeguarding referrals and liaised with other organisations to seek satisfactory resolutions.

Assessing risk, safety monitoring and management

- We saw there were risk assessments for nutrition, falls, tissue viability (the prevention of pressure sores), moving and handling and mental capacity. Where a risk was identified we saw that people had access to the relevant professionals and provided with equipment such as pressure relieving devices, mobility aids and dietary supplements.
- Equipment in the home was maintained, such as gas boilers and the electrical installation system to ensure it was safe.

Staffing and recruitment

- The recruitment of staff was safe because all the required checks were undertaken prior to a person commencing employment.
- People who used the service told us, "I don't have to wait long if I need help" and "There are enough staff."
- Staff said they had time to sit and talk to people and we observed staff sat talking or playing games with people who used the service.

Using medicines safely

- The administration of medicines remained safe. We checked the systems for ordering, storing, administering and disposing of medicines. There were no identified errors.
- Staff were trained to administer medicines and had their competencies checked to ensure they continued to follow good practice. The medicines systems were audited weekly to check for any mistakes and daily to ensure people had received their medicines.
- As required medicines gave staff the information they needed to administer them safely. This ensured people had medicines such as pain relief but did not receive too many.

Preventing and controlling infection

- We observed the home to be clean, tidy and there were no offensive odours. The cleanliness of the home was audited by management to ensure standards were maintained. There were policies and procedures for the prevention and control of infection staff could refer to if needed.
- Staff were trained in infection control topics and had access to personal protective equipment (PPE), which we observed being worn to help prevent the spread of infection.

#### Learning lessons when things go wrong

- There was an open culture to learning from safety concerns. Incidents and accidents were thoroughly analysed and shared for prevention and wider learning. The registered manager said they had looked at the ways they could have lessened the robbery of the home such as hiding the safe or better recording of items stored in it.

# Is the service effective?

## Our findings

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

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- There was an assessment of need for each person prior to admission to ensure people were suitably placed. needs could be met. Care plans contained a full assessment of people's needs. These were reviewed and updated when changes occurred, which identified people's ongoing health and social care needs.
- We saw that protected characteristics were incorporated into the assessments and where required acted upon. This included gender, ethnicity, religion, sexuality and any disability. Protected characteristics are a legal protection for people and include race, age, gender, sexuality, religion or disability.

Staff support: induction, training, skills and experience

- Staff told us, "The induction was good. I completed all the training like moving and handling. I was shadowed but I am on a normal shift now. The staff were very helpful" and "The induction was very good, and I was mentored when I started." Each staff member received a comprehensive four-day induction when they commenced work.
- Staff were given the training and support they needed to meet people's needs. All the staff we spoke with said they had completed all mandatory training and were encouraged to complete further training such as a health and social care diploma.
- The training records for the organisation showed staff had completed all the required training and other training relevant to the organisation such as training around behaviours that challenge, specialist feeding techniques and the care of people with a mental health illness.

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

- People who used the service told us, "The food is brilliant. You always get a choice of food. You can have something else if you wish. It is excellent food"; "The food is very good. I had something different for lunch" and "We get a choice of main course and they will make you something else if you don't like it. You can have a drink when you want." People continued to receive a nutritional diet.
- We saw in the plans of care that people's nutritional needs were recorded and where necessary had access to specialist advice and treatment.

Staff working with other agencies to provide consistent, effective, timely care

- We saw the service liaised with other organisations. During the inspection we saw planned reviews by a social worker and psychiatrist being undertaken.
- We saw from the plans of care that people had access to specialists and professionals. Each person had their own GP.



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

- People told us they chose the décor of their bedrooms, which were personalised to their tastes and were also involved in choosing themes for the communal areas. A dining area was being themed as an American diner.
- The home was warm, clean and free from offensive odours. We saw there had been many improvements, including new flooring which had been chosen by people who used the service.

Supporting people to live healthier lives, access healthcare services and support

- From looking at the plans of care we saw records of attendance at hospitals for specialist treatment and routine appointments had been made with opticians, podiatrists and dentists. This helped to ensure people's assessed needs were being fully met, in accordance with their care plans.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found the service were meeting the requirements of the act. Mental capacity assessments, best interest meetings and, where required, a DoLS had been implemented using the relevant organisations and paperwork.
- Where possible people signed their consent to care and treatment. We saw staff waited for a person's response prior to undertaking any support.

# Is the service caring?

## Our findings

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

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

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

- People told us, "The staff are all good at their jobs. They are brilliant" and "The staff are very good and caring.
- We observed staff during the inspection. Staff had a good rapport with people who used the service, were kind and caring.
- We saw in the plans of care that there were good details about a person's past life, their likes and dislikes, interests and hobbies. This enabled staff to provide individual support to each person.
- Each person had a section of their care plan which highlighted their equality and diversity characteristics, such as gender, ethnicity, religion, sexuality or physical disability. For example, people were able to follow their religion of choice and people were given advice and support around their sexuality needs.

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

- People were encouraged to participate in the running of the home and the organisation. If they wished people who used the service could become 'ambassadors' and told us, "I have been involved in the design of several care homes. They listen to us and I help run the meetings" and "I am proudest of looking after the people who live here. I poke my nose in everywhere. I discuss what we can do to help service users and staff. I do not think you can separate the two."
- People were supported to make decisions. This included what they ate, what clothes they wore, the times of getting up and going to bed and where they wished to spend the day.
- Information was available about advocacy services should people require their guidance and support. An advocate is an independent professional who acts on behalf of a person to protect their rights.
- People were asked in meetings and satisfaction surveys for their views of the home. We saw the registered manager responded to their views. Examples included updating the menu's, monthly themed events, going to a donkey sanctuary and more involvement in the décor of the building.

Respecting and promoting people's privacy, dignity and independence

- Visiting was unrestricted and we saw visits could take place in communal areas or in private.
- Staff received training about confidentiality topics and we saw all records were stored securely.
- We observed people could come and go as they pleased if they were able to. One person went out on both days of the inspection.
- We saw staff knocked on people's door and awaited a response before entering a person's bedroom, which gave people privacy and helped protect their dignity.

- The service was recruiting a lifestyle/activities coordinator to offer people who used the service more options for life skills support and improve independence.

# Is the service responsive?

## Our findings

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

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

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Plans of care contained enough information for staff to deliver effective care. The plans were regularly reviewed to keep people's care and support needs up to date.
- Plans of care were person centred and contained details of people's likes and dislikes to meet their individual needs.
- Managers reviewed the plans of care to ensure staff were completing and amending them correctly.

Meeting people's communication needs

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

- The manager was aware of the AIS and had simplified some documents, such as the complaints procedure to help people understand them.
- Staff ensured that people had any communication aids such as spectacles and hearing aids. Information could be provided in different formats such as large print.
- Some people had verbal communication difficulties. We observed staff knew them well and understood what they wanted.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People who used the service said, "I am a shopaholic. I have just been to Manchester shopping and I am buying some fish for my new tank" and "I have a carer who I go shopping with and have lunch out. I also like going to the donkey sanctuary."
- People discussed what activities they wanted during regular meetings. From the meetings people had chosen a wide range of activities which included, shopping, visiting places of interest, horse riding, hydrotherapy, games, quizzes and word searches.
- Activities could be taken as a group or be individual to each person. People had access to the community at event such as concerts, going to church and eating out. There were records of the activities people attended.
- People also went on holiday and staff spent time helping them choose the venue. We saw photographs of people enjoying canoeing and other outdoor adventure activities.

#### Improving care quality in response to complaints or concerns

- People who used the service told us, "I would talk to the unit manager if I had any problems. I am very happy here" and "I have no complaints."
- There was an accessible complaints procedure for people to raise their concerns. The complaints procedure informed people how the service would respond, the timescales of response and the details of other organisations if they wished to take a complaint further.
- We saw the manager responded to any complaints to reach a satisfactory conclusion and looked at ways to minimise them happening again.

#### End of life care and support

- At the time of the inspection there was no-one requiring end of life care. However, some staff had received end of life training at the local hospice and this enabled them to offer care and support for people and their families in times of bereavement.
- Some people completed an advanced care plan which informed staff of their end of life wishes. It was recorded that some people had decided they did not want to complete the plan. For people who lacked mental capacity there would be a multi-agency meeting and best interest decision to ensure people received any care they needed.
- The service had links with the local hospice and could contact them for support such as pain relief.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was requires improvement due to not having a registered manager. At this inspection this key question improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People who used the service told us, "The registered manager is excellent at their job. I like living here"; "The manager is wonderful. Fantastic, best manager ever. I love the manager to bits. Any problems and they will act upon them" and "I think the manager is brilliant. The best manager and a good friend."
- Staff said, "The registered manager has an open-door policy and is very approachable. The unit manager is ok too" and "The management support is very good. We have a good manager who is firm but fair."
- The registered manager conducted audits around the quality of service provision. The records showed that where required, action was taken to maintain or improve the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager and provider were aware of their responsibility regarding duty of candour. The CQC had received notifications that providers must send to us in a timely manner. The current rating was displayed within the home and on their website.

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

- There was a clear management structure and staff felt supported at the service.
- The registered manager conducted audits around the quality of service provision. The records showed that where required, action was taken to maintain or improve the service, which included new flooring chosen by people who used the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff received training around equality, diversity and dignity. This helped staff support people around their diverse needs.
- The registered manager made themselves available to meet people and discuss care and support. We saw the manager and trained nurses discussing care with professionals and people who used the service during the inspection.
- The service was committed to involving people who used the service during meetings and by asking for their views in quality assurance surveys. If people wished they could become 'ambassadors' and be involved in decisions in how the organisation developed.

#### Continuous learning and improving care

- There was a daily handover meeting for managers and staff to discuss important issues, any appointments people needed to attend and the care of people who used the service.
- The manager went to meetings with the local authority, other providers and managers to discuss best practice support, learn what each different organisation did, any local issues and any changes the local authority may wish to implement.
- External professionals came into the home to teach staff about their speciality. This included a psychiatrist, specialist tube feeding nurses and dieticians.

#### Working in partnership with others

- The consultant in charge of the care of people who used the service held clinics at Thames House to liaise with staff and people accommodated at the home. We also saw other professionals reviewing the care of people to ensure they were suitably placed, and their care needs were up to date.
- The service had contacts with the Huntington's disease society to keep track of any updates.