

Navisk Care Limited

Thornbury House

Inspection report

39 Thornbury Avenue
Southampton
Hampshire
SO15 5BQ

Tel: 02380221165

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Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

About the service:

Thornbury House is a care home for people with a learning disability.

At the time of our inspection there were four people living at Thornbury House.

The size of the home was within the good practice guidelines in Registering the Right Support. The provider had reduced the number of identifying signs and other indications it was a care home. Staff did not wear uniforms which might suggest they were care staff when coming and going with people.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at www.cqc.org.uk.

People's experience of using this service:

People received good care and support that was effective, caring and responsive.

There had been insufficient investment in the service. Improvements were needed to make sure people were safe.

Improvements were needed to make sure the service was well led. There had been a recent change in registered manager. The new registered manager understood where improvements were needed.

People's care and support was based on thorough, detailed and person-centred assessments and care plans.

There were caring relationships between staff and people they supported.

People's care and support met their needs.

There was a friendly, welcoming atmosphere in a comfortable and homely environment.

The outcomes for people using the service reflected the principles and values of Registering the Right Support. People's support focused on them having as many opportunities as possible for them to access the community and pursue their interests.

Rating at last inspection:

This was the first inspection since the current provider registered with us.

Why we inspected:

This was a planned inspection within our published timeframe following a change in registration.

Enforcement:

Please see the "Action we have told the provider to take" section towards the end of the report.

Follow up:

We will review the provider's improvement action plan, and decide if we need to check improvements have been made before the next comprehensive inspection. We will re-inspect this service within our published timeframe for services rated requires improvement. We will continue to monitor the service through the information we receive.

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.

Details are in our safe findings below.

Requires Improvement ●

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 not always well led.

Details are in our well-led findings below.

Requires Improvement ●

Thornbury 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector carried out this inspection.

Service and service type:

Thornbury 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.

Thornbury House is registered to accommodate up to six people with a learning disability in an adapted house in a residential area of Southampton.

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 was an unannounced inspection.

What we did:

Before the inspection we looked at information we held about the service:

We require providers to send us key information about their service, what they do well, and improvements they plan to make. We call this the Provider Information Return. This information helps support our inspections.

The law requires providers to notify us of certain events that happen during the running of a service. We reviewed notifications received since the last inspection.

We reviewed the last inspection report (which was published before the current provider registered the service).

We contacted social care professionals who were involved with the service.

During the inspection:

We spoke with one person who used the service and two family members.

We observed the care and support people received in the shared areas of the home.

We spoke with the registered manager and three staff members.

We looked at the care records of two people and medicines records of four people.

We looked at other records to do with the running of the service.

Is the service safe?

Our findings

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

Requires improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Assessing risk, safety monitoring and management:

- The provider did not always make sure appropriate risk assessments and routine safety checks were in place and followed up.
- There were no records of a recent fire risk assessment carried out by a suitably qualified individual. A risk assessment on file did not contain the date or the qualifications of the author. This meant we could not be sure all risks to people's safety in the event of a fire had been identified and managed.
- The provider had engaged an external company to carry out a health and safety audit in October 2018. This had identified the absence of a proper fire risk assessment as a high priority finding, but no action had been taken by the provider.
- There had been a check on electrical installation safety by a qualified person in January 2018 which recommended checks were repeated after a year. The recommended checks for electrical safety were three months overdue at the time of our inspection.
- There were records of portable electrical appliance testing in February 2017, but no records of visual inspection of these appliances since then. The Health and Safety Executive recommends some kitchen equipment in low risk environments is inspected every six months to a year.
- The provider did not assess, monitor and manage risks to make sure people were supported in a safe environment.

Failure to take all reasonably practical steps to make sure risks associated with the safety of premises and equipment were managed was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were regular checks on fire safety equipment and evacuation tests. However, there were no records to show an evacuation test had been made during the night shift.
- Other safety checks were in place, including for the risk of legionella infection and disposal of hazardous waste.
- The provider had a business continuity plan which included contingency plans in the event of fire, flood, unavailability of staff and utility infrastructure failure. It identified possible alternative accommodation for people and contained emergency contact numbers.
- People had detailed and thorough individual risk assessments in place. These included risks arising from their individual vulnerabilities, behaviours and medical conditions.
- People's risk assessments contained guidance for staff on triggers to avoid, warning signs, and steps to follow to manage the risk. These were written so that people's freedoms were respected as much as possible.

- People had individual personal emergency evacuation plans which showed support they might need in the event of an emergency.
- The provider managed individual risks to keep people safe in ways that meant they had the most freedom possible.

Staffing and recruitment:

- There were sufficient numbers of suitable staff to make sure people had a safe, consistent and reliable service.
- We saw staff could go about their duties in a calm, professional way. Staff were able to support people to access the community.
- In order to make sure people were supported safely the registered manager was working two days a week as a shift care worker.

We recommend the provider review this practice at the earliest opportunity to allow the registered manager to concentrate on the responsibilities of that role.

- The provider's recruitment process included the necessary checks that candidates were suitable to work in the care sector.
- One staff member's record did not contain a recent photo ID. The registered manager obtained this immediately after our inspection. Other required recruitment records were in place.

Preventing and controlling infection:

- Processes in place to carry out an annual audit of infection control procedures had lapsed.
- There was an infection prevention and control file (IPC) which staff has signed to show they had read it.
- The IPC file contained Department of Health guidance, and specific policies relating to norovirus infection, sharps and clinical waste, soiled clothing and personal hygiene.
- There was a record of an IPC audit from October 2017, but no records of an annual audit or IPC statement since then. Government guidance recommends these as good practice in residential care services.
- The home and its contents were kept clean and hygienic but delays to routine maintenance meant it could be difficult to maintain the highest standards of cleanliness in the future. Examples in the kitchen included gaps between work surfaces and tiling where sealant had dried and shrunk back, unfilled gaps between the new oven and surrounding surfaces, and incomplete tiling around pipes. One person had an en-suite shower in their room with unprotected wooden surfaces in an area which was difficult to ventilate adequately.

We recommend the provider reviews and completes routine maintenance work to ensure the home and its contents are kept clean and hygienic.

- Staff received training in infection control and basic food handling.
- There were daily checks on routine cleaning as part of the shift handover.
- There had been no recent incidents of infectious disease.
- Staff took steps on a day to day basis to protect people from the risk of infection.

Systems and processes to safeguard people from the risk of abuse:

- The provider had systems and processes in place to protect people from the risk of abuse.
- There were appropriate policies and process documents for safeguarding and whistle blowing. Staff had signed to show they had read them.
- Staff training in safeguarding was up to date, and staff were aware of their responsibilities to report concerns.

- The local authority multi-agency protocol on safeguarding was available for staff to consult.
- If concerns were raised about people's safety the provider worked with the local authority safeguarding team to investigate them and notified us where appropriate.
- The provider had made arrangements to keep people safe and protected.

Using medicines safely:

- Staff managed medicines consistently and safely, and kept accurate records.
- Policies and processes were in place for the ordering, receiving, storing, administration and disposal of medicines, and for dealing with medicines errors.
- People received their medicines from trained staff who had their competency checked recently by the registered manager.
- A second member of staff checked medicines records every day, and there were monthly audits by a senior member of staff.
- Records relating to medicines were accurate, complete and up to date.
- Instructions for staff about medicines prescribed to be taken "as required" were inconsistent. Some people had specific guidance and a specially designed recording form for "as required" medicines, but these were not in place in every case. The registered manager was aware of this and had plans to improve records for "as required" medicines.
- Otherwise, processes were in place to make sure people received their medicines safely, as prescribed and in line with their wishes.

Learning lessons when things go wrong:

- There was a process in place to record and follow up incidents, accidents and near misses.
- The registered manager had designed a new form for the recording of incidents.
- Staff were aware of their responsibility to report incidents honestly. Staff had the opportunity to reflect on incidents at regular team meetings.
- The registered manager reviewed incidents every month for trends and patterns. In the first three months of 2019, there had been no reported incidents in January, three in February and none in March.
- Processes were in place to identify necessary changes in people's care and support to promote their safety.

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

Good: 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:

- People's care and support was based on individual care plans which were detailed and comprehensive. People using the service had lived at Thornbury House for a number of years, and staff had got to know their needs and preferences.
- The registered manager had rewritten care plans and risk assessments for all four people living at Thornbury House at the time of our inspection.
- People's families told us people had good outcomes. One family member said, "We could not ask for any more."
- The service applied the principles and values in the Registering the Right Support best practice guidance. These included making sure that people who use the service could live a full life and achieve good outcomes.
- The registered manager had reflected recent guidance about relationships and sexuality in adult social care when assessing and planning people's care and support.
- The registered manager was aware that more guidance about supporting people living with a learning disability was available and had started to research this and join networks to access best practice information.

Staff support: induction, training, skills and experience:

- Staff had the knowledge and experience to support people effectively, although some training had lapsed.
- People's families were confident staff had the necessary skills, including strategies for dealing with behaviour they might find challenging.
- One family member said, "They look after him really well."
- The registered manager had carried out a training needs analysis with staff. This showed some gaps in training where more than half the staff members needed updated training: fire awareness, dignity and respect, epilepsy awareness, autism awareness, and understanding challenging behaviour.
- Training in other areas was up to date.
- The registered manager had a clear overview of the staff training status and was working to address gaps they had identified.

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

- Staff supported people to be actively involved in making menu and food choices.
- There was a weekly meeting to agree menus for the coming week. Staff used pictures to help people select a healthy and balanced diet.
- Menus took account of people's preferences and medical conditions such as epilepsy, diabetes and high cholesterol.

- Staff offered healthy choices, such as vegetables and fruit instead of cake for dessert.
- Nobody living at Thornbury House at the time of our inspection had been identified as at risk of poor food or fluid intake.

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

- Staff worked in cooperation with other agencies to understand and meet people's needs.
- The provider had worked with mental health professionals to develop a positive behaviour support plan.
- The positive behaviour support plan had been effective in identifying possible reasons for certain behaviours and reducing the frequency of them.
- People's care and support reflected guidance and input from other relevant organisations and agencies.

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

- People experienced positive outcomes regarding their health and wellbeing.
- People's care plans took into account any long term medical conditions. Where appropriate staff monitored for symptoms and signs of changes in these conditions.
- Where a person had an exercise plan recommended by a physiotherapist, staff encouraged the person to follow it.
- Staff supported people to take informal exercise, and to attend day centres which was good for their wellbeing.
- People had a yearly health check.
- Staff supported people to attend regular healthcare appointments, such as with dentists, opticians and GPs.
- People had encouragement and opportunity to choose more healthy lifestyles.

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

- People's rooms were decorated and adapted to meet their needs and reflect their interests.
- There were some personal or individual items of decoration in shared areas of the home.
- The registered manager had used observations to understand the preferences of one person who did not communicate verbally.
- The provider had replaced appliances such as the washing machine, cooker and microwave. However, some areas of the home and garden appeared in need of renovation.
- There was an enclosed garden. However, a large area was concreted over and uninviting. There were few signs that the garden and garden furniture had been used recently for recreation.

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

The Mental Capacity Act 2005 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. We checked whether the service was working within the principles of the Act.

- Staff received training in the Mental Capacity Act 2005. The registered manager showed a good understanding of the principles of the Act and its associated code of practice.
- Records of mental capacity assessments showed the correct process was followed according to the code of practice. Assessments were specific to individual decisions and linked to the person's relevant care plan.
- If a person's assessment concluded they lacked capacity for a particular decision, staff made decisions in their best interests.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In

care homes this is usually through application procedures called the Deprivation of Liberty Safeguards. We checked whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The provider had applied for authorisation under the Deprivation of Liberty Safeguards where people were at risk of being deprived of their liberty.
- The supervising authority had authorised one application. There were no conditions applied in this case.

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

Good: 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 had positive relationships with staff who treated them with dignity, respect and kindness.
- One person's family member said they "always looked happy" when they visited.
- Another person's family member described the service as their "other family".
- There were long-standing relationships with some staff, and people's body language suggested they were comfortable with staff.
- Staff spoke about people with compassion and kindness. One staff member said, "The guys are great."
- The registered manager had got to know the people living at Thornbury House and was sensitive that they might have preferences and equality characteristics which they did not express.
- When a person was in hospital, staff visited and took another person who used the service who had a close relationship with them.
- Staff supported people in a compassionate way.

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

- The provider supported people to be involved in decisions about the service.
- People were consulted about food choices and preferences for outings and excursions, using a variety of communication strategies.
- Where possible, people's family members were involved in decisions about their care and consulted about people's preferences and wishes.
- People's family members told us they were happy care and support took into account people's views where these were known.
- Staff were sensitive that people's behaviours might be an attempt to express their views and took these into account

Respecting and promoting people's privacy, dignity and independence

- We saw staff respected people's privacy and dignity, treating them as individuals.
- When staff supported people in the community outside the home, practical plans were in place to promote people's dignity in public areas.
- Staff respected the privacy of people's rooms, only entering them with the person's permission unless there was an urgent concern about their safety.
- Arrangements were in place to protect confidential information about people, including their medication and other records.
- The provider respected and promoted people's privacy, dignity and independence, taking into account their protected characteristics under the Equality Act.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Staff supported people according to care plans which reflected their needs, preferences and risks involved in their care.
- People's care reflected their needs with respect to activities of daily life, such as "working and playing", personal hygiene, and their night time routine and sleeping.
- Where people were living with individual medical conditions, there were appropriate care plans in place which included individual guidance for staff and general information from a reliable source, such as the NHS website.
- People's family members told us they were happy with the care and support people received. One family member said, "We are so lucky to have found this place."
- Staff kept records of people's care and support so that their progress could be followed and potential changes to their care and support could be identified. Where necessary these included records of fluid intake and records of physiotherapy exercises.
- People were able to pursue interests in the home and in the community. Where possible, staff discussed with people their preferred activities and excursions, and kept records of individual and group activities.
- One person's family member described the activities available as "fantastic". They said, "[Name] goes to the football, to night clubs, to pubs. He has a life. The girls do more for him than I could."
- Another family member said, "There are loads of activities. [Name] goes out two or three times a week."
- A third person had weekly trips to the New Forest.
- Records showed activities were in place to mark significant dates, such as birthdays.
- Staff were not aware of the Accessible Information Standard, which describes best practice in meeting people's individual communication needs. However, they had identified where people had communication needs, and had developed communication care plans.
- Staff used a variety of techniques to communicate with people who did not express themselves verbally. These included signs, symbols, pictures and pointing at objects.
- Other people were able to read suitably presented information with help from staff.
- Staff supported people with individual communication needs to have more choice and control over their care and support.

Improving care quality in response to complaints or concerns:

- The provider had a process and policy for dealing with complaints. There were complaints and compliments books available for people and visitors to use, however these were all unused.
- Staff reminded people regularly they were able to raise and discuss any concerns.
- When people raised concerns informally, staff dealt with them at the time so there was no need to raise a formal complaint.

End of life care and support:

- None of the people living at Thornbury House at the time of our inspection received end of life care.
- The registered manager had started to have conversations with people about any advance decisions.
- The service had information about bereavement available in an easy to read format.
- People had support to think about and make decisions about their preferences for end of life care.

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

Requires improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Continuous learning and improving care:

- Arrangements to monitor, review and improve the quality of people's care did not inform a consistent, systematic approach to quality improvement.
- The new registered manager had recognised improvements in the formal quality assurance processes in place were needed, but had prioritised improving people's care plans and risk assessments. They had not had time to address areas of governance and management systems.
- Records showed there had been a survey for people to feedback their experiences using the service, but it was not clear to what extent they had been supported to complete the survey.
- The provider had commissioned a health and safety audit by an external company in October 2018. Two high priority recommendations had not been actioned at the time of this inspection and there was no agreed plan to address the medium priority actions.
- The new registered manager had identified individual improvements required and had achieved some of them. However, there was no documented improvement plan agreed with the provider with priorities and barriers to improvement identified.
- A senior staff member carried out medicines audits, the shift handover log provided a record that routine daily tasks had been completed, and the registered manager carried out health and safety checks on the home and grounds. However, there was no systematic monitoring of quality, and actions to make improvements did not form part of a general improvement plan.
- The informal checks in place had not identified all the concerns we found, and where they had there was not always an agreed plan in place to address them.

Failure to establish and operate effectively systems to assess, monitor and improve the quality of the service, and to seek and act on feedback from people using the service and others was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

- We identified two breaches of regulation, but the provider met other regulatory and legal requirements.
- The service had a manager registered with us. This means that they and the provider were legally responsible for how the service was run and for the quality and safety of the care provided.
- The registered manager understood their role and the regulatory requirements associated with it.
- The provider supported the registered manager as required and requested, but this was informal and there were no records of regular reports or feedback between them.

- The registered manager notified us of certain events as required by regulations.
- Staff were clear about their responsibilities. The registered manager had set up a system of staff team meetings and individual supervisions to reinforce this.
- Staff were aware of risks associated with people's care and support, and were confident risk assessments allowed them to identify, prevent and manage people's risks.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- The service had a clear vision to achieve a positive, person-centred culture, delivering good care and support, based on the values of "compassion, achieve, respect, and empower".
- In a small service the registered manager was able to promote these values personally and by example.
- Staff were positive about the impact the registered manager had made since they were appointed.
- The provider had a policy in place to comply with the duty of candour, and records showed the registered manager had acted in accordance with the duty of candour when things went wrong.

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

- Staff engaged with people through their daily contact, and had developed an understanding of their needs and opinions.
- Where people did not communicate verbally, the registered manager had used observation of their behaviours to build up a picture of things they liked and disliked.
- The registered manager had established formal and informal methods to engage with and involve staff.
- Arrangements to involve people's family varied because some people had less regular contact with their family than others. Where there was regular contact, the registered manager involved family members in decisions about the person's care and support.
- One person's family member told us they had met the new registered manager and they described communication with the service as "good".

Working in partnership with others:

- The registered manager had made contact via the local authority with a forum for care home providers. They planned to identify specific partnerships with services for people with a learning disability.
- The service worked collaboratively with other healthcare services to deliver joined-up care to meet people's needs. One person's positive behaviour support plan had been developed and monitored with a multi-disciplinary team of professionals and involving the person's family.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not ensure care was provided in a safe way for service users by assessing risks to service users' safety, by doing all that was reasonably practicable to mitigate such risks, and by ensuring the premises used were safe to use for their intended purpose.</p> <p>Regulation 12 (1) and (2)(a),(b) and (d)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not operate effective systems to assess, monitor and improve the quality and safety of the services provided. The registered person did not operate effective systems to assess, monitor and mitigate risks relating to the safety of service users. The registered person did not seek and act on feedback from relevant persons on the services provided for the purpose of evaluating and improving those services.</p> <p>Regulation 17(1) and (2)(a),(b) and (e)</p>