Barchester Healthcare Homes Limited

Thackeray House

Inspection report

Thackeray House
58 Addiscombe Road
Croydon
CR0 5PH
Tel: 0208 649 8800
Website: www.barchester.com

Date of inspection visit: 11 and 12 November 2015
Date of publication: 15/03/2016

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

Overall summary

We inspected Thackeray House on 11 and 12 November 2015. The inspection was unannounced. Thackeray House is registered to provide nursing and personal care for a maximum of 39 adults. At the time of our visit there were 34 people living in the home.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (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.

People felt safe. Staff had a good understanding of how to protect people from abuse and avoidable harm. Care was planned and delivered to ensure people were protected against identified risks.

Summary of findings

People received their medicines safely and in accordance with their care plan. Staff controlled the risk and spread of infection by following the service's infection control policy.

People living in the home, their relatives and staff told us they were concerned there was an insufficient number of suitable staff to always meet people's needs. We observed that people did not always receive care when they needed it because there was not sufficient staff available.

The provider did not adequately support staff to deliver care effectively through regular supervision and appraisal. Staff had received training in the mandatory areas required for their role such as, safeguarding people from abuse, moving and handling people and infection control. However, staff had not been trained in areas such as the Mental Capacity Act 2005 and end of life care. This meant the care people received was not always as effective as it could be.

People were as involved in their care planning as they were able. Where appropriate, their relatives were also involved. Care plans provided information to staff about how to meet people's individual needs.

People were satisfied with the quality of their meals and told us they had a sufficient amount to eat and drink. Staff worked with a variety of external healthcare professionals to support people to maintain good health.

Staff were recruited using an effective procedure which was consistently applied. People told us the staff were kind and caring. People were treated with respect and their dignity was maintained. People were supported to express their views and give feedback on the care they received.

There were systems in place to assess and monitor the quality of care people received. However, where these systems identified areas for improvement, action was not always taken in a timely manner.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to there being an insufficient number of staff to meet people's needs, the lack of consistency with staff supervision and appraisal, the failure to follow the requirements of the Mental Capacity Act 2005 and associated code of practice and the lack of effective systems to assess and monitor the quality of care people received. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement 

Some aspects of the service were not safe.

There was not always a sufficient number of staff to meet people's needs and care for them safely.

There were policies and procedures in place to minimise the risk of abuse which staff were familiar with. Staff were able to tell us with confidence the different types and signs of abuse and who they would report their concerns to.

Risks to individuals were assessed and managed. Staff were recruited using effective recruitment procedures. Staff followed procedures which helped to protect people from the risk and spread of infection and receive their medicines safely.

Is the service effective?

Requires improvement 

Some aspects of the service were not effective.

The provider did not adequately support staff through relevant training and regular supervision and appraisal.

Staff did not understand the main principles of the Mental Capacity Act 2005 and how it applied to people in their care.

People received a choice of nutritious meals and had sufficient to eat and drink. Staff worked with a variety of healthcare professionals to maintain people's health.

Is the service caring?

Good 

The service was caring.

Staff were caring and treated people with kindness and respect. People received care in a way that maintained their privacy and dignity.

People felt able to express their views and were involved in making decisions about their care.

There were systems in place to enable people to plan their end of life care.

Is the service responsive?

Good 

The service was responsive.

People were satisfied with the quality of care they received.

People had access to a variety of activities within the home. People and their relatives were regularly given the opportunity to make suggestions and comments.

Summary of findings

People received co-ordinated care when they used or moved between different healthcare services.

Is the service well-led?

Some aspects of the service were not well-led

There were systems in place to regularly monitor and assess the quality of care people received but where areas for improvement were identified these were not always remedied promptly.

People using the service, their relatives and staff felt able to approach the management with comments and concerns but had mixed views on whether the management were empowered to act on them.

There was a clear management structure in place which people living in the home, their relatives and staff understood.

Requires improvement

Thackeray House

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 was planned to check whether the 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.

The inspection was carried out by two inspectors and an expert by experience on 11 and 12 November 2015. 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 expert by experience's area of expertise was elderly care.

As part of the inspection we reviewed all the information we held about the service. This included routine notifications received from the provider and the previous inspection report.

During the inspection we spoke with 13 people living in the home, four of their relatives and eight staff members, as well as the deputy and regional managers. We also spoke with external healthcare professionals who visited the home regularly including a dietician, a speech and language therapist and a social worker specialising in end of life care.

We looked at 12 people's care files and five staff files which included their recruitment records. We reviewed records relating to staff, maintenance and management of the home, as well as a variety of policies and procedures.

Requires improvement

Is the service safe?

Our findings

The provider had a tool which helped to determine the number of staff required to care for people safely. However, we observed and people, their relatives and staff told us there were insufficient staff to care for people safely. One person told us, "There aren't enough staff. Sometimes at night or during the weekends I call and call for someone to come and move me up the bed and I have to wait for ages. Once they didn't come at all." Another person commented, "There is little organisation of activities at the weekend due to staff being limited. More care staff are needed." Other people commented, "They could definitely do with more staff", "Sometimes I don't bother to ask when I need something because I know they haven't got time to do it" and "Sometimes I feel rushed, they [staff] are always in a hurry. If there were more of them [staff] I'm sure they would have more time."

One relative told us, "I've always been concerned that there aren't enough staff." Another relative said, "They could do with more staff. I help where I can when I visit." Staff also expressed concerns about the staffing levels. One staff member told us, "We need more staff. Many of the people on this floor need the support of two carers. There are only three of us on the floor so everything takes much longer than it should." Another staff member told us, "We've been short of staff for a long time. I really hope they do something about it." Other staff members commented, "We're very stretched, under-staffed in every department", "We don't really get time to talk to the residents, only when we are delivering personal care" and "The activity officer leaves at 4pm. so residents who are downstairs on the ground floor have to come back upstairs."

We observed that it took two staff members 50 minutes to support people who needed it to get to the dining room. Five people were seated at the dining table for over one hour before their lunch was served. Some of the inspection team were in the lunch area at lunchtime. On the first day of our visit, three staff members assisted people in the dining room but this meant that people who had lunch in their rooms and needed assistance did not start eating lunch until two hours after the first person had been seated for lunch in the dining room. Some people who ate in their rooms were still being assisted with their lunch at 3pm, shortly before afternoon tea was served. A relative commented, "There aren't usually this many staff in here [the dining room] at lunchtime."

After lunch, once the activities co-ordinator had left the dining room to set-up the activities, there was one staff member in the lounge who was assisting a person with their lunch. There were no other staff members in the dining room to assist people with limited mobility into the area where the activities were taking place. This meant that visitors and the hairdresser had to assist people who needed it to the area where the activities were taking place.

The provider did not deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff to make sure they could meet people's care and treatment needs. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service operated an effective recruitment process which was consistently applied by the management. Appropriate checks were undertaken before job applicants began to work with people. These included criminal record checks, obtaining proof of their identity and their right to work in the United Kingdom. Professional references were obtained from applicant's previous employers which commented on their character and suitability for the role. Applicant's physical and mental fitness to work was checked before they were employed. This minimised the risk of people being cared for by staff who were unsuitable for the role.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The home had policies and procedures in place to guide staff on how to protect people from abuse which staff applied day-to day. Staff had been trained in safeguarding adults and demonstrated good knowledge on how to recognise abuse and report any concerns. Staff told us they would not hesitate to whistle-blow if they felt another staff member posed a risk to a person they were caring for. One staff member commented, "It's part of my job to make sure the people living here are safe and looked after properly. I would go straight to the manager or CQC if I thought anybody here was being mistreated."

People told us they felt safe and knew what to do if they had any concerns about their safety. People commented, "I

Requires improvement

Is the service safe?

am safe", "I feel quite safe. If anybody behaved inappropriately I would tell [the manager] and my daughter" and "I'm alright here". Relatives were also confident that people living in the home were safe. One relative told us, "I'm confident [the person is safe]" and "I've never seen anything to make me think anybody living here isn't safe."

Arrangements were in place to protect people from avoidable harm. Risk assessments were carried out and care plans gave staff detailed information on how to manage identified risks. We observed and records confirmed that staff cared for people in accordance with their care plans in relation to minimising the risks identified.

People were protected from the risk and spread of infection because staff followed the home's infection control policy. There were effective systems in place to maintain appropriate standards of cleanliness and hygiene in the home. Staff had received training in infection control and spoke knowledgably about how to minimise the risk of infection. Staff had an ample supply of personal protective equipment (PPE). People told us staff always wore PPE when supporting them with personal care and practised good hand hygiene.

Requires improvement

Is the service effective?

Our findings

The provider did not adequately support staff through relevant training, regular supervision and annual performance review. Essential training for staff such as manual handling was not up to date. People were regularly referred to the home by their GP and local hospitals to receive end of life care. At the time of our inspection there were people living in the home who were at the end of their life. None of the staff except for the deputy manager had been trained in end of life care. This meant that staff were not enabled to care for people living in the home as effectively as they could.

Although staff met regularly as a group and were meant to have one-to-one supervision, some staff did not receive regular one-to-one supervison. This meant that some staff did not have the opportunity to regularly plan and discuss their personal and professional development or to discuss issues which affected their ability to perform their role effectively, on an individual basis. One staff member had not had a one-to-one supervision meeting in 2015. Another staff member had not had one-to-one supervision since February 2015. A staff member who had transferred to the home from another home owned by the provider had not received any one-to-one supervision in the five months they had worked at Thackeray House.

Annual performance reviews for staff were also inconsistent. Some staff who were eligible for an annual performance review had not had one in the past twelve months. One staff member had not had a performance review since 2012. Other staff members had not had a performance review since February and March 2014.

The provider did not ensure staff received appropriate training, supervision and appraisal to enable them to carry out the duties they were employed to perform. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Before staff began to work alone with people they received an induction. Staff told us the provider supported them to obtain further qualifications relevant to their roles.

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. The application procedures for this in care homes such as Thackeray House are 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 were being met. The provider had not properly trained and prepared their staff in understanding the requirements of the Mental Capacity Act in general or the specific requirements of the DoLS.

Records demonstrated that when a person was found to lack capacity there were no decision specific mental capacity assessments in place. For example, when bed rails were used or when do not attempt resuscitation (DNACPR) decisions were in place. When we looked at people's care records in these examples there was either none or very little recorded rationale in place explaining why the decision was made in each person's best interests and little recorded evidence of best interest meetings being held or reviewed. This meant there was a risk of people having a decision made for them when they were capable of making the decision themselves. We raised this with the person responsible for carrying out the mental capacity assessments and they were unaware that mental capacity assessments were intended to be decision specific.

This was a breach under Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were protected from the risk of poor nutrition and dehydration. People's dietary needs were identified when they first moved into the home and this was recorded in their care plans. A cook was employed and people's meals were freshly prepared daily. The menus we looked at were designed to offer healthy, nutritious meals. People were given sufficient amounts to eat and drink. People were satisfied with the quality and choice of food available. People commented, "The food is good and we get enough." We get a choice and it's usually quite good" and "The food is nice".

Requires improvement

Is the service effective?

Staff supported people to maintain good health. Staff supported people to attend appointments with external healthcare professional and a variety of healthcare professionals regularly visited people including a local GP. On the day of our visit a dietician and a speech and language therapist were visiting people in the home.

Good

Is the service caring?

Our findings

People told us the staff were kind and caring and treated them well. One person said, “They [staff] are good to me.They do their best.” Another person told us, “They [staff] are so good.” A relative commented, “The staff are lovely.” Another relative told us, “The staff are always friendly and very willing. I just wish there were more of them.”

We observed that staff treated people with respect and saw many examples of how staff made people feel they mattered. Staff spoke to people in a kind and caring manner. People’s bedrooms were personalised and contained some of their own furniture and items such as family photographs. People’s privacy and dignity was maintained. We saw staff kept bedroom and bathroom doors closed when they were providing personal care and sought people’s permission to enter their bedroom before doing so. A relative told us, “Staff are always very polite and ask mum’s permission before they do anything.”

People were supported to express their views and were given all the information they needed to be involved in making decisions about the care and support they received. People using the service and relatives told us they felt able to express their views about how the home was run at any time.

The registered manager had recently introduced care plan summaries which gave staff information about people’s diverse needs, life histories, dislikes and preferences. Staff knew the people they were caring for well. People’s values and diversity were understood and respected by staff. One person told us, “They know me and how I like things done.” However people from other cultures were not always able to eat the food they preferred. One person told us, “I don’t get the food I like often. If they would just ask me what I like and how to cook it, I would be happier.”

People’s religious and spiritual needs were taken into account. The home had links with a local place of worship. Clergy attended the home to conduct religious services. Staff supported people to be as independent as they wanted to be by supporting people only as far as they needed it. One person told us, “I still like to do things I can for myself and that’s how it works.”

When people were nearing the end of their life they received compassionate care. People’s wishes for how their end of life care was to be provided were recorded in their care plans. Records indicated that people and their relatives appreciated the kindness shown by staff when delivering end of life care. Palliative care specialists regularly visited the home.

Good

Is the service responsive?

Our findings

People were satisfied that the care they received met their needs. People commented, “I get everything I need”, “They look after me well” and “I’m happy here”. Relatives told us, “I think they do a good job. Mum is always clean and tidy and her health is stable” and “[The person] is getting everything they need here”.

People who were able to and where appropriate their relatives, were involved with their care planning. One person told us, “I know exactly what is happening with my care.” Relatives who chose to, were in regular contact with home and kept updated on their loved ones health and welfare. A relative told us, “I’m very involved in [the person’s] care. They keep me informed.”

Staff knew the content of people’s care plans and how they preferred their care to be delivered. There was continuity of care because there was a consistent staff team who worked well together as a team. Staff worked sufficiently flexibly so that where there was a change in a person’s circumstances, they were able to meet their needs without delay. Where specialist treatment was required, referrals were made to external healthcare professionals promptly. People received co-ordinated care when they used or moved between different healthcare services.

People’s social needs were taken into account. People were supported to maintain relationships with their friends and relatives. Visitors were made to feel welcome. An activities co-ordinator organised group activities for people living in the home. People were satisfied with the frequency and variety of activities offered and told us they enjoyed the organised activities. The activities co-ordinator also spent time one-to-one time with people who were unable to attend the group activities.

People and their relatives felt able to express their views about the care provided. The service routinely sought people’s views on how they wanted their care to be delivered. These included holding residents’ meetings where people were given the opportunity to discuss how the care provided could be improved. Relatives were also encouraged to attend meetings with the management to act as advocates for people who were unable to give their views. People’s feedback was also obtained through surveys.

People and their relatives knew who to talk to if they wanted to make a complaint and were confident it would be dealt with appropriately. A relative told us, “When I’ve had a problem with [the person’s] care I’ve always raised it and they do their best to sort it out.”

Requires improvement

Is the service well-led?

Our findings

There were arrangements in place for checking the quality of the care people received. Audits were conducted at manager and provider level in areas such as staff training and supervision, infection control and medication. However, where the audits identified areas which required, improvement these were not always made or followed up. For example, there was a system in place to check that staff supervision and appraisal were up to date. The system identified that some staff were not getting regular supervision and that staff who were due to, had not had an appraisal but this remained unchanged month after month.

The provider did not establish and operate effective systems or processes to assess, monitor and improve the quality and safety of the service provided. This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People felt the home was well organised. Staff felt able to express their views on the management of the home and the way care was provided. Staff told us there was open communication between them and management. However some staff felt the management's effectiveness was sometimes restricted by the provider. Staff told us,"The managers know we need more staff but it's not up to them, the company work out how many staff we need", "We can go to the managers any time and they do what they can but at the end of the day there is only so much they can do, a lot of the decisions are made by head office."

There was a clear staff and management structure at the home which people living in the home and staff understood. People knew who to speak to if they needed to escalate any concerns. Staff knew their roles and responsibilities within the structure and what was expected of them by the management and people living in the home.

Registered providers such as Barchester Healthcare Homes Limited must notify us about certain changes, events or incidents. A review of our records confirmed that appropriate notifications were sent to us in a timely manner.

There were effective systems in place to ensure that the standard of maintenance of the home and equipment used was routinely monitored. Where repairs or servicing was required prompt action was taken.

We requested a variety of records relating to the people using the service, staff, maintenance and management of the home. People's care records, including their medical records were fully completed and up to date with the exception of details relating to mental capacity as described earlier. People's confidentiality was protected because the records were securely stored and only accessible by staff. The staff files and records relating to maintenance and management of the home were well organised and promptly located.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing The provider did not deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff to make sure they could meet people's care and treatment needs. Regulation 18 (1).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing The provider did not ensure staff received appropriate support, supervision and appraisal to enable them to carry out the duties they were employed to perform. Regulation 18 (2) (a).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent When people were found to lack capacity, staff did not always follow the requirements of the Mental Capacity Act 2005 and associated code of practice. Regulation 11 (3).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider did not establish and operate effective systems or processes to assess, monitor and improve the quality and safety of the service provided. Regulation 17 (1) and (2) (a).