

J A Corney and Mrs J P Webb

# Thistlegate House

## Inspection report

Thistlegate House  
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Tel: 01297560569

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### Ratings

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

# Summary of findings

## Overall summary

The overall rating for this service remains as 'Inadequate'. We have kept this service under review while we took action to cancel the providers registration as a result of breaches in regulation resulting in people receiving inadequate care.

We took action to cancel the provider's registration following our inspection in April 2015 as the provider had failed to make the significant improvements necessary. These legal proceedings have now concluded and we are able to report on the outcome of the actions we have taken. The provider appealed against our decision to cancel their registration. This appeal was heard by the Care Standards Tribunal, this appeal was dismissed by the tribunal and their registration was cancelled on 11 May 2016.

There were five people accommodated at the time of our last inspection in October 2015. Our inspection of October 2015 found that care had fallen below the fundamental standards and regulations had been breached. People were not adequately protected from harm as safe systems to safeguard people from abuse had not been established, medicines were not managed safely and people's risks were not managed. People did not receive effective care as correct moving and handling equipment was not used and people were not supported effectively to make decisions in line with the Mental Capacity Act 2005. People had not been consulted regarding their routines such as when to have a bath or having a hot drink with their meals and did not always have access to activities. Quality assurance systems and records were not maintained and the provider had failed to make statutory notifications as they are legally obliged.

Feedback from one person and one person's advocate was that they were happy living at Thistlegate House and they were being "looked after". A recent local authority visit concluded that the two people were well cared for.

The provider had not made statutory notifications as required.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Registration) Regulations 2009.

This service had a registered manager as is required. A registered manager is a person who has registered with the Care Quality Commission 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.

We were unable to establish if improvements had been made as the provider/registered manager declined to engage with the inspection and told us they had instructed their staff not to speak with us.

## 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 provider did not evidence any improvements in how people were protected from abuse and avoidable harm.

**Inadequate** ●

### Is the service effective?

The provider did not evidence any improvements in how people's care is delivered effectively.

**Requires Improvement** ●

### Is the service caring?

The provider did not evidence any improvements in how people were treated with compassion, kindness and respect.

**Requires Improvement** ●

### Is the service responsive?

The provider did not evidence any improvements in how care was organised so that people's needs were met.

**Requires Improvement** ●

### Is the service well-led?

The provider did not evidence any improvements in how the leadership, management and governance of the service assures the delivery of high-quality care and promotes an open and fair culture.

**Inadequate** ●

# Thistlegate 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.

This inspection took place on 14 April 2016 and was unannounced. The inspection was carried out by an inspection manager.

Before the inspection we contacted representatives from the local authority who had recent contact with the service to obtain their views. We spoke with the two people using the service. The registered manager and provider told us that they would not engage with the inspection process and had instructed their staff not to speak with us.

We did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We planned to gather this information during the inspection. However, the provider/registered manager declined to engage with the inspection and therefore we were unable to gather this information.

We briefly met with the two people using the service and spoke with one person's advocate following the inspection.

## Is the service safe?

### Our findings

At our previous inspection in October 2015 we found that people were not adequately protected from harm as safe systems to safeguard people from abuse had not been established, medicines were not managed safely and people's risks were not managed. We found that care had fallen below the fundamental standards and regulations had been breached. We were unable to establish if improvements had been made as the provider/registered manager declined to engage with the inspection and told us they had instructed their staff not to speak with us. The rating for this key question remains as inadequate because we were unable to complete a full inspection and the provider did not evidence any improvements in the service.

Prior to the inspection we required that the provider supply information regarding the staffing of the home. We received this information 17 March 2016 which evidenced that the provider/registered manager was working from 1.00pm until 7.30am the following day seven days a week (with the exception of Tuesday when they had two hours off). The co-owner was working from 7.30am-10.00pm seven days a week and providing sleep in cover every night. We were unable to explore our concerns regarding staffing during the inspection as the provider/registered manager declined to engage.

Local authority representatives had not identified any safeguarding concerns during their visit to the home 24 March 2016.

## Is the service effective?

### Our findings

At our previous inspection in October 2015 we found that people did not receive effective care as correct moving and handling equipment was not used and people were not supported effectively to make decisions in line with the Mental Capacity Act 2005. We found that care had fallen below the fundamental standards and regulations had been breached. We were unable to establish if improvements had been made as the provider/registered manager declined to engage with the inspection and told us they had instructed their staff not to speak with us. The rating for this key question remains as requires improvement because we were unable to complete a full inspection and the provider did not evidence any improvements in the service.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). One person using the service was deprived of their liberty and this had been appropriately authorised by the supervisory body.

A representative from the local authority told us that the provider had proactively contacted them to inform them that one person's DoLS authorisation was due to expire. Assessments, completed by relevant professionals, authorised the person to be deprived of their liberty for a further six months. No conditions were attached to this authorisation.

## Is the service caring?

### Our findings

At our previous inspection in October 2015 we found that people had not been consulted regarding their routines such as when to have a bath or having a hot drink with their meals. We found that care had fallen below the fundamental standards and a regulation had been breached. We were unable to establish if improvements had been made as the provider/registered manager declined to engage with the inspection and told us they had instructed their staff not to speak with us. The rating for this key question remains as requires improvement because we were unable to complete a full inspection and the provider did not evidence any improvements in the service.

We met with the two people using the service in the presence of the provider/registered manager. One person was able to tell us that they were happy living at the service and valued seeing their family member regularly. We were unable to communicate effectively with the other person using the service who has dementia. However, we briefly observed one interaction between this person and the provider/registered manager which was friendly.

Feedback from the local authority representatives from their visit to the home 24 March 2016 was that the provider knew the two people well and that there was a good relationship between them. However, their feedback acknowledged that more modern language could be used in people's care records. One person's advocate told us they felt the person was quite happy and being looked after.

## Is the service responsive?

### Our findings

At our previous inspection in October 2015 we found that people did not always have access to activities. We found that care had fallen below the fundamental standards and a regulation had been breached. We were unable to establish if improvements had been made as the provider/registered manager declined to engage with the inspection and told us they had instructed their staff not to speak with us. The rating for this key question remains as requires improvement because we were unable to complete a full inspection and the provider did not evidence any improvements in the service.

We met two the two people using the service in their rooms in the presence of the provider/registered manager. People's rooms were personalised with photographs. Feedback from the local authority representatives was that people were well cared from and staff knew people well and provided person centred care.

## Is the service well-led?

### Our findings

At our previous inspection in October 2015 we found that quality assurance systems and records were not maintained and the provider had failed to make statutory notifications as they are legally obliged. We found that care had fallen below the fundamental standards and regulations had been breached. We were unable to establish if improvements had been made as the provider/registered manager declined to engage with the inspection and told us they had instructed their staff not to speak with us. The rating for this key question remains as inadequate because we were unable to complete a full inspection and the provider did not evidence any improvements in the service.

The provider/registered manager told us that they would not engage in our inspection and had instructed their staff not to speak with us. This did not demonstrate an open or positive culture within the service or demonstrate good management or leadership.

The provider did not notify us of incidents which they are legally obliged. A person had experienced a fall resulting in them being admitted to hospital having fractured their hip. Another person had been deprived of their liberty. Both incidents required a statutory notification.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Registration) Regulations 2009.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents Notifications not submitted as required

**The enforcement action we took:**

NOD to cancel registration