Hosanee & Company Limited

Thornbury House

Inspection report

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Hampshire
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Tel: 02380221165

Date of inspection visit:
27 March 2017

Date of publication:
08 May 2017

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We carried out this unannounced inspection on the 27 March 2017. Thornbury House provides accommodation and support with personal care to a maximum of six adults with learning disabilities or who have autism spectrum disorder. At the time of our inspection there were four people living at the home.

There was a new manager in post who was in the process of becoming registered with the Care Quality Commission. 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 found people's safety was compromised in some areas. Relevant recruitment checks were conducted before staff started working at Thornbury House to make sure they were of good character and had the necessary skills. However, for some staff unexplained gaps in employment history had not been clarified by the provider.

Staff did not always have the appropriate training to meet people's needs and ensure their safety. At our last inspection moving and handling training for staff was identified as a need for the service. Staff had still not received this training to support people safely.

The provider did not have an effective system in place to monitor the quality and safety of the service. The provider did not have a duty of candour policy in place. Areas of the home were in need of updating and decorating.

Staff sought consent from people before providing care and support. However further work was required for a best interest decision.

People and their families told us they felt safe and secure when receiving care. Risk assessments were in place which minimised risks to people living at the home and fire safety checks were carried out.

Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse. There were enough staff to keep people safe.

Staff were trained and assessed as competent to support people with medicines. Medication administration records (MAR) confirmed people had received their medicines as prescribed.

New staff completed an induction designed to ensure staff understood their new role before being permitted to work unsupervised. Staff told us they felt supported and received regular supervision and support to discuss areas of development.

People were cared for with kindness, compassion and sensitivity. Care plans provided comprehensive information about how people wished to receive care and support. This helped ensure people received personalised care in a way that met their individual needs.

People were supported and encouraged to make choices and had access to a range of activities. Staff knew what was important to people and encouraged them to be as independent as possible. 'Residents meetings' and surveys allowed people to provide feedback, which was used to improve the service.

People received varied meals, including a choice of fresh food and drinks. Staff were aware of people's likes and dislikes.

Staff were responsive to people's needs which were detailed in people's care plans. Care plans were regularly reviewed to ensure people received personalised care. A complaints procedure was in place.

Staff felt supported by the manager and staff meetings took place.

We identified two breaches of regulations. You can see what action we have told the provider to take at the back of this report.

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

The service was not always safe.

Recruiting practices were not always safe; there were gaps on staff's employment history.

People felt safe and secure when receiving support from staff members. Staff received training in safeguarding adults and knew how to report concerns.

Staffing levels were sufficient to meet people's needs.

Staff were trained and assessed as competent to support people with medicines. Risk assessments were in place and fire safety checks were carried out.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff had not received training in moving and handling people, however training had been planned for staff to attend next month.

Staff sought consent from people before providing care and followed legislation designed to protect people's rights. However further work was required on best interest decisions for one person.

Staff told us they felt supported, had regular sessions of supervision and received training.

People were supported to access health professionals and treatments.

Is the service caring?

Good

The service was caring.

People and their families felt staff treated them with kindness and compassion.

People were involved in their care plan and people's privacy was respected.

People were treated with dignity and respect and were encouraged to remain independent.

Is the service responsive?

Good

The service was responsive.

People received personalised care from staff that understood, and were able to meet, their needs. Care plans provided comprehensive information and were reviewed regularly.

People had access to activities which they could choose to attend.

Is the service well-led?

Requires Improvement

The service was not always well led.

The provider did not have an effective system in place to monitor the quality and safety of the service.

The provider did not have a suitable duty of candour policy in place. Areas of the home were worn and in need of decorating.

Staff spoke highly of the manager, who was approachable and supportive. Staff felt there was an open and transparent culture within the home.□

Thornbury 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 took place on the 27 March 2017 and was unannounced. The inspection team consisted of one inspector.

Before the inspection, we asked 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 used this information when planning and undertaking the inspection. We reviewed information we held about the home including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with two people living at the home and two family members. We also spoke with the registered manager, and three support staff. We looked at care plans and associated records for four people, four members of staff's recruitment files, accidents and incidents records, policies and procedures and quality assurance records. We observed care and support being delivered in communal areas.

Requires Improvement

Is the service safe?

Our findings

People told us, and indicated they felt safe living at Thornbury House. One person told us, "I feel safe." A family member said, "Yes he is definitely safe. I don't have to worry." Another family member said, "I feel he is safe."

The provider did not have a safe and effective recruitment process in place to help ensure that the staff they recruited were suitable to work with the people they supported. At our last inspection we identified that the provider had not met the requirements of safe employment processes. Some of the files we looked at contained gaps in their employment history, which had not been explored with staff. We spoke to the manager at the last inspection who informed us they would carry out risk assessments on the staff members involved and when taking on new staff would ensure checks are completed before being employed at the home. At this inspection while we saw a new member of staff had no gaps in their employment history. We could not see where risk assessments had been completed for the previous members of staff. Staff records included an application form, two written references and a check with the disclosure and barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. We spoke to the manager about our concerns who told us they had an recruitment audit ready to complete in staff files but, "hadn't got round to completing as yet and will now complete and risk assess as a priority."

The provider could not assure themselves that they recruited staff that were suitable to work with the people they supported. This is a breach of regulation 19(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were sufficient staff to meet people's care needs and keep them safe. A family member told us, "I feel there is more than enough staff." During the inspection we saw that staff were not rushed and responded promptly and compassionately to people's requests for support. Staffing levels were determined by the number of people using the service and their needs. The manager told us they are in the process of recruiting staff at present and were hoping to employ some male members of staff in the home to offer more choice for people.

People were protected against the risks of potential abuse. A safeguarding policy was available and support staff were required to read this and complete safeguarding training as part of their induction. Staff members were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. One staff member said, "Safeguarding I would go straight to the manager. If an issue with the manager I would talk to the owner or CQC." Another staff member said, "If I had a safeguarding concern I would speak to the manager or team leader."

People were supported to receive their medicines safely. A family member told us, "His medicines seem to be given safely." All medicines were stored securely and appropriate arrangements were in place for obtaining, recording, administering and disposing of prescribed medicines. Medication administration records (MAR) confirmed people had received their medicines as prescribed. Training records showed staff

were suitably trained and had been assessed as competent to administer medicines. Care plans included specific information to direct care staff as to how people should be supported with their medicines. We saw safe systems were in place and followed by care staff to support people who were prescribed topical creams. This information was included in care plans and on their MAR chart. The home had a medicines champion who carried out regular audits on medicines and MAR charts. The home also used a system where after medicines had been administered they were checked within an hour by another member of staff that the correct procedures had been carried out.

Risks and harm to people were minimised through individual risk assessments that identified potential risks and provided information for staff to help them avoid or reduce the risks of harm. Staff showed that they understood people's risks and we saw that people's health and wellbeing risks were assessed, monitored and reviewed every month. These included environmental risks and any risks due to health and support needs of the person. Risk assessments were also available for bathing, epilepsy, diabetes, food preparation, mobility, falls and accessing the community. For example, the risk assessment for one person accessing the community informed staff to carry a mobile phone in case of emergency and need to call for assistance. If the person becomes anxious staff should offer their hand for reassurance. For another person, who had a risk assessment for their diabetes. Their risk assessment was very detailed and included possible hazards, management of diabetes including a list of foods that should not be eaten regularly.

Risk assessments had been completed for the environment and safety checks were conducted regularly on electrical equipment. People had individualised evacuation plans in case of an emergency which were kept by the front door so they could be easily accessible when needed. A fire risk assessment was in place and staff were aware of the action to take in the event of a fire and fire safety equipment was maintained appropriately. The home had a business continuity plan in case of emergencies. This covered eventualities in case people had to leave the home due to an emergency.

Requires Improvement

Is the service effective?

Our findings

People who used the service appeared happy with the care and support they received. One person told us, "I like my room; it's how I want it." A family member told us, "Staff are definitely well trained." Another family member said, "From what I've seen staff are definitely trained seem very good."

Staff did not always have the training they needed to meet people's needs and ensure their safety. At our last inspection the manager identified that staff had not completed training around the moving and handling of people and plans were in place for staff to attend this training. At this inspection for one person their mobility had decreased due to a health condition. They were now using a wheelchair for long walks and were at risk of falls. As staff had still not had this training this put people at risk as staff would not be aware of the latest best practice while assisting people with personal care. We spoke with the manager about our concerns who told us training had been arranged for next month for staff to attend moving and handling training.

New staff to Thornbury House completed an induction programme. Arrangements were in place for staff who were new to care to complete, The Care Certificate. The Care Certificate is awarded to staff who complete a learning programme designed to enable them to provide safe and compassionate support to people. Staff told us they completed other training which was updated regularly. One staff member told us, "I have had fire, first aid, dementia and safeguarding training in the last month." Another staff member said, "Changes have been for the better and I'm learning all the time and completed lots of training."

Staff were clear about the need to seek verbal consent before providing care or support and we heard them doing this throughout our inspection. One family member told us, "Staff always ask for consent and say what they are going to do."

Most of the people supported by staff had capacity to make their own day to day decisions. People told us that they made their own decisions and that staff respected these and carried out their instructions. Care plans reflected this. One person lacked capacity to make some specific decisions. The registered manager acknowledged that further work was required to ensure staff completed mental capacity assessments and best interest's decisions for this person to ensure their rights were protected as outlined in the Mental Capacity Act 2005 (MCA 2005).

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS had been authorised for two people and applications had been made for a two people who were being processed by the local authority. We talked with the registered manager who fully understood what action they needed to take when there was a risk that someone may have been deprived of their liberty.

We recommend the provider seeks further training from a reputable source to ensure staff understand and adhere to the Mental Capacity Act 2005.

People were supported to have a meal of their choice, for some people this was done by pointing to pictures. People met every week to agree the menu and choose their meals. People's plan of care included information about their dietary needs, which included information as to their likes and dislikes. People were supported to eat and drink and maintain a balanced diet. One staff member told us, "All of them are on a healthy eating plan, which has gone well and they have lost weight. This has helped with [person's name] mobility and they feel empowered and look forward to being weighed."

People were supported by staff who had supervisions (one to one meeting) with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they may have. One staff member told us, "Supervisions are monthly, fine no problems. They are in a lot more detail than before which is good." Another staff member said, "I asked for medicines training in my last supervision and the manager sorted it out for me."

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professional. A family member told us, "I don't have to worry. Staff keep me updated on all his health needs. Excellent really, they do a lot for him." Information about people's health needs was included within their care files and health plans including information as to what support people may need in relation to these. Health plans were comprehensive and covered people's vision, hearing, dental, falls, epilepsy, mental health, weight, and skin care. People also had a 'Hospital passport' in their care files. A hospital passport is a document providing information about a person's health, medication, care and communication needs. It is taken to hospital if a person is admitted to help medical staff understand more about the person.

Good

Is the service caring?

Our findings

People were cared for with kindness and compassion. One person told us, "I'm happy living here and I like the staff." A family member told us, "Staff are marvellous they really do a lot for him." Another family member said, "Staff are lovely very good to him." As well as, "I feel so lucky that he is so well looked after."

Staff had built up positive relationships with people. Staff spoke about their work with passion and spoke about people warmly. They demonstrated a detailed knowledge of people as individuals and knew what their personal likes and dislikes were, showing how they had got to know people in their care. Staff showed respect for people by addressing them using their chosen name and maintaining eye contact. For one person who could not express themselves verbally. When staff spoke to them they appeared to understand and often responded with smiles or sounds which indicated they were happy.

When people moved to the home, they and their families (where appropriate) were involved in assessing, planning and agreeing the care and support they received. Staff informed us that people were fully involved in their care plans, and made sure they were happy with the care plan. We saw that people' s care plans contained detailed information about their life histories to assist staff in understanding their background and what might be important to them. Staff used the information contained in people's care plans to ensure they were aware of people's needs. A family member told us, "Staff know him very well."

People were treated with dignity and respect. One family member told us, "Staff definitely treat [person's name] with respect." Another family member said, "I've seen how staff are with him and they treat him with respect and dignity." We observed care was offered discretely in order to maintain personal dignity. Staff knocked on doors and waited for a response before entering people's rooms. A staff member told us, "I knock the door before I go in to people's rooms and make sure the blinds and curtains are closed. If providing personal care I make sure they are covered with a towel and the door is closed."

People were encouraged to be as independent as possible. Support staff knew the level of support each person needed and what aspects of their care they could do themselves. They were aware that people's independence was paramount and described how they assisted people to maintain this whilst also providing care safely. One staff member told us, "I promote independence for example one person brings their dishes from the table and some help with meals." Another staff member told us how they promote independence for people while out shopping and said, "In shops giving them the money to pay and the choice of what to buy."

Confidential information, such as care records, were kept securely and only assessed by staff authorised to view them. When staff discussed people's care and treatment they were discreet and ensured conversations could not be overheard.

Good

Is the service responsive?

Our findings

People received personalised care and were able to make their own choices. One person told us, "I'm happy with my care plan and I go through it with staff." A family member told us, "He loves the buses and staff take him out on the bus or to a café for tea and cake which he likes."

Care plans provided information about how people wished to receive care and support. Assessments were undertaken to identify people's individual support needs and their care plans were developed, outlining how these needs were to be met. Care plans were comprehensive and detailed, including physical health needs and people's mental health needs. For example, one person attended a day centre once a week and their care plan advised staff to pack a lunch for the person to take and to support them there by either walking or taxi. It also reminded them to take some money and also contained contact details of the person's key worker at the day centre. This helped ensure staff were able to support the person to their day centre and support them if there were any concerns. A staff member told us, "I'm happy with the care plans and risk assessments, fantastic really clear and concise."

People were involved in their care planning and care plans were reviewed every month by their keyworker. A family member told us, "We are invited to care plan reviews I have been a couple of times. They are very informative and you get to know staff." All the people living at the home had a keyworker. A keyworker is a member of staff who is responsible for working with certain people, taking responsibility for planning that person's care and liaising with family members. Staff told us they reviewed care plans with people. One staff member told us, "I'm a keyworker for [person's name]. We have monthly meetings and go out to a café for tea and cake and out for long walks." Records of keyworkers monthly meetings showed that everyday life and the home were discussed. One record showed 'the person was happy and feels their needs are met.'

A handover meeting between staff at the start of each shift helped ensure that information was shared, acted upon where necessary, and recorded to ensure people's progress was monitored. One staff member told us, "Handovers are now all documented so I can read and keep updated."

Staff were aware of people's interests and how people liked to spend their time. For one person they liked to watch football and darts on the big screen in the pub and were supported by staff. For another person they liked to explore places on the bus and were able to tell us all the local bus routes and places they enjoyed to visit. On the day of our visit people and staff members who supported them went shopping in the local town and enjoyed a pub lunch afterwards.

An activities club visited the home once a week and provided arts and crafts and games. The home also had music therapy visit once a month. For one person they had an outside support worker visit the home to take them out twice a week for days out and local walks.

'Residents meetings' were held weekly and were attended by people living at the home. One staff member told us, "Residents meetings every Monday where they decide what they want to do and what they want to eat, we have pictures of different types of food for residents who can't communicate verbally." The manager

also sought feedback through the use of an annual quality assurance survey questionnaire send to people living at the home. The feedback from the latest quality assurance survey, in January 2017 showed people were happy living at the home and the responses were positive about the care and support they received.

The home had a complaints procedure which was also produced in an 'easy read' format. No complaints had been received in the last year.

Requires Improvement

Is the service well-led?

Our findings

People told us they liked living at the home. A family member told us, "I wouldn't hesitate to recommend the service." Another family member said, "New manager seems nice, very professional."

At our inspection on 20 and 21 January 2016 we found that the registered manager had not notified CQC of incidents they are required to do so by law. Since the last inspection the provider has sent notifications appropriately to CQC. The new manager was aware of their responsibilities to send us notifications of such incidents. We use this information to monitor the service and ensure they respond appropriately to keep people safe.

The provider did not have systems and processes in place to effectively assess, monitor and improve the quality and safety of the service provided. The provider and manager did not carry out any audits, apart from weekly room checks and spot checks on staff practices. The manager told us about improvements to the service following their spot checks. For example staff were completing laundry every day, which was taking them away from spending time with people living at the home. As a result a rota was put in place which meant staff spent more quality time engaging with people at the home. However these were not formalised and records didn't always show where improvements had been made and actioned recorded to improve the quality of the service.

The system was not adequate to ensure all fundamental standards of safety and quality were met effectively. For example, as a result of the failure to have an effective quality assurance audit process they had not identified that staff recruitment records had not been risk assessed following our concerns from our last inspection. They had also not identified the training need for staff to achieve training in moving and handling to ensure people are safe when staff are carrying out personal care. The manager told us they had not set up any formal audits yet and showed us a tool they were intending to introduce to conduct audits after our inspection. The manager informed us, care plans had not been audited at the time of our inspection as they had spent a lot of time gathering information and making sure they were up to date recently so had not had to audit these yet but had a tool ready to use in the future.

The failure to ensure that there were systems and processes in place to effectively assess, monitor and improve the quality and safety of the service provided is a breach of regulation 17 (1) of the Health and Social Care Act 2008)Regulated Activities) Regulations 2014.

The home had a new manager who was in the process of becoming registered with CQC. One staff member said, "Manager really good. Whirl wind when first come in as lots of changes, but changes have made a difference to people living here. It's a lot clearer and simpler to understand." Another staff member told us, "I find the new manager very supportive and the residents all really love her." Other comments included, I like the new manager and what she stands for." As well as, "It's a lot more settled now and think [manager's name] is going to be excellent."

There was an open and transparent culture in the home. The previous inspection report and rating was

displayed prominently in the reception area. There was a whistle blowing policy in place and staff were aware of it. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations.

However, the provider did not have a duty of candour policy in place to help ensure staff acted in an open way when things went wrong. The new manager informed us they were aware of the need to have a policy in place and agreed to develop a suitable policy.

At our last inspection we identified areas of the home were worn and in need of updating and decorating. We were informed the provider had identified areas of improvements in the home and had plans in place to redecorate the home. At this inspection we found improvements had not been made and staff felt disappointed that the home had been left undecorated. We spoke to the manager who informed us the provider was aware of the need to redecorate the home and was planning to start work very soon.

Staff meetings were carried out regularly and minutes showed these had been used to reinforce the values, vision and purpose of the service. Concerns from staff were followed up quickly. The manager told us the provider is now attending staff meetings at the home and supporting the manager. Staff meetings were used to discuss concerns about people who used the service and to share best practice.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure that the quality of the service was effectively monitored and improvements were not made as a result.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure that they recruited staff that were suitable to work with the people they supported.