Barchester Healthcare Homes Limited

Thackeray House

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 28 and 29 June 2018 and was unannounced. Thackeray House is a purpose built residential care home that provides accommodation for up to 39 older people, some living with dementia. At the time of this inspection 37 people were using the service. 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.

At our last inspection in March 2017 the service was rated requires improvement overall. We rated the key question 'Safe' Requires Improvement because people's medicines were not always managed safely and there was an insufficient number of staff to meet people's needs. We also found that the provider's systems to assess and monitor the quality of care people received were not effective. After the inspection the provider sent us an action plan detailing how and when the required improvements would be made. These actions have been completed.

The home had a registered manager in post. 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. The registered manager had many years' experience working in adult social care and knew what was necessary to provide good quality care.

People felt safe living in the home. The design and layout of the home was appropriate for the needs of people living there. Records confirmed that staff had received safeguarding training. They knew how to recognise abuse and report any concerns. Senior staff conducted risk assessments and devised care plans which guided staff on how to manage the risks identified. The provider recorded and monitored accidents and incidents in order to identify trends, and put systems in place in order to minimise recurrence.

The home was well-maintained and was in the process of being refurbished during our inspection. We have made a recommendation that the provider improves the environment in a way which assists people living with dementia. The home remained clean and free of unpleasant odours. People were protected from the risk and spread of infection. Equipment used to support people was clean, in a good state of repair and was regularly serviced.

The provider had appropriate arrangements in place to help ensure people received their medicines safely. People received their medicines as prescribed. Staff supported people to maintain good health; people were appropriately referred to external healthcare professionals. People had sufficient to eat and drink and people who required support at mealtimes had the support they required.

Appropriate recruitment checks were conducted before staff were allowed to work with people alone. The provider supported staff through induction, supervision, training and appraisal. Staff had the knowledge and skills required to meet people's needs; they knew people well and understood how to meet their needs.

Staff were caring and treated people with respect.

People's rights were protected. The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and acted according to this legislation. People had been consulted about their care and support needs which were assessed before they moved into the home. Care plans and risk assessments included information and guidance for staff about how people's needs should be met.

Staff supported people to maintain their independence There were organised activities inside and outside the home for people to participate in if they wished to do so. People were enabled to maintain relationships with their family and friends; visitors were made to feel welcome.

The provider recognised the importance of monitoring the quality of the service. They sought the views of people using the service, their relatives and friends through residents' meetings and satisfaction surveys. The provider had a variety of systems in place to assess and monitor the quality of care people received. The provider had a complaints procedure in place and people said they were confident their complaints would be listened to and acted on.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

The service had safeguarding procedures in place which staff knew and understood.

Appropriate recruitment checks took place before staff started work with people alone. There was sufficient staff to meet people's needs.

Risks to people had been assessed and reviewed regularly to ensure their needs were safely met.

Medicines were managed appropriately and people received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

Assessments of people's care and support needs were carried out before people moved into the home.

Staff completed an induction when they started work and they received training relevant to the needs of people using the service.

The registered manager demonstrated a clear understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and acted according to this legislation.

People's care files included assessments relating to their dietary support needs. People had access to health care professionals

Is the service caring?

Good

The service was caring.

Staff treated people in a caring, respectful and dignified manner. People were involved in planning for their care.

People were provided with appropriate information about the

service. This ensured they were aware of the standard of care they should expect.

Is the service responsive?

Good

The service was responsive.

People had care plans and risk assessments in place which guided staff on how best to support them with their needs.

There was a range of activities available for people.

People and their relatives knew about the home's complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

People received appropriate end of life care and support when required.

Is the service well-led?

Good

The service was well-led.

The home had a registered manager in post who understood what was required to provide good quality care.

There were appropriate arrangements in place for monitoring the quality and safety of the service.

Staff felt supported by the registered manager and provider.

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 checked 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 28 and 29 June and was unannounced. The inspection team on the first day consisted of an inspector, a specialist advisor and an expert-by-experience. 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 specialist advisor was a nursing specialist. One inspector attended the home on the second day of the inspection.

Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. The provider had also completed a Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We contacted the local authorities that commission services from the provider to gain their views about the home. We used this information to help inform our inspection planning.

During the inspection we looked at the care records of seven people as well as staff training and recruitment records and records relating to the management of the home. We spoke with six members of staff, ten people using the service and three relatives to gain their views. We spoke with the registered manager and two senior managers about how the home was run. We also spoke with a healthcare professional who was visiting the home.
We undertook general observations throughout our visit and used the short observational framework for inspection (SOFI) during lunchtime. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

At our last inspection of the service in March 2017, we found that there was not sufficient staff on duty to meet people's needs. Since our last inspection, the registered manager had employed additional staff and had a bank of staff that could be called into work at short notice to cover unexpected staff absence. People told us there were sufficient staff to meet their needs. They commented, "The call bell is answered in good time", "There is always someone around if you need them" "I think there is plenty of staff except at weekends" and "I think there are enough staff." Relatives commented, "I see a lot of staff here" and "The call bell is answered promptly." We observed there were enough staff on duty to meet people's care needs. A staff member told us, "There are enough of us to meet people's needs now. We are not rushed." Another staff member said, "There is no problem here with staffing levels." The registered manager showed us staff rotas and told us that staffing levels were arranged according to people's needs. They told us if extra support was required for people to attend social activities or health care appointments, additional staff cover was arranged.

At our previous inspection we found that staff did not always administer people's medicines as prescribed. During this inspection we found that there were now safe systems in place for ordering, storing and administering medicines and for monitoring controlled drugs. Medicines were stored securely in locked medicines trolleys and cabinets within locked clinical rooms. Controlled drugs were kept according to the legal requirements and the records relating to controlled drugs were up to date and correct. Staff were required to complete medicine administration records (MAR). The MAR we looked at were appropriately completed with no gaps. The medicine stock remaining was recorded and correct. The temperature of the fridge where some medicines were stored was recorded daily and had not deviated from acceptable limits. There were appropriate procedures in place for the safe disposal of people's medicines. As well as internal audits regarding medicine management, the provider arranged for an external pharmacist to conduct an audit. The most recent audit of medicines conducted by the pharmacist found that medicines were being managed effectively and that people received their medicines as prescribed. These measures helped to ensure people received their medicine safely and as prescribed.

People felt safe living at Thackeray House. They told us, "I'm a very nervous person anyway and I feel very safe here", "I was having falls before I came here, now they seem to have sorted me", "I feel a lot safer here than at home", "I feel safe here" and "I'm very safe here they make sure of that." Relatives commented, "There is always someone around, I feel she is very safe here" and "They are excellent, they really look after him well and we feel he is safe."

The provider had procedures in place to protect people from abuse. Records confirmed that all staff had received safeguarding training; they knew how to recognise the signs of abuse and report any concerns. Our records showed that the registered manager had submitted safeguarding notifications to the CQC when required and co-operated with local authority led safeguarding investigations. The provider followed recommendations made by a local authority following a safeguarding investigation to minimise the risk of recurrence.

Senior staff conducted risk assessments and there were risk management plans in place to help ensure people remained safe. We saw risk assessments for supporting people with moving and handling, nutritional needs and skin integrity. Staff were aware of the risks people faced and how to manage them. For example, staff knew which people were at risk whilst mobilising and we observed staff supporting people in an appropriate manner to mobilise safely. The registered manager showed us the provider's system for monitoring and investigating incidents and accidents. They told us that incidents and accidents were monitored by the provider to identify any trends. Where trends had been identified these were discussed by the clinical lead nurse and registered manager who then took action to reduce the likelihood of the incident happening again. For example, information collected regarding falls had been analysed and was being used to reduce the number of falls occurring.

People were protected from the risk and spread of infection because staff followed the home's infection control procedures. The provider had effective systems in place to maintain appropriate standards of cleanliness and hygiene which staff consistently followed. People commented, "It's always clean here", "My room is cleaned every day" and "The home is very clean and my room is cleaned every day." Relatives told us, "The home is very clean" and "It's very clean, its spotless." Staff had received training in infection control and spoke knowledgably about how to minimise the risk of infection. We observed that there was an ample supply of personal protective equipment and that staff practised good hand hygiene. The provider had appropriate systems for disposing of clinical and non-clinical waste safely. There were measures in place to prevent contamination in the food preparation process. The refrigerator and freezer temperatures were recorded and monitored to ensure that food was appropriately stored.

The provider had an appropriate recruitment process which helped to ensure that only staff suitable for their role were employed. Relevant checks were conducted before staff began to work with people. These included criminal record checks, obtaining two employment references, health declarations, proof of identity and eligibility to work in the UK. Records relating to nursing staff were maintained and included their up to date PIN number which confirmed their professional registration with the Nursing and Midwifery Council (NMC).

Fire alarms and fire equipment were tested to ensure they were in working order. The building and surrounding gardens were adequately maintained to keep people safe. The water tanks and utilities were regularly inspected and tested. The home had procedures in place which aimed to keep people safe and provide continuity of care in the event of an unexpected emergency such as, a fire.

Good

Is the service effective?

Our findings

People and their relatives felt staff had the skills and knowledge to provide effective care and support. People told us, "What I see of it I feel the staff are well trained", "They are very professional" and "The staff are very good." Relatives told us, "I feel the staff are well trained" and "The nurses are very good and the carers are very helpful."

People received care and support from staff who were appropriately supported by the provider. We observed that staff knew what they had to do and knew how to do it; they were confident in carrying out their role. When first employed, staff were introduced to the home's policies, they received basic training in areas relevant to their role and they were made aware of emergency procedures. Staff were also required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers. There was a system in place to identify staff training needs. Staff received regular training in areas relevant to their role such as, moving and handling people and infection control.

Staff received regular supervision during which they had the opportunity to discuss their training needs and any issues affecting their role. Supervision meetings were also used an opportunity to check staff understanding of a particular topic relevant to their role such as safeguarding. Records indicated that staff gave their views on the quality of care people received and what could be improved. Staff who had been employed by the provider for more than one year had an annual performance review. The provider supported staff to obtain further qualifications relevant to their role. This support from the provider meant that staff had the skills, knowledge and experience to deliver effective care and support.

Assessments of people's care and support needs were carried out before they moved into the home. These assessments were used to draw up individual care plans and risk assessments. Nationally recognised planning tools such as the multi universal screening tool were being used to assess nutritional risk. People's care plans described their needs and included guidance for staff on how to best support them.

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 make 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).

We checked whether the home 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 registered manager demonstrated a good understanding of the MCA and DoLS. We saw that capacity assessments were completed for specific decisions and retained in people's care files. Where there were concerns regarding a person's ability to make specific decisions we saw that managers had worked with them, their relatives, if appropriate, and the

relevant health and social care professionals in making decisions for them in their 'best interests' in line with the MCA. We saw that a number of applications to deprive people of their liberty for their own safety had been authorised by the local authority. All of the appropriate documents were in place and kept under review and the conditions of the authorisations were being followed by staff.

An increasing number of people in the home were living with dementia. They can become disorientated in time and space which can make it difficult for them to find their way around the home without support. We recommend that the service finds out more about appropriate adaptations, based on current best practice in relation to the specialist needs of people living with dementia. People's rooms were clean, tidy and well-maintained. They were personalised with their own family photographs and ornaments. This helped people to feel comfortable in their surroundings. The communal areas of the home were clean and tidy.

People had a choice of nutritious, well-balanced meals. People gave very positive feedback on the quality of their meals. They told us, "The food is lovely. They know I love a curry and I'm having that for lunch. I can't wait", "The food is 100%", "I get plenty to eat and drink and it's nice. If I don't like something I can have something else" and "The food is good." A relative told us, "She loves the food, I have never seen her eat so much." We observed how people were supported at lunchtime. People ate their lunch where they chose to; in the dining room, garden or in their rooms. We saw they received hot meals and drinks in a timely manner. Staff provided support to people who required it at a pace that suited them. The atmosphere at lunchtime was relaxed and not rushed; there was plenty of staff to assist people when required.

People were supported to maintain good health because a variety of checks were conducted monthly and recorded. We saw that people were weighed, had their blood pressure checked and where appropriate their skin regularly checked for the existence of pressure sores. Fluid and dietary intake and repositioning charts were in use where required.

People had regular access to external healthcare professionals. People told us, "The home has visits from the GP every Tuesday. I also see a physio who comes in", "You can see the doctor every Tuesday. I saw the optician two weeks ago, now I have two new pairs of glasses" and "They look after me. I've been much better since I've been here. I haven't had to go to hospital once." A visiting healthcare professional told us that staff consistently followed their guidance.
Staff involved appropriate, specialist healthcare support promptly which had a positive impact on people's health and well-being. We saw that a person with a recent dementia diagnosis and difficulty swallowing was promptly referred to a speech and language therapist who put a management plan in place to aid staff to safely and effectively support the person at mealtimes.

People had access to the equipment they required which helped to promote their independence. For example, people with mobility difficulties had appropriate walking aids to enable them to be as independent as people without mobility difficulties. Servicing and routine maintenance records were up to date and evidenced that equipment was regularly checked and safe for people to use. This included maintenance checks on the lifts and hoists. Staff had been trained in how to use the equipment people needed. We saw that the right number of staff were involved in using equipment such as hoists and that they were used correctly.

Good

Is the service caring?

Our findings

People and their relatives told us staff were kind and caring. People's comments included, "The staff are nice", "I get on with all the staff particularly [Staff member's name]. We have a good laugh", "The girls are lovely", "The staff are very caring" and "The carers are very nice, they really treat me really good, I can't expect better." A relative told us, "The staff are really good and very nice to my grandmother."

Throughout our inspection we observed staff speaking with and treating people in a respectful manner. We saw staff engaged in conversations with people which people clearly enjoyed. Staff encouraged residents who were friends to sit together so they were able to interact. The staff we spoke with enjoyed their job which was reflected in their interactions with people.

People were involved in the care planning process. Staff knew people well and were able to explain to us the specific support people required and how each person communicated their choices about what they wanted. Staff told us they encouraged people to continue to do as much for themselves as possible for as long as they were able and only stepped in when people could not manage tasks safely. We observed when one person was walking around the environment staff were close by to assist if they needed help but let the person move freely without interference.

People's diverse needs were understood, valued and respected. A member of staff was the lesbian, gay, bisexual and transgender (LGBT) champion. The registered manager told us that an important part of this role was to ensure that everybody felt valued and accepted.

We saw staff respected people's wishes for privacy by knocking on doors before entering their rooms and we observed staff respected people's choice for privacy as some people preferred to spend time in their room. One person told us, "The staff do give me my privacy when I need it. Sometimes I prefer to be left alone and stay in my room." Another person said, "I feel I get privacy."

People were clean and tidy. They were well-groomed and dressed in clean clothes which were appropriate for the weather conditions. Staff told us how they ensured people's privacy and dignity were respected whilst personal care was provided. A member of staff told us they closed people's doors and curtains when supporting them with personal care. Another member of staff told us, "I keep people covered up as much as possible when supporting them with personal care to keep their dignity."

People and their relatives were provided with appropriate information about the home in the form of a service user guide. This included the complaint's procedure and services they provided and ensured people were aware of the standard of care they should expect. The registered manager told us this was given to people and their relatives when they started using the service.

Good

Is the service responsive?

Our findings

People were satisfied with the quality of care they received and told us the care they received met their needs. People commented, "The carers are very good to me", "I get everything I need here. I have no complaints", "I love it here. I really hope I don't have to leave. I want to stay here." A relative told us, "[The person] is happy and safe here."

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plans. People's care files included care plans and risk assessments that described their care and support needs. Some included guidelines for staff from health care professionals such as speech and language therapists on how to best support them with their needs. They also included historical and personalised information about the person and their families, their communication methods, their likes and dislikes and interests and preferences. It was evident during the inspection that staff knew people well and understood their needs. We saw that people's care plans and risk assessments were reviewed regularly and reflected any changing needs.

The provider used technology to support people to receive timely care. There was a call bell system in place at the service which people could use when in their bedrooms to request assistance from staff. We observed call bells were placed within easy reach in people's rooms and people said they knew how to use these to call for assistance from staff when this was needed.

People were provided with a variety of social activities that met their needs and helped protect them from social isolation. The provider employed an activities co-ordinator who devised a weekly schedule of group activities. The schedule was prominently displayed throughout the home so that people were aware of the activities on offer. Staff encouraged people to participate in activities. One person told us, "I know about the activities, they come around and ask if you want to join in." People who preferred to stay in their room were offered a one-to-one activity with the activity co-ordinator. Alternative therapies such as, aromatherapy and massage were available. People and their relatives had the opportunity to give their views at residents' and relatives' meetings on the activities they wanted to be arranged. People told us they enjoyed the activities on offer. People told us, "I like getting together with everybody" and "I enjoy the activities." A member of the clergy from a local church regularly visited the home to hold a service. The provider had a mini-bus and people were supported to go out on organised trips. People told us they valued these opportunities to leave the home. Staff also supported people to go out individually. One person told us, "I do like a pub lunch. I go out and have a drink and a bite to eat. [The staff member] comes with me." There was a hairdressing salon at the service and a hairdresser visited the service at least once a week. One person commented, "I've always liked to have my hair done. I'm glad I can still do that here."

People knew about the complaints procedure and they would tell staff or the manager if they were unhappy or wanted to make a complaint. They said they were confident they would be listened to. One person said, "I would probably talk to the nurse but have not had to make a complaint" and "If I needed to make a complaint I would speak to the manager but I haven't needed to."

Complaints records showed that when concerns had been raised these were investigated and responded to appropriately and where necessary discussions were held with the complainant to resolve their concerns. We saw the registered manager and senior staff had reflected on and used complaints to help improve the standard of care provided. For example, people had complained about their laundry being mixed up. This was raised with staff and a new labelling and coding system was put in place. We also saw a number of compliments had been received in relation to the quality of accommodation and the standard of care provided. One person wrote, "Thank you. I will never forget your care and kindness."

Where people required support with care at the end of their lives we saw there were end of life care plans in place. People's next of kin had been contacted and they were actively involved in planning care and expressing their wishes. The plans provided staff with details about the person and their current care needs. There was guidance for staff on what to do if the person deteriorated and who to contact. in some of the care files we looked at. Where people did not want to be resuscitated, we saw Do Not Attempt Cardio-pulmonary Resuscitation (DNAR) forms had been completed and signed by people, their relatives [where appropriate] and their GP to ensure people's end of life care wishes would be respected.

Good

Is the service well-led?

Our findings

At our previous inspection, the systems in place to assess and monitor the quality of care people received were not always effective. During this inspection, we found the provider's systems had improved and there were effective systems in place to assess and monitor the quality of service that people received. We saw that regular audits had been carried out at the home in areas such as medication, infection control, health and safety, complaints, staff training, supervision and appraisal. The registered manager conducted unannounced visits at night and weekends to check on staff practice and get feedback from people.

The home had a registered manager in post. The registered manager was knowledgeable about their responsibilities with regard to the Health and Social Care Act 2014. Notifications were submitted to the CQC as required and they demonstrated good knowledge of people's needs and the needs of the staff team. People and relatives spoke positively about the management of the service. They told us, "Everything is well-organised. They've all got their jobs to do and they get on with it", "From what I can tell the management is good" and "I have no complaints. Whatever is going on behind the scenes I'm well looked after and I'm happy here." People knew who the registered manager was. They commented, "She seems very nice and always ask me if I'm ok", She's always around and I know her name" and "The manager is very approachable. All the staff are."

When staff first began to work for the service they were given copies of the service's policies and procedures. These detailed their role and responsibilities and the values of the service. Staff knew their roles and responsibilities and the service's main policies and procedures. They were well motivated and spoke positively about their relationship with the registered manager and the support they received. The nurses we spoke to were passionate about providing good care and continuing to learn to enable them to improve care.

All of the staff we spoke with told us they enjoyed working at the home. They told us there were always sufficient resources available for them carry out their roles, such as aprons, gloves, notepaper for their daily records of care and medicine administration records. Staff members commented, "The manager is always supportive and encouraging" and "She wants the best for the residents and is fair to the staff."

Staff met daily to discuss people's care. Staff felt able to report any incidents, concerns or complaints to the registered manager. They were confident that if they passed on any concerns they would be dealt with. The manager had regular discussions with staff regarding incidents and issues affecting people using the service. We saw that, where there had been an incident with the kitchen staff not having the correct information on a person's dietary needs this was immediately raised with the kitchen staff and corrected.

The provider took into account the views of people and their relatives through regular residents' and relatives' meetings. Records indicated that these meetings gave people the opportunity to discuss matters that were important to them. For example, what they would like included on the food menu, activities they would like to participate in and the provider's plans for developing the service. We saw that where issues were raised an action plan was drawn up and the actions completed. The registered manager updated

people on the action taken at the next residents' meeting.

We requested a variety of records relating to people, staff and management of the service. These were detailed, accurate and well organised. People's care plans were securely stored so their privacy was protected and were promptly located. Some information relating to people such as their weight charts was not securely stored or promptly located. This did not amount to a breach of the regulations because people could not be identified by anyone other than staff so their privacy was maintained. However, we were concerned that some staff did not know where to find important information relating to people. We raised this with the registered manager who told us that as the care planning process had become more comprehensive there was not sufficient storage space for people's care records. The registered manager told us she would order additional storage so that people's information could be held in a central file and securely stored.