

# The Brandon Trust

# Therapia Road

## Inspection report

26 Therapia Road  
Forest Hill  
London  
SE22 0SE

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07 February 2017

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20 March 2017

### 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

26 Therapia Road Care Home provides care and accommodation to five people with a learning disability and there were five people at the service when we visited.

This unannounced inspection took place 7 February 2017. The last inspection of the service was done on 15 January 2016 and we rated the service as Requiring Improvement. At this inspection the service had made the required improvement and was rated Good.

There was a registered manager in post who has worked at the service for several years. 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.

People told us that they felt safe in the service. Staff had been trained in safeguarding people from abuse. Staff demonstrated that they understood the signs of abuse and how to safeguard the people they supported in line with the provider's procedures. Staff said they felt confident that the registered manager would take appropriate action to adequately protect people.

There were sufficient numbers of staff on duty to meet people's needs. Staffing levels were determined by looking at people's needs and activities including appointments. Risks to people were assessed and managed appropriately to ensure that people's health and well-being were promoted. Action plans to manage risks were in place and staff followed them.

People received their medicines safely and medicines were managed in line with procedures. Medicines were administered to people appropriately, clear records were maintained and medicines were stored safely.

Staff told us they were supported to do their jobs effectively. Staff were trained, supervised and had the skills and knowledge to meet the needs of people. The service worked effectively with other health and social care professionals and they supported people to attend their health appointments and to maintain good health.

People's choices and decisions were respected. People made decisions about their day-to-day care and support. The service understood their responsibility under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People had access to food and drink throughout the day and staff supported them to prepare food..

Staff understood people's needs and treated them with respect, kindness and dignity. Staff communicated with people in the way they understood. People's individual care needs had been assessed and their

support planned and delivered in accordance to their wishes. People's needs and progress were reviewed regularly with the person and a professional to ensure it continues to meet their needs.

People were encouraged to follow their interests and develop daily living skills. There were a range of activities which took place within and outside the home. People were encouraged to be as independent as possible.

The service held regular meetings with people and staff to gather their views about the service provided and to consult with them about various matters. People knew how to make a complaint if they were unhappy with the service. There were systems in place to monitor and assess the quality of service provided. There were no outstanding actions from audit reports we looked at.

## 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. Staff understood their responsibilities to protect people from the risk of abuse.

Staff identified risks to people's health and safety and put guidance in place to manage the risks. There were sufficient staff to meet people's needs.

People received their medicines safely as required. There were checks in place to ensure staff managed people's medicines appropriately.

### Is the service effective?

Good ●

The service was effective. People received support staff who were trained and supported. Staff received supervision and had training to enable them to perform their role.

Staff upheld people's rights under the Mental Capacity Act 2005 and complied with the requirements of the Deprivation of Liberty Safeguards requirements were met where

People's choices and decisions were respected. People had access to health care services they needed.

People had enough to eat and drink and had specialist diets provided in line with their nutritional needs.

### Is the service caring?

Good ●

The service was caring. Staff were polite and caring. Staff treated people with compassion and kindness; and respected their dignity and privacy.

People and their relatives were involved in planning for their support and care and were provided with the information they needed in a format they could understand.

People were encouraged to be as independent as possible. Staff knew people's likes and dislikes and their life history. People received support to maintain relationships with their friends and family.

### Is the service responsive?

Good ●

The service was responsive. People had their needs assessed and support plans were person centred and had details for staff to follow on how to deliver people's care.

People took part in activities they enjoyed. People were supported to access the community and maintain active lives.

The service had a complaints procedure in place. Relatives told us they knew how to complain if they were unhappy.

### Is the service well-led?

Good ●

The service was well-led. There was an open and positive culture at the service. People, relatives, staff and professionals described the management team as friendly and approachable. Staff were supported and felt able to discuss any issues with the registered manager.

The registered manager carried out checks on the quality of the service and made improvements if necessary. Issues were identified and resolved following monitoring checks conducted.

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# Therapia Road

## **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.

We undertook this unannounced inspection on 7 February 2017 and it was carried out by an inspector.

Before the inspection, we reviewed information we held about the service including statutory notifications sent to us about incidents and events that occurred at the service. The provider completed a Provider Information Return (PIR). This is a form that requires providers to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During our inspection we looked at three people's care records, the medicine management records for the five people using the service. We looked at records such as staff files, recruitment files, health and safety, quality assurance and records relating to the management of the service. We communicated with four people who used the service, three care staff, the team leader and the registered manager. We also undertook general observations of how people were supported and received their care in the service.

After the inspection we spoke with three relatives and three healthcare professionals to obtain their views of the service.

# Is the service safe?

## Our findings

People indicated by signing to us or with their facial expressions that they felt safe at the service and their relatives told us people were safe at the service. One relative told us "[relative's name] is safe there and so are the other people living there. I don't have to worry because she is in safe hands." Another relative said, "...oh yes, the home is a safe place to live in."

People were protected from the risk of abuse. Staff knew the various forms of abuse, signs to recognise them and what actions they would take to protect people. Staff understood their responsibility to report any concern should they suspect someone had been abused. They told us they would raise their concerns with the team leader and registered manager and they believed prompt action would be taken to protect people. Staff also understood how to 'whistle blow' to outside organisation if necessary to protect people. They said there had not been any reason to do so because their managers were very responsive and took the safety of people seriously.

The team leader and registered manager were clear and confident in describing actions they would take to respond to allegations or cases of abuse in line with the local authority's procedure. This included raising an alert with the local authority, the police if necessary, conducting investigation and notifying CQC.

People were protected from the risks associated with their behaviour, support, and health and safety. Staff assessed risks to people covering various areas such as mental health, going out to the community, preparing meals, personal care, mobility, and fire safety. One person had risk management plans in place which detailed how staff should support them when they went out in the community and when crossing roads to ensure they were safe. The plan stated that the person should be accompanied by a member of staff and who should communicate with them throughout the journey so as to keep them aware. Another person had a plan for staff to follow to manage their behaviour which may sometimes challenge staff and others. This included regular one-to-one sessions and engaging people in activities. Staff demonstrated they understood the risk management plans for people they supported and daily care notes showed staff followed the plans in place. These plans were reviewed and regularly updated to ensure they continued to reflect people's needs and guided staff on how to effectively support them while keeping them as safe as possible.

Staff knew how to respond to unforeseen emergencies such as fire, power cuts, and floods to keep people safe. People had personal emergency evacuation plan (PEEP) in place. Staff were confident in describing actions they would take to keep each person safe in the event of an emergency in line with individual PEEPs. There were clear procedures displayed around the home on how to evacuate the building safely. Staff told us and records showed that the procedure was rehearsed regularly through fire drills to ensure staff were confident with it and people got familiar with it.

People indicated and relatives told us that there were sufficient staff available to support people with their needs and preferences. One relative told us, "There is always staff around to attend to people". Another relative said, "People living there are well supported I believe. Staff have the time to do things for the

residents." Staff told us that they were always enough on duty to adequately meet people's needs. One staff member said, "I am happy with the staffing levels. The registered manager is always willing to provide additional staff to support based on people's needs and activities happening at the home." Another staff said, "We are lucky here. We are able to provide the support people require because we are not short staffed." We observed staff attending to people in the person's pace. Staff were not rushed or seem to be in a hurry. The registered manager told us that they planned staffing levels based on dependency and occupancy. We saw that short falls and emergency absences were managed appropriately through the provider's staff bank system.

People received their medicines as prescribed and medicines were managed safely. We reviewed the medicine administration record (MAR) sheets for three weeks period prior to our visit and saw that staff had signed for them with no gaps. Appropriate codes were used where people had not taken their medicines, for example, where a person had refused or in hospital and detail explanation was provided behind the MARS to ensure other staff were aware and could follow up if required.

Medicines were stored in a locked cabinet in the office and only staff had access to it. The room temperature was monitored to ensure the potency of medicines were kept. We saw that the cabinet was organised and medicines were labelled and contained both the expiry date and the date of opening so that staff would know they were safe to use. Staff carried out regular checks and audits on medicine stocks to reduce the risk of misappropriation and rectify any errors immediately. We checked medicine stocks and they tallied with records. This showed that medicines were well managed for people.



## Is the service effective?

### Our findings

People and their relatives told us staff carried out their jobs well. A person said, "The staff look after me ok." A relative "They [staff] know how to look after [relative] they support [person] as they should [person] is very happy there." Another told us, "All the staff there know their jobs and they do it well. They understand the people living at the home and provide them with good care."

Staff received regular one to one supervision from their line managers to discuss their work role. Notes of supervision meetings showed discussions about people, health and safety and matters relating to the running of the service. Training needs were discussed at these meetings. Appraisals were conducted annually where staff received feedback on their work performance which covered their achievements in relation to supporting people and developing the service. We saw that actions from previous meetings were reviewed at the next meeting.

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.

We checked whether the provider was working within the principles of the MCA. Staff understood their responsibilities in enabling people make their own decisions and respecting their choices. They told us that effective communication was necessary in ensuring people understood the information you were providing them so they can make a decision. One staff member said "You need to respect what they [people] are saying. You might think it's not important but to them it is." Another staff told us "If I am concerned with the decision a person was making, I will let the manager know so they can do an assessment." Records held in the service in connection to MCA showed that people were appropriately supported to make decisions and where there were concerns about a person's capacity to make decisions, assessments were carried out involving relevant professionals, the person and their representatives.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS protect the rights of people who may require their liberty restricted lawfully in order to protect them from harm. Where required, the registered manager submitted DoLS authorisation applications to the local authority and completed all necessary processes in line with the legal framework, to ensure they did not deprive people of their liberty unlawfully. We saw that authorisations were reviewed regularly to ensure they remained valid.

People expressed that they enjoyed the food provided to them at the service. We observed evening mealtime and saw that people were offered choices. The menu was presented in a pictorial format and staff supported people to choose what they wanted. People had enough on their plates and we saw staff provide additional portions when people requested. People ate at their own pace and those who required

assistance to cut their food into small bite sizes received the support required. People's care records showed their individual needs and preferences in relation to eating a healthy balanced diet. We saw that people had access to food and drink throughout the day and were able to help themselves whenever they wanted. We saw records of consultations done with people and their relatives in relation to planning the menu for the service. Staff told us that people were able to change their choice of meals on the day and an alternative food would be given to the person. We found that people were able to eat food they liked and had their nutritional needs met at the service.

People's day to day health needs were met by a team of health care professionals which the service ensured people had access to. People had regular check-ups with their GPs, dentist, dietician and opticians. Staff had ensured people attended meetings and health appointments with health professionals. We saw that the service had involved a speech and language therapist (SALT) with regards to people's swallowing needs and speech impediments. Recommendations were made which we saw were being followed and the SALT confirmed that staff implemented the actions agreed with them. For example, one person had a soft food diet and staff supervised them as they ate as recommended.

# Is the service caring?

## Our findings

People and their relatives told us that staff were caring. A person's relative said, "The staff are nice, kind, caring and considerate." Another relative said "Staff are friendly and approachable. You can chat with them." We observed staff interacting with people in a positive manner and communicated in ways people understood. Staff and people talked about their day, activities and topics of interest. One person chatted with a staff member enthusiastically about their favourite football team. They shared jokes and laughed. We also observed a staff member providing reassurance to a person who was anxious. They talked about the person's concerns and staff made them comfortable.

Care records had information about people's histories and background including education, family, social network, culture, religion and individual preferences. Staff understood people's preferences and respected them. We heard staff address people by their preferred names and we saw staff supporting people the way they wanted. Staff understood people's communication needs. These were detailed in their care records. We saw staff communicate with people using Makaton, pictures, signs and facial expressions and body language.

Staff respected people's choices as to what they wanted to do and how they wanted it done. Professionals told us staff understood the needs of the people they looked after and supported them accordingly. Staff knew how people's lifestyle choices affected their mental and physical health and their activities of daily living. They explained they supported people to ensure their needs were met through regular key-working sessions and engaging them in activities they enjoyed. People had allocated member of staff who was responsible for ensuring their well-being, and progress. They also supported people to express their views at meetings if the person wished. Staff knew how to arrange for independent advocates for people if required.

People and their relatives were kept them informed of decisions and were involved in developing their support plans. One relative said "They [staff] carry you along and inform you of everything going on. They ask me of my opinion on how they should support [relative name] and they implement it." Another said "They [staff] are regularly in touch with me and let me know of any changes." Care records showed that people and their relatives had been asked for their views on how they should be supported. This ensured that people were in control of how they wanted to be cared for.

Staff respected people's privacy and dignity and promoted confidentiality. Staff ensured people had their personal spaces and able to enjoy quiet time as they wished. Staff knocked on people's doors before entering and we heard them sought permission from people before going into their rooms. Staff also explained that they encouraged people to do their personal care themselves if they were able to or at least empowered them to do what they can. People's personal records were kept secured in the office and meetings about people were conducted in private rooms to maintain confidentiality.

People were supported to maintain relationships important to them. People were able to visit their friends and relatives and spend time as they wished with them. Relatives and friends were also visited people at the service. One relative said "They [staff] have no problems with me visiting any time." Another said "[relative

name] can come home for weekends and I go there and spend time too anytime I am able to." We saw that staff supported people to keep in touch with family and friends by sending letters and greeting cards. This meant that people were able to enjoy valuable relationships within and outside the home.

## Is the service responsive?

### Our findings

People's needs were assessed, planned and care was delivered in a way that met their individual requirements. Care records included a personal profile with gave detailed insight into people's background, interests and social and family histories. Care needs assessments were carried out which covered people's physical, mental health and personal care needs. Support plans were in place which clearly set out how people's individual needs would be met, how their goals would be achieved and the key people involved to ensure this happened. Staff worked with relevant professionals such as psychologist and specialist nurses to support behaviours which may challenge. Staff responded and supported people appropriately to maintain their physical well-being. One person was supported by staff to manage their weight. They had the intervention of relevant health professionals to investigate their weight loss. They had a programme in place to address this concern. Support plans were reviewed regularly to reflect people's changing needs. This meant that care and support delivered met their personal requirements and needs.

The service supported and encouraged people to be as independent as possible. People were supported to develop independent living skills. People had involvement of occupational therapist for adaptive equipment such as cutlery to enable people to eat independently. The bathrooms and toilets had grab rails so people could support themselves with minimal supervision from staff. Staff had made referrals and had advocated for one person to have a mobility car so they could access the community. Staff also encouraged people to take part in meal preparation and household chores if they wished. We saw people helping out in the kitchen during meal times and they told us they liked doing so.

The service supported people to develop life skills and skills for daily living. People attended local educational and social centres where they various skills they may be interested in such as arts and crafts, photograph and cooking. They also developed close friendship at these centres. We saw three people returned home from the day centre and they told with staff how well they enjoyed their day. This meant people were supported to explore new things and develop themselves.

People were supported to do the things they enjoyed and live active lives. People took part in stimulating activities they enjoyed within and outside the service. Each person had an individualised activity plan and staff supported people to participate in these activities where required and we saw that staff supported people with these accordingly. One person was interested in watching football matches and staff ensured they had the opportunity to watch their favourite team play on TV. We saw evidence that people had enjoyed various events and trips such as visits to seaside, holiday trips, day trips to the city and parks and BBQs. People and their families had been involved in planning and developing the activities plan for the service.

People's views on how their service should be provided were obtained and acted on. The service consulted with people and their relatives on various matters about the service. We saw recent consultation carried about the food and activities provided. This led to the redesign of the menu and activities plans. People's relatives told us they knew how to make a complaint if they were unhappy with the service and they confirmed that issues they raised were addressed and resolved promptly. One relative said "I know how to

complain if I need to but I don't think there is any need to ever use it because the service is good." Another relative said "I know who to contact and where to go to if I have a problem." We saw evidence that a recent complaint had been acknowledged, investigated and responded to and in line with the provider's procedure.

## Is the service well-led?

### Our findings

The service had a registered manager who had worked with the service for several years and they complied with the conditions of their CQC registration. The service also had a team leader who managed the day-to-day running of the home.

People and their relatives told us that they could speak to the team leader and registered manager about anything and they listened to them and acted on their feedback. One relative said "The home is well run. The managers do a good job at running the home. It is run in a family oriented way." Another relative told us, "[Team leader] and [registered manager] are experienced and manager the home well. I have no concerns whatsoever." Professionals we spoke with also told us that the service was well managed. We observed positive working relationships between the registered manager, staff and people. They talked openly, shared information and made decisions together.

Staff told us that the registered manager was open to suggestions and feedback and was supportive to them. Staff were clear about the management structure and told us they had the leadership and direction they needed to be effective in their roles. The registered manager regularly held meetings with the staff team to discuss issues regarding people and other concerns. Staff told us that they were able to discuss matters freely and as a team they found solutions together. One staff member said "The registered manager follows things through. Recently I spoke to him about what a person needed and it was done." Another said "They give you all the support you need. They listen to you. You feel involved and valued." All the staff we spoke with demonstrated they understood their roles and responsibilities and the aims and objectives of the service. They talked enthusiastically about their roles in ensuring people were well supported to improve their health, well-being and maintain an active life.

The provider had systems in place to regularly assess and monitor the quality of service provided. The registered manager conducted a number of checks on the service to identify areas that needed improvement and took action to rectify it. These checks included health and safety, care records, staff records including training. They also carried out monthly review of the service to ensure the service was safe and effective. We saw reports which showed that actions were taken to improve the service where necessary. For example, Makaton training had been arranged for staff. We also saw that actions had been taken to address concerns noted from a recent fire safety inspection from the fire brigade. The service updated people's personal evacuation plan and carried out some remedial work done to improve the boiler system.

People using the service had access to the local community and participated in community events. People and staff took part in workshops and programme to create awareness and generate views of people on such topics as equality and diversity, sexuality, keeping safe and developing meaningful relationships. Staff told us these workshops had been good learning opportunities and helped them deliver a better service to people.

