Drs Care Limited

# The Thatched House

**Inspection report**

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Date of inspection visit: 4 and 8 December 2015
Date of publication: 08/02/2016

## Ratings

| Overall rating for this service | Good |
|---|---|
| Is the service safe? | Requires improvement |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

## Overall summary

This inspection took place on the 4 and 8 December 2015 and was unannounced.

The Thatched House is registered to provide accommodation for 20 people who may require nursing or personal care. At the time of this inspection 19 people were living at the home, some of whom were living with dementia.

A registered manager was in post. The registered manager was also the owner and provider of the home. 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 Thatched House is a detached thatched building with a driveway, situated in a private avenue close to the seafront in Bognor Regis. Communal areas included a large lounge with a further two sitting rooms leading to a dining area with a spacious rear garden. All rooms were single occupancy.

# Summary of findings

We found the home to be clean and tidy and maintained to a high standard. A calendar on the wall displayed the day and date in large letters to help orientate people. The home operated an open door policy. Many relatives and friends were visiting that day and gave their views on the care and support provided. People, relatives and visitors to the home were able to share very positive views on their experiences of the home. Staff spoke kindly and respectfully to people, involving them in all aspects of their care. Staff knew people well and had a caring approach. Staff demonstrated how they would implement the training they received. The food offered to people, relatives and visitors smelt and looked appetising. Additional drinks and snacks were offered in between meals and staff knew people's preferences and choices of where and what they liked to eat.

During the inspection we found some aspects of care not to be safe. The registered manager had systems and processes in place to record all accidents and incidents. An incident of potential physical abuse had not been reported to the West Sussex Safeguarding team. Therefore the necessary measures had not always been taken to keep people safe. There were some gaps in pre-employment records for staff. Checks had not been undertaken to ensure that new staff were safe to care for adults at risk.

Staff administered medicines in a personalised and professional manner. The home used a monitored dosage system with a single box for each medicine round. However there were failings noted surrounding the management and the safe storage of medicines.

Some people did not have capacity to consent to their care and measures were in place to ensure decisions were made in people's best interests.

An improvement plan was in place and was continuously being updated by the registered manager. An audit check system was being used which logged 'spot check' visits to monitor the care that was being provided. Any actions required were noted and filtered down to the staff team who then took the appropriate action.

We have identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told this registered manager to take at the back of the report.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

**Is the service safe?**

Requires improvement

Some aspects of the service were not safe.

The provider had failed to identify, understand and escalate the potential safeguarding concerns.

Safe recruitment practices were not in place.

Medicines were not always managed safely.

Accidents were managed safely and staff took immediate appropriate action to respond to this.

**Is the service effective?**

Good

The service was effective.

People's care needs were managed effectively by a knowledgeable staff team that were able to meet people's individual needs.

Staff attended training and gaps in training were being addressed by the registered manager.

Staff received supervision from the registered manager and appraisals had been planned for 2016.

People were supported to have sufficient to eat and drink.

Consent to care and treatment was sought in line with legislation under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

**Is the service caring?**

Good

The service was caring.

People were supported by kind, friendly and respectful staff.

People's well-being was taken into consideration in the approach used by the staff team.

People's privacy and dignity was respected.

People's relatives and visitors were welcomed into the home.

**Is the service responsive?**

Good

The service was responsive.

Care records were personalised and individual to the person being written about.

Choices were offered to people with regards to activities.

# Summary of findings

The staff team and registered manager responded quickly to complaints and issues to improve the quality of the service.

People knew who to go to raise a concern and felt able to do so.

**Is the service well-led?**

Good

The service was well-led.

The culture of the home was open, positive and friendly. The staff team, including the registered manager, cared about the quality of the care they provided.

Relatives had all been asked their views of the home and action had been taken as needed to improve the service.

People knew who the registered manager was and felt confident in approaching them.

An overview of the quality of care provided was being managed by the registered manager. Actions were taken when the need was highlighted and improvements implemented.

# The Thatched House

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 4 and 8 December 2015 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection, we examined the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also took account of a registration report that was completed by the registration team at the Care Quality Commission when registering the new registered manager. We spoke with a social worker from the local authority about their views of the service. We used all this information to decide which areas to focus on during our inspection.

On the first day of our inspection we were able to meet people and others who came along to the Christmas party at the home. We observed care using general observation and over the lunch period we carried out a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us. We spoke with 15 people living at the home, nine relatives and three visitors. This included a church minister who was leading a carol service at the home in the afternoon. We also spoke with a district nurse who was attending an appointment for one person at the home. We met with three care staff individually and talked to others including a provider representative and the registered manager.

We spent time looking at records including eight care records, eleven staff files including training records, medication administration record (MAR) sheets, staff rotas, activities plan, complaints, accidents and incidents record and other records relating to the management of the service.

This was the first inspection of The Thatched House since a change of legal entity.

Requires improvement

# Is the service safe?

## Our findings

People were not always safe from abuse because the registered manager had not fully understood what constituted abuse and what action they should take. Care records included documenting any accidents and incidents that had taken place and what action had been taken as a result. For example when people had fallen or experienced minor injuries people had received medical care and treatment. However one documented incident described physical aggression from one person to another. When we asked the registered manager about the incident she told us that as there was no injury and no harm caused so she did not report it to the West Sussex Safeguarding Adults team. The registered manager said, "Normally I would refer if there was a bruise". The registered manager asked if she needed to refer and asked, "Even if residents have dementia?" demonstrating a lack of insight into circumstances which may constitute abuse. As the incident had occurred in June 2015 we recommended that the registered manager gain advice from the West Sussex Adults Safeguarding team. On day two of the inspection we saw the registered manager had gained advice on what to do when incidents such as this happen between people that live at the home. A staff meeting had taken place on the 7 December 2015 and the minutes stated what must be reported, when and to whom. The staff meeting was attended by seven staff members. Minutes read, 'Any residents physically, emotionally or no injury or if residents fighting amongst themselves, have all got to be reported to adult safeguarding and CQC'. Although the registered manager told us that from now on she would, "Always ring (the safeguarding team) for advice" and also shared that, "I'm very open, we record everything". The registered manager received the recommendations and guidance positively and took prompt action to promote people's safety-this knowledge gap had not been identified until it was pointed out by the inspector.

**The evidence above showed that there had been a failure to identify, understand and escalate the potential risk of harm and impact on people. This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

People may not have been protected because staff had not been thoroughly vetted before they started work at the home. On the first day of inspection the registered manager told us that a new member of staff was working under supervision as they were awaiting the return of a Disclosure and Barring Service (DBS) check. We observed the same staff member supporting people out for walks on two occasions and that they were unsupervised. The same staff member was seen supporting people within the home unsupervised including assisting a person with their lunch. Only one reference was in place for this staff member. When speaking to the registered manager about this she said, "Is that not ok?" demonstrating a lack of insight into the risks that this may pose. She also explained that, "Because he is good at his work and seems caring, I felt it was ok to start him." The registered manager responded to the discussion by removing the staff member from working with people with a view to them returning when the relevant checks had been received.

Whilst looking at staff records we found other examples of gaps in pre-employment records. A second staff member who started work at The Thatched House on the 25 May 2015 had only one reference provided. This had been completed by the current registered manager as they had also been a previous employer. A second reference has since been provided however this was dated 2 December 2015, six months after the member of staff had commenced employment. A third staff member had two references completed by others that had known them for five months and one being a current work colleague. The registered manager had received a Disclosure and Barring Service check in November 2015 for them however the staff member had been working since March 2015. Therefore the required checks were not timely and in some cases the references by current colleagues and the registered manager may not have been objective.

Discussing the pre-employment gaps in records, including examples of inadequate references with the registered manager, we found that these checks were mostly requested however not always received prior to staff starting work. The registered manager told us that they intended to update the recruitment and selection policy and adhere to recommended guidance surrounding safe recruitment in the future. The registered manager said, "I'm glad you told me so now at least I know. I'm not going to do it again."

Requires improvement

# Is the service safe?

**The evidence above showed that safe recruitment practices had not always been followed. This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

On a tour of the building we found a box containing one person's remaining tablet left unattended in the dining room. This medicine was given to a staff member and locked away. The registered manager told us that, "Normally that's not our practice, we don't take the box with us". When we checked the stock levels of medicines and the medication administration records (MAR) some areas required improvement. When looking at the system we found one medicine signed as given to a person by staff. However this medicine remained in a sealed box waiting to be returned to the pharmacy. One medicine had expired in October 2015 however it was still in use in the system. Another medicine required the pulse of a person to be taken prior to administering daily, there was no guidance for staff when to administer this. This lack of guidance meant people may not have received their medicines safely or consistently.

Generally guidance was provided for staff when administering "When required" (PRN) medicines. The medication policy was updated by the registered manager on 30 November 2015. It stated "When medicine is prescribed on a "When required" PRN basis the MAR chart must be supplemented by a protocol". However in the case of one person receiving one (PRN) medicine there was no guidance for staff to follow. In addition another person's (PRN) medicine was now prescribed daily however (PRN) guidance remained in place. This lack of guidance available meant that people may be at risk of receiving this medicine inappropriately or not in line with the prescribing instructions.

**The evidence above showed that the proper and safe management of medicines was not always followed. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Three staff administered medicine to people this including the registered manager. They had all received training in the administration of medicines and were deemed competent. Staff told us that they were very happy with the system. Staff used a personalised and sensitive approach when administering people's medicines and explained to them what was happening. There was a separate office area where medicines were stored in a lockable medicines trolley. Staff showed us the Monitored Dosage System (MDS) that they used when administering medicine to people. The system included a single box for each medicine round, marked with the medicine contents, name of the person, the day and then colour coded for the time of day. This corresponded with a clear recording system containing a photograph of each person and any known allergies. Temperatures of the room and medicine fridge were recorded and in range.

We saw the first medicine audit by the registered manager carried out on the 1 November 2015. There was an action plan in place with target dates from December 2015 and February 2016. One action underway was including additional staff members on medicine training. The registered manager told us that this would promote a more flexible system to meet the needs of people.

During the day we observed that there was enough staff to respond to people's needs and keep people safe. We were told that there were three staff currently on each shift and two waking night staff and rotas confirmed this. Shifts consisted of a morning or an afternoon and some staff were seen to worked longer shifts. Staff explained that they discussed peoples care needs and communicated to other staff between shifts with the use of a handover meeting and a handover file. Some shifts were also attended by the registered manager and the chef. A representative of the provider was very involved in the cleaning, maintenance and development of the service and engaged with people and the inspection process. On the first morning of inspection one staff member had called in as they were unable to work therefore the registered manager was providing hands on support. One person said, "If you need staff there's plenty around." However on one occasion whilst observing the lunch period the staff on duty came in and out of the dining room and did not remain for long periods. One person waited twenty minutes for their lunch. Another person wanted to get a drink however their walking frame was not nearby and there was no staff member in the dining room to support them. As we had identified that this was a potential risk for people we gave feedback to the registered manager who told us she would review the staffing levels during the lunch period. The registered manager informed us that she was currently recruiting as she wanted to increase the staffing levels from

Requires improvement

# Is the service safe?

three staff to four staff on each shift. By the time the Christmas party had started there were additional staff to care for people and assist and respond to the requests of visitors in addition to joining in with the festivities.

Other risks to people were managed so that they were protected from harm. Personal Emergency Evacuation Plans had been drawn up so that, in the event of an emergency, staff knew who to contact to support people to be evacuated safely. A lift was available and had undergone the necessary health and safety check. One bathroom had a raised toilet seat to support people with limited mobility, various moving and handling equipment was in place to support people with mobility issues. The registered manager had all the equipment checked in line with regulatory guidance. Risk assessments provided information, advice and guidance to staff on how to manage and mitigate people's risks. When potential risks had been highlighted for people the registered manager had provided a written breakdown for staff and included this guidance in the relevant care record. For example one person found it difficult to use the call alarm bell when needing staff attention therefore the registered manager had included instructions for the staff team with regards to the level of supervision this person required. Another risk assessment described how one person found it difficult to sleep at night time and detailed what staff had to do when this occurred.

We observed that people looked at ease in the company of staff and were comfortable when anyone in the staff team approached them, chatting and laughter was heard throughout the inspection.

Good

# Is the service effective?

## Our findings

People received effective care from staff that had the knowledge and skills they needed to carry out their roles and responsibilities. One person said, "They're pretty good actually" and another said, "People (staff) take it seriously". When we asked a health care professional their views they told us, "The staff are very friendly and the patients are well looked after." One relative visited their family member every two to three weeks since they had moved in at the beginning of the year and they told us, "My [named person] looks so much better physically, my [named person] is in the right place". They also shared that they appreciated that the staff team, including the registered manager, had sorted out their family member's health needs straight away. Other relatives visited daily or weekly and another relative said, "[named person] gets good care and attention".

Existing staff had received an induction when they commenced employment with the former provider. The registered manager had revised the induction format which included a thorough breakdown of all aspects of care. This induction process would be carried out over one week. A staff member who started one month ago told us that their induction was a positive experience and that it had consisted of, "Three shadow shifts watching and helping out". When reading the 'Improvement Plan' it stated that all new staff in 2016 would be taken through the Care Certificate (Skills for Care) which covers 15 health and social care topics, with the aim that this would be completed within 12 weeks of employment.

All staff had been enrolled on Health and Social Care Diplomas including the deputy manager who had commenced a level 5 management qualification. These are work based awards that are achieved through assessment and training. To achieve these qualifications, candidates must prove that they have the ability (competence) to carry out their job to the required standard. There was a training schedule for staff displayed on the notice board for mandatory and more specialised topic areas. Training records confirmed which training session staff had attended. The training schedule commenced in January 2015 through to November 2016. The registered manager invited new staff to attend training before their actual start date and explained that this was to maximise and use training budgets effectively. The mandatory training schedule covered 14 topic areas including moving and handling, dementia and Safeguarding Adults.

Moving and handling training included a practical assessment that staff had to undertake. One staff member had not attended this training and another staff member's annual training certificate expired in August 2015. The training schedule showed that this course was to be repeated in February 2016. The registered manager was aware of which staff needed to attend this training and that they were already booked for refresher training. Staff members told us that they felt confident when using moving and handling equipment. Staff attended training in managing behaviours that may challenge. We observed staff dealing with situations discretely and upholding people's dignity. Staff had sufficient fire training including receiving guidance in practical skills on how to evacuate the building.

Supervision sessions for all staff had been undertaken by the manager since she had become registered. Staff told us about the positive support they had received. Annual appraisals were booked to take place in May 2016. We read minutes to five staff meetings since the home had been registered, staff told us that they felt very involved with people's care planning. The support and training staff had received enabled consistent and personalised care to be provided to people.

Consent to care and treatment was sought in line with legislation and guidance. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager told us a standard

Good

# Is the service effective?

authorisation application had been made for nearly all people that lived at the home. So far two people had participated in best interests meetings involving their family and the appropriate health professional. However further clarity on whether this was necessary for all people was required as one person seemed to have capacity to make some decisions. The registered manager was aware of this and had recently attended a West Sussex road show which covered this topic area therefore knew where to gain advice when required. Nine staff members had attended Mental Capacity and Deprivation of Liberty Safeguards training in 2015 and we observed them putting the main principles into practice when supporting people by offering choices and involving them in all aspects of their care. Two staff members that we spoke to could share some insight into the knowledge and their understanding of the topic area. A new staff member had yet to attend this training however was due to do so in February 2016.

We saw people enjoying their lunch. Lunch time was a sociable experience for those involved and people talked to each other throughout. Staff asked people what they would like to eat and drink and intervened when people needed more support. Curry was being served on the day of inspection and smelt appetising. One staff member showed us butternut squashes that had been growing in the garden. People told us that they liked the fact that the food was homemade. People also told us how much they enjoyed the food, one person said, "It's excellent, the food is first class". Menus for mealtimes showed choices and a variety of dishes, food offered was presented attractively with an array of smells and colours. Another person said, "The food is very reasonable". A relative explained to us the progress their family member had made and that, "[registered manager] got the [named person] onto supplements as she was concerned. The food is really good. [named person] has put on weight since they have been here". One person asked for extra sauce to go with her curry. A gravy boat of extra sauce was quickly provided. People were offered clothes protectors if they needed them and peoples plates were not removed unless they had been asked if they had finished. We observed staff offering drinks and snacks throughout the inspection. The Food Standards Agency in March 2015 had given the home a five star rating which is the highest score. The Food Standards Agency is responsible for food safety and food hygiene across the United Kingdom.

People were supported to have sufficient to eat, drink and maintain a balanced diet taking into account their individual needs. The staff team including the registered manager completed food and fluid charts on behalf of people. Weights were recorded and monitored on a monthly basis. One person had a nutritional risk assessment in place to address a historical concern surrounding their weight which was monitored and reviewed by the registered manager. This ensured that changes to people's nutritional needs were regularly monitored for any changes.

Staff told us that they would tell the deputy or registered manager if a person had any health issues immediately and they would then contact a nurse or a GP. The district nurse told us that, "The staff are very cooperative. They always ask for advice if they're not sure. If there is a problem they refer as appropriate". People and relatives confirmed that the staff team were effective in addressing health care needs. One relative said, "They've got [named person] meds sorted. I do trust what they say." Relatives told us that they had confidence in the staff team and the registered manager and their abilities to advise and act on their observations. One relative told us, "[the registered manager] is quick to phone and tell me what is happening. I have full confidence in her ability. The staff are always attentive." Another relative told us that, "The care is second to none. They flag up anything. It's all taken a note of." Health care records included actions that had been taken to address people's needs. The records demonstrated that the staff team were able to act on observations and call on the necessary health care professionals.

Toilet doors displayed pictures to make them easier to be identified. One person had a picture and their name on their door and staff told us this was to help the individual recognise their bedroom. One staff member told us other people were going to be offered pictures for their doors and could have these if they wished.

Good

# Is the service caring?

## Our findings

Positive, caring relationships had been developed between people and staff. Staff smiled with people and looked approachable; their interactions were warm and personal. People confirmed their positive experiences of the staff team including the registered manager. One person told us, "The staff are very kind and friendly. I'm so relaxed". Another person said, "It's lovely. They are all very kind and cheerful". A third person shared, "The staff are very nice, it couldn't be better". When we spoke with relatives about their experiences all of the responses were positive. One relative said, "They show more interest in [named person] as a person. Another relative said, "[named person] calls it home. A third relative volunteered, "The staff are marvellous." One relative gave the following example, "When [named person] had to go to hospital, [the registered manager] attended before we could get there". Comments overheard from staff to people illustrated their caring attitude. For example, "Where would you like to sit?", "Hello [named person]. How are you? Would you like a drink? Would you like a biscuit?"

The staff team were knowledgeable about the needs and wishes of people as they were quick to tell us what they preferred to eat, where they liked to spend time, when they preferred to go out and what relationships were important to them. People were involved with what was happening during their day. The staff knew the family connections well and supported people to maintain those relationships. Christmas decorations were put up throughout the building and people were heard talking about their involvement which they enjoyed. One person told us, "We've been busy doing the Christmas decorations. We did the trees yesterday. We had all the bits and pieces out". The relative of this person told us that, "Before [named person] would still be in bed at 11am but now she's up. They gave stimulation. I can't fault it in any way". We observed the same person completing a diary and the registered manager confirmed that this and doing crosswords was something that she had introduced. We were able to cross reference this change in stimulation in the person's care records. We were told by staff and their relatives that one person used to be in their bedroom all the time. However they were now often sat with others in the lounge and dining areas. One care record read, 'We have had a review today of my [named person's] welfare and we are both very happy with the care [named person] is receiving and how [named person] has settled in well.'

While people had been involved in day to day decisions, they did not always feel fully engaged in planning and reviewing their care. One person told us, "I'm a bit disappointed no one asked me what I liked and disliked, that's about the only grizzle". Another person said, "No-one sits down and asks how things are" and they were not aware of the care plan in place. Care records showed whether family members have Power of Attorney over health or financial decisions. Records did not always record the involvement from people who had capacity to do so, however each file did record input from healthcare professionals and family members. The registered manager demonstrated that they were taking action in gaining and recording people's involvement. For example we saw minutes of the first resident's meeting which took place on the 30 November 2015. We were told the aim would be to have a meeting of this type every six months. The Improvement Plan stated the next one would take place in June 2016. Despite this we could observe that staff understood people's preferences and needs and provided care and support in line with this.

We heard people being asked what they would like to drink and eat throughout the course of the day, whether they would like to watch the television, spend time in their bedrooms or read a newspaper. Relatives were all made to feel involved in their family members care. Relatives told us that they were invited to meet with the registered manager. The well-being of their family member was discussed at these meetings and any issues that may need addressing. It was also the registered manager's plan to hold a relatives meeting once every six months.

Staff told us what confidentiality meant to them and the people they supported. They spoke of not sharing unnecessary information to others. A new staff member said, "It's about keeping things private". The same staff member told us what information must be shared and to whom. They also gave examples of how they upheld privacy and dignity when supporting people. One staff member described how they knocked on bedroom doors before entering. Another staff member told us what they had to consider before helping people with personal care and gave an example of shutting the bathroom or bedroom

Good

# Is the service caring?

door and curtains. Staff were observed supporting people with personal care with calmness and patience. One person had been ill and told us, “They’re so kind they help you. Because I felt embarrassed they said don’t worry about it.”

People were encouraged to be as independent as possible. We were told people had a choice of baths or showers when they wanted. One relative appreciated that people had private areas to sit in and said, “I think it’s a lovely home. It’s homely”. We were told that an additional lounge area was going to be created upstairs so people did not have to go downstairs if they wanted a drink. A staff member told us this would be more dignified for somebody who had a bedroom upstairs and was having a restless night. A poster displayed on the notice board aimed at staff read, ‘Treat others as you would want them to treat you’-to reinforce their caring values.

Good

# Is the service responsive?

## Our findings

People lived in a home where staff were responsive to their individual needs. We observed people receiving personalised care at the home. People told us that they were happy with the care they received; care records demonstrated that they were created to meet the needs of each individual. Bedrooms were personalised to suit people's preferences. People could make choices over various aspects of their lives and where an individual lacked capacity, agreed professionals and family members were asked to engage to make best interests decisions. One relative told us that, "[the registered manager] says to let her know if there is an issue at any time. She's very good if I email her, she'll deal with anything." One relative shared that their family member had been waking in the night as they said they could hear running water. They continued to tell us that the problem was resolved when the registered manager moved the persons bed as it was near the staff toilet. This had made a positive impact to the person as they were now sleeping through the night.

Staff told us how they aimed to respond and put people at the centre of decisions made. When talking about the care records one staff member said, "You need to know the residents and what their needs are. Everybody has the choice, everybody can decide."

In general, care records were detailed and reflected individual needs however, we found a few discrepancies. For example further clarity was needed surrounding the exact level of support one person needed around mealtimes. This was discussed with the registered manager who took the necessary action. By day two of the inspection the care record had been amended and the issue highlighted in a staff meeting on the 7 December 2015.

Care plans were reviewed monthly by the registered manager. The deputy manager and senior carer were also involved in the process and referred to parts of the care plan when talking to us. At the front of each care plan there was a 'Knowing me' document which the registered manager had completed. This included all aspects of a person's needs, preferences and wishes and information about various diagnoses. For example if the person was living with dementia. It cited their preferred name and family members that were important to them. It gave guidance on what to do if somebody refused food, or if they got upset and what staff should do in response. These documents were an effective tool that focused on the person concerned, however primarily aimed for use when people were transferred to hospital.

Other sections of peoples care records held important details that demonstrated the thought and consideration the registered manager and staff team had taken. For example one record read, 'I can sleep better if my bedroom light is on' and another read, 'I like doing small chores and going for walks'. One care record focused on the person's choice of faith-Another read, 'Likes soothing, classical music'. Care records also highlighted people's communication preferences and needs. For example one person had limited speech and the care plan read, 'keep communicating with me at all times as I do understand' and, 'What reassures me: 1:1 staff, kindness, caring and smiling faces from staff'.

In addition each person had a, 'My records file' which was completed daily by staff. Each file covered various sections. Depending on the needs of the person specific charts or forms were completed to monitor people's health and well-being. For example charts that were completed covered the following; personal care needs, bowel chart, activity chart, body chart, malnutrition universal screening tool (MUST), cream chart, food chart, fluid chart. These charts were used to monitor, identify and respond to the changing needs of a person. These charts were given to the registered manager to review take action if required and later archived.

There was a main activity planned for each day of the week and this was displayed in the front foyer. The list included a quiz, baking, karaoke, mini bus outing, bingo, hand and nail care and a church service on a Sunday. A mini bus was made available to transport up to 12 people on a Thursday between 1pm and 5pm. One person told us, "I like to go out on a Thursday afternoon. I look forward to that." Another person told us that, "Earlier in the year we used to get out and have a walk round, now with the bad weather we sometimes stay in the bus. We go to places we used to go as a family". Several people were seen with daily newspapers and seemed to enjoy reading them. One person said, "My daily paper is important to me". We observed two people going out for a short walk. A different person preferred to stay in the home saying, "I'm quite happy. I'd rather stay here than move about. It's a busy place. There's plenty to do. I like it". The registered manager

Good

# Is the service responsive?

told us that two ministers visited on a regular basis, one from the Free Church and one from the Baptist Church in Arundel. One relative told us, "There's always something going on". During the inspection at the Christmas party staff dressed as elves which added to a fun and festive afternoon. One staff member gave their elf hat to a person who seemed very pleased with it. A carol service at the party was led by a minister and a guest played the accordion. People were able to suggest their favourite carols. People, relatives including children, were offered mince pies and drinks throughout. People enjoyed the interaction of the group, however it was also noted that people who were tired were supported to their bedrooms for some space and a lie down. Therefore activities had been planned with people's needs and preferences in mind to reduce the risk of social isolation and low mood.

People told us that if they had any concerns they knew who they would go to. One person said, "They're quite open. If there was anything I 'm not happy about. I'm quite happy with what they do. If I didn't like it I dare say they would do something about it". Another person said, "If I did want anything I could always ask." A relative shared that, "They're all lovely. I get a good response when I raise anything. I mentioned a mark on the carpet, the next week I come and it's gone! They're very obliging". Any maintenance concerns were recorded and marked as actioned in a maintenance file. The complaints file included one that had been documented in July 2015. The complaint had been addressed by the registered manager and now closed. The registered manager held meetings with family members in March 2015. These were all documented including minor concerns raised. We observed that practice had either changed as a result of any issues highlighted and added to the home's improvement plan. This demonstrated that the registered manager responded to people's wishes. One relative told us, "I can't fault it. I think they're lovely. I just phone up and it's done". The complaints policy was in the process of being updated by the registered manager.

Good

# Is the service well-led?

## Our findings

People knew who the registered manager was and spoke with warmth about them. People shared how happy they were with the care they received offering only positive comments. The registered manager told us that they operated an 'open house'. She said, "The families don't ring, they just walk in!" We observed family members coming to the front door and they were greeted by smiles and welcoming conversations. One person told us, "I couldn't be in a nicer home." Another said, "They're so nice here and open." A third person told us, "It couldn't be better and I couldn't be happier for the situation I'm in". One visitor said, "It's the friendliness of the staff with the residents. I get a sense of harmony and flowing together. We are always received warmly". Other relatives shared how they had recommended The Thatched House to others that had been looking for a care home for their family members. People had a good rapport with the whole staff team and seemed relaxed and happy.

We saw the registered manager working amongst the staff team guiding and leading other staff on duty ensuring all people were receiving the right help and support. An example of this was when she was telling a staff member discretely, "[named person] doesn't want to sit in the dining room for his lunch he only moved in yesterday and he would rather sit by himself". The registered manager showed empathy for this person and others and directed the staff accordingly. Relatives confirmed that they felt the registered manager's presence when they visited. A relative told us, "They're [manager] very much more hands on". Another relative shared, "[the registered manager] will come in even if she is not on duty". Initial meetings had taken place in March 2015 that had provided an opportunity for families and the registered manager to speak about the care their family member had received. Outcomes from these meetings were then used by the registered manager to influence the care provided.

Staff also said that they felt well led and supported in their work. Staff talked of the support provided by the registered manager and improvements that had been implemented. A member of staff explained, "I love working here". Another talked of the handover sessions where they discussed people's daily needs and staff meetings they had attended. They said, "You always get a chance to speak". One new staff member said they had already received supervision from the deputy and the registered manager and was really enjoying their new role. A notice board for staff made reference to staff meetings, training and staff supervisions that were due to take place to ensure staff were kept informed and accountable for their development.

We were provided with a copy of the home's 'Improvement Plan'. This was an action plan that stated the areas in need of improvement and the target date of introduction or completion. Some areas had already been introduced and others had target dates for months in 2016. One area discussed was the use of a new quality assurance audit tool due to be put into practice in December 2016.

The registered manager explained to us what had been introduced since buying the home and more recently since becoming the registered manager in September 2015. This included the updating of all care plans, the introduction of resident's meetings to listen to people's views and employing an administrator to help with office work. There were sufficient maintenance and health and safety checks within the home. There was no gas safety certificate in place although evidence that the gas appliances had been serviced. The gas safety certificate was provided following the inspection. We were told management 'spot checks' had always been carried out, however, since November 2015 these had been recorded. During these checks management came in at different times during the night and wrote exactly what they found and the action taken in the audit check book. An example of this was "Found dining room dirty" and the action taken was to revisit the cleaning schedule with the staff team. Comments on who was asleep and who was awake were also made as part of this check. Items written were discussed at staff meetings to drive improvements.

People were involved in how the home would look in the future. In addition to a new lounge area planned for upstairs were plans for the building of a conservatory. This was to be near to the dining room and fitted with underfloor heating. One person said that this would be, "Our summer garden". Another plan was to add a water fountain to the front pond area. The registered manager said they had plans to develop a website.

Shortfalls had been identified during the inspection surrounding safe recruitment, reporting an incident of potential abuse and aspects to the safe management of medicines. However we found the registered manager to be responsive and open to the recommendations made.

Good

# Is the service well-led?

The necessary action was being taken to remove the potential risk to people. The registered manager said that she was pleased we had come and said it was “A learning curve for us”.

This section is primarily information for the provider

# Action we have told the provider to take

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

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment<br><br>**People were not always protected from abuse or improper treatment because systems had not been effectively established.**<br><br>13 (1) (2) (3) |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed<br><br>**Information on staff employed was not always available because effective recruitment procedures had not been established.**<br><br>19 (2) (3) |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment<br><br>**Medicines were not always managed properly or safely.**<br><br>12 (2) (g) |