

Watford And District Mencap Society

Thorpedale

Inspection report

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Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Thorpedale is a residential care home providing personal care to six people at the time of the inspection. The service can support up to seven people.

People's experience of using this service and what we found

Right Support

The care plans and risk assessments did not always focus on people's aspirations and did not highlight some key risks for people.

Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.

People were in the main supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, further development was required with clearly documenting any day to day decisions where people did not have capacity.

The service required improvement to ensure people were cared and supported in a clean and well-maintained environment that met their sensory and physical needs.

Staff supported people to play an active role in maintaining their own health and wellbeing and enabled people to access specialist health care. People spoke about wanting to have more access to social activities.

Right Care

The provider made sure that there was enough skilled staff to meet people's needs and keep them safe.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

The manager was proactive in ensuring people had the care and treatment they needed; however, this was not always reflected in care plans.

Right Culture

Professionals and relatives spoke positively about the responsiveness of staff and the management team when supporting people.

The provider had quality assurance systems in place. Most actions were documented, and improvements implemented. However there needed to be further development in capturing lessons learnt particularly where incidents and accidents occurred.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 29 September 2017).

Why we inspected

The inspection was prompted in part due to concerns received about another location owned by the same provider. This was in relation to environmental issues, management of safeguarding and good governance. A decision was made for us to inspect and examine those risks at Thorpedale. Thorpedale had not been inspected for some time and a decision was made for us to inspect.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Thorpedale

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was completed by two inspectors.

Service and service type

Thorpedale is a 'care home' without nursing. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post and had submitted an application to register. At the time of publication of the report the manager had been registered with CQC.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We communicated with four people who used the service about their experience of the care provided. Where people could not communicate verbally, we used different ways of communication using objects and their body language as well as observing interactions between people and staff. We spoke with three relatives.

We spoke with eight members of staff including the manager, operations' manager who is also the nominated individual and support workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with two professionals who have had regular involvement with people using the service. We reviewed a range of records. This included four people's care records and three medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People's risk assessments in places lacked the information required to support them. There were examples where we saw risks had been identified but risk management strategies were not clear or did not indicate how to support the person. For example, one person required support with their mobility, this was not highlighted in the risk assessment or care plan. This could leave staff misunderstanding how to support the person to manage these risks safely. This could also put the person at risk of harm.
- The environment was not always well maintained. We found parts of the home in a poor state of repair, and in need of cleaning. For example, we found mould in the bathrooms, stained flooring and equipment that was not clean, as well as damage to the carpet on the stairs. A person shared feedback that they felt parts of the home were "grotty." An audit completed in June 2021 had identified improvements required; however, some works had still not been carried out in the home.
- Professionals we spoke to said they felt people were receiving support that met their needs and was safe. One professional said, "They always seem to be good. Staff have always been interactive. Where people needs changed, they have made sure they contacted the GP to make sure they were able to meet people's needs."

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who had training on how to recognise and report abuse and they knew how to apply it. The service worked well with other agencies to do so.
- Relatives felt their family member was safe and well cared for. One relative said, "I believe staff are kind and they are safe there." Another relative said, "We could not speak highly enough, and we love it, it's great and we are really happy. Some of the [staff] have been there for a long time and know people well."
- The manager needed to develop a consistent approach to safeguarding matters, to included completing a detailed investigation and sharing the learning with staff, following any incident.

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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- For people that were assessed as lacking mental capacity for certain decisions, health professionals and people that knew the person well made the decision in their best interest. However, some day to day decisions that people could, or could not, make needed to be reviewed and clearly recorded.
- Staff understood the principle of the mental capacity act and how it related to their role. One staff member said, "Currently we have applied for DoLS for three residents, and the manager is in the process of applying for the other two. I am aware of the five principles of the (MCA) with its primary purpose to provide a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves. We have to follow the code of practice giving guidance for decisions made under the Mental Capacity Act 2005."

Staffing and recruitment

- The manager spoke about the difficulty in recruitment and retention of staff. The provider and manager were proactive in looking at ways of recruiting and had started to build a consistent team for the people they supported.
- Staff felt there was enough staff to keep people safe. We observed people being supported when they required it and did not need to wait for their needs to be met.
- The provider operated a robust recruitment process. Appropriate checks were undertaken to help ensure staff were suitable to work at the service. A disclosure and barring service (DBS) check and satisfactory references had been obtained for all staff before they worked with people, along with references. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Care plans were detailed and identified support needs in relation to the ordering, storage and administration of medicines. This also included regular reviews of medicines. The service worked alongside health professionals to reduce medicines no longer required and to implement non-drug therapies and practical ways of supporting people instead.
- People told us they received their medicines when they needed them, however, would like to be supported to be more independent when managing these. One person said, "I used to get my own pills and do it myself, now they won't let me. I want to get back to doing my own pills like I used to."
- Staff received training to administer people's medicines safely. The registered manager undertook competency assessments, once staff had completed their training, to ensure safe practice.

Preventing and controlling infection

- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. Parts of the home were not well maintained and did not show good standards of cleanliness. We found parts of the home that had strong odours and staining on the floors as well as equipment. The manager acknowledged this and although they had identified some of the environmental improvements not all of these were captured.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or

managed.

- We were assured that the provider's infection prevention and control policy was up to date.
- Relatives spoke about the flexibility of being able to visit when them and their family member wanted.

Learning lessons when things go wrong

- Incidents were managed affecting people's safety. Staff recognised incidents and reported them appropriately. One staff member said, "I would let my manager know and body map and incident and accident form and observe it, if it's bad we would ask for intervention. If there was an unexplained bruising. I would say talk to my manager or senior manager about it, not to point the finger. Try and observe it and see what the courses might be and when the bruises occur."
- The manager acknowledged that the incident and accidents were not formally discussed in the service to allow staff to reflect back on the lessons learnt. This could create a risk of learning not being as effective as it could be.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has changed to requires improvement. This meant the service was not consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care;

- The provider had a quality assurance system, however these were not always effectively used. We found audits were being completed however in one instance did not identify the concerns we found as part of the inspection. For example, key risk assessments had not been completed and although repairs had been identified 18 months prior to the inspection little action had been taken, The manager had this as an action, however due to the lack of assessments this could have put people at risk.
- The management team had a service improvement plan where they had detailed some key improvement. However, there were key actions that had been identified that had not been captured or actioned. For example, where people expressed their views to change the service these were not actioned. This meant that they were unable to effectively drive change and improvement the service. The manager acknowledged this and spoke about steps they were taking to improve the quality audits and action plans.
- The management team captured lessons learnt, however, where incidents and accidents occurred the management team did not look at the themes and trends to drive improvements. We found there had been a number of medicine errors, however this had not been picked up on the service improvement plan to detail how they were going to improve this.
- Staff reflected on management changes and how the service was developing. One staff member said, "I get regular supervision with my manager, [they] have an open-door policy and I know that I can go and talk to [manager] at any point. We all work together as a team and all take part in making decisions. We discuss things in our team meetings and are updated on any Policy and Procedures."
- People, relatives and staff gave positive feedback on the responsiveness of the manager. One person said, "[Manager] is a lovely person, they help me, and they are here a lot." A relative said, "We have had four managers whilst [family member] has been there. We already knew them, and they are incredibly competent and caring. We could not be happier. There was no hiccup during the transition. It was done seamless."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had developed a business plan to look at how to improve their quality of support, but also initiatives to encourage staff development.
- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say.

- The manager worked directly with people and led by example. Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture. One staff member said, "Our manager works alongside us in the home, [they] are always approachable, fair and considerate to all that live and work at Thorpedale. We are listened to and encouraged to give our thoughts and ideas when having team meetings, and at any time, we work as a team together to meet the needs of our residents and all have an input as to how best to manage their support."
- The manager and staff spoke passionately about why they supported people. One staff member said, "I love looking after people and caring for them. It's the best job ever."
- People felt staff were kind and caring, however people felt at times they wanted to feel more empowered to develop their independence, experience new things as well as increasing their contribution to their local community. One person said, "I think they are very kind and compassionate towards me. I would like them to help more to help me learn my finances. Staff cook lovely meals, I don't cook. I try to help them, and it is something I would like to do more."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, and those important to them, worked with managers and staff to develop and improve the service. People were involved in meeting and discussion which allowed them to share what they wanted to do.
- There were formal listening events for people to share their views and relatives felt listened to. Although further development was needed to capture these actions and implement change.

Working in partnership with others

- The manager and staff worked well in partnership with health and social care organisations, which helped to give people using the service a voice and improve their wellbeing. One professional said, "Having met [manager] face to face on three occasions she has appeared to be settling well into the role and is also very engaging. During my initial visit with [manager] they reported that they are having to follow up on lots of documentation and paperwork that were incomplete."
- The management team have been developing the care plans and risk assessment in conjunction with professional feedback.