

Drs Care Limited

# The Thatched House

## Inspection report

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## Ratings

Overall rating for this service

Good 

Is the service safe?

**Requires Improvement** 

# Summary of findings

## Overall summary

This focused inspection took place on 15 December 2016 and was an unannounced. At the last comprehensive inspection on 4 and 8 December 2015, the service was rated as Good overall; however, we identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breaches of regulation related to safeguarding people from abuse or improper treatment, robust staff recruitment processes and safe management of medicines. The provider sent us an action plan on 18 February 2016, which stated how and when they would make improvements to meet the legal requirements. At this inspection, some improvements had been made but further action was still needed.

This report only covers our findings in relation to these specific area / breaches of regulation. This is within the 'Safe' domain. The other domains 'Effective', 'Caring', 'Responsive' and 'Well led' were not assessed at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Thatched House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

The inspection was prompted, in part, by notification of an unexpected death and potential concerns about how staff would respond to a medical emergency. We identified during the inspection that the provider had systems and procedures to guide and support staff on how to respond in an emergency and that staff understood their responsibilities in responding to medical and other emergencies.

The Thatched House is registered to provide accommodation for 20 people who may require nursing or personal care. At the time of this inspection, 18 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. Rooms were single and double occupancy

At this inspection, we found that although some improvements to the safe management of medicines had been made, the service remained in breach of this Regulation.. This was because Medication Administration Records (MAR) that were in place had not been correctly completed to demonstrate medicines had been given as prescribed.

The breach of regulation related to safeguarding people from abuse or improper treatment had now been met. There were signs that incidents of abuse between people had reduced and staff were more alert to

what would be considered abusive under safeguarding and how to respond to this. People were protected from the risk of abuse, avoidable harm or discrimination because staff understood their roles and responsibilities in protecting them.

The breach of regulation related to staff recruitment processes had now been met. Recruitment documentation demonstrated that all necessary checks were being undertaken before staff were employed to ensure their suitability to support people.

Staffing levels ensured people received appropriate support in an unhurried and personalised way. Staffing levels were sufficient to meet people's individual needs.

Systems were in place to identify risks and protect people from harm. Risk assessments were in place and reviewed monthly. Where someone was identified as being at risk, actions were identified on how to reduce the risk and referrals were made to health professionals as required.

The service had good systems in place that appropriately identified and managed risks to people in a proactive and enabling way. Accidents were managed safely and staff took immediate appropriate action to respond to this.

We identified one continued breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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

We always ask the following five questions of services.

### Is the service safe?

Some aspects of the service were not safe.

The registered manager had made improvements to the management of medicines but further action was needed to ensure a consistent approach to recording the administration of medicines. Medicines were stored securely and there was a robust system for ordering medicines. Staff administered medicines in a personalised and professional manner.

People were protected from the risk of abuse, avoidable harm or discrimination because staff understood their roles and responsibilities in protecting them.

Staff had undergone thorough and relevant pre-employment checks to ensure their suitability to support people.

The service had good systems in place that appropriately identified and managed risks to people in a proactive and enabling way. Accidents were managed safely and staff took immediate appropriate action to respond to this.

Staffing levels ensured people received appropriate support in an unhurried and personalised way. Staffing levels were sufficient to meet people's individual needs.

**Requires Improvement** ●

# 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.

We undertook this focused inspection on 15 December 2016. The inspection was completed to check that improvements to meet a legal requirement identified after our comprehensive inspection on 4 and 8 December 2015 had been made. We inspected the service against one specific area of one of the five questions we ask about services; Is the service safe? This is because the service was not meeting a legal requirement in relation to one question.

Two adult social care inspectors undertook the inspection. Before our inspection, we reviewed the information we held about the care home and reviewed the provider's action plan, which aims to set out the action they would take to meet legal requirements.

On the day of our inspection, we met with four people living at the service. We spent time observing people in the communal living areas. We looked around the premises at the communal areas of the home and four people's bedrooms.

We spoke with the registered manager, director, three care staff and the chef.

We looked at the care plans and associated records for four people. We reviewed other records, including the registered manager's internal checks and audits, staff training records, staff rotas, accidents and incidents. Records for four staff were reviewed, which included checks on newly appointed staff.

# Is the service safe?

## Our findings

People told us that they felt safe. Comments included, "Yes, I do feel safe here", "Yes this is my home and of course I feel very safe, the staff are very good at checking I am ok". Other comments included, "The [staff] check on me in the night to make sure I am ok, they offer me assistance when I am having a wobbly day, as I can be unsteady on my feet" and "The girls [staff] make sure I have enough to eat and drink, they look out for all of us. I feel very happy living here".

At our previous inspection in December 2015, we found that the provider was in breach of three Regulations in this domain related to protecting people from abuse or improper treatment, operating effective recruitment procedures and safe management of medicines. At this inspection, we found that sufficient action had been taken to ensure people were protected from abuse or improper treatment because staff understood their roles and responsibilities in protecting them. We also found that staff had undergone thorough and relevant pre-employment checks to ensure their suitability to support people. Therefore, the provider had met the Requirements of these regulations.

At the last inspection, the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because people's medicines were not always managed in a safe way. We served a requirement notice on the provider, requiring them to meet this regulation. We asked the provider to take action to address these concerns. After the comprehensive inspection, the provider wrote to us to tell us what they would do to meet legal requirements in relation to the breach.

At this inspection, we found that the provider had made improvements to the management of people's medicines in response to the issues identified in the previous inspection in December 2015. However, we identified 20 gaps for eight different people in a four day period demonstrating further action was needed to ensure Medication Administration Records (MAR) that were in place were correctly completed to demonstrate medicines had been given as prescribed. We checked the medication stock for the eight people, which demonstrated apart from one occasion for one person, medication had been given and this was a recording issue. For the one person whose medication had not been administered, the registered manager told us this had been declined. The registered manager confirmed that they had identified this as an area of required improvement. The registered manager showed us their audit tool that had identified this as an area of concern on three occasions since June 2016. The registered manager told us she would address this immediately with staff through training, 1:1 meetings and a team meeting. The registered manager stated that many of the gaps had been her own error.

There was a separate office area where medicines were stored in a lockable medicines trolley. Only staff who had been appropriately trained and competency assessed administered medication. We found that suitable care plans, risk assessments and records were in place in relation to the administration of medicines. We saw that medicines were stored correctly. Storage was clean, tidy and secure so that medicines were fit for use. We saw that there were plans in place that outlined when to administer extra, or as required, medication. We checked a sample of the medicines and stock levels and found these matched the records kept.

We observed staff use a personalised and sensitive approach when administering people's medicines and explained to them what was happening.

Whilst there had been improvement in some areas of medicine management, shortfalls in the recording of administration were still inconsistent and placed people at risk of not receiving their medicines as prescribed. Therefore this is a continued breach of Regulation 12 (2) (g) of the HSCA 2008 (Regulated Activities) Regulations 2014.

At the last inspection, the provider was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider failed to ensure people were protected from abuse, harm and improper treatment. The registered manager demonstrated a lack of insight into indicators for abuse and had not taken steps to report concerns. We served a requirement notice on the provider, requiring them to meet this regulation. We asked the provider to take action to address these concerns. After the comprehensive inspection, the provider wrote to us to tell us what they would do to meet legal requirements in relation to the breach.

At this inspection, we found that improvements to the registered manager's and staff's understanding and practice had been made, which meant that people were protected from the risk of abuse.

The registered manager had implemented safeguarding policies and procedures that were in place to guide practice. Staff told us, and records seen confirmed that all staff received updated training in how to recognise and report abuse. Staff had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. Where concerns had been raised, the registered manager had notified the relevant authorities and taken action to ensure people were safe. The safeguarding procedure was on display at the service, along with a flowchart making information accessible and clear to staff. We saw that body maps were completed in each person's care record to record any injuries along with an explanation. The service had a whistle blowing policy to guide staff on how to raise concerns they had about safe practices. Staff were aware of this policy and felt confident in raising concerns with the registered manager.

At the last inspection, the provider was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the recruitment procedure could not evidence that all the required documentation regarding new staff suitability had been checked and was in place. We served a requirement notice on the provider, requiring them to meet this regulation. We asked the provider to take action to address these concerns. After the comprehensive inspection, the provider wrote to us to tell us what they would do to meet legal requirements in relation to the breach.

At this inspection, we found that improvements to recruitment documentation demonstrated that all necessary checks were being undertaken before staff were employed.

We reviewed staff files for four staff, which had been recruited since January 2016. The content of the files demonstrated that the provider was operating a safe recruitment procedure and that staff recruitment records included proof of identity check, satisfactory written references and a Disclosure and Barring Service (DBS) criminal record check. DBS checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. Health declarations for each staff member and full employment histories were in place. Records showed checks were made that staff from overseas had the right and relevant documentation to work in the UK.

The recruitment and selection process ensured staff recruited had the right skills and experience to support

the people who used the service. Prospective staff underwent a practical assessment and role related interview before being appointed. This meant people were safe as they were cared for by staff whose suitability, for their role had been assessed by the provider.

Following receipt of concerns about how staff might respond in a medical emergency, we reviewed staff training records and how staff are trained to keep people safe. We found that staff received training in a range of areas including emergency first aid, moving and handling, fire safety, health and safety, infection control, food hygiene and safeguarding. This ensures people receive effective and safe care from staff that had the knowledge and skills they needed to carry out their roles and responsibilities. The registered manager told us they ensure there was one trained first aider on shift at all times. Since a recent unexpected death, the registered manager told us this was now reflected on the rota and all staff signed a declaration that they had been trained in emergency first aid and felt confident to use those skills in an emergency if required. We found that at the front of people's care files information was provided on who to contact in the event of an emergency, admission into hospital or death. Where appropriate, do not attempt cardiopulmonary resuscitation (DNACPR) decisions were recorded in people's files and contained evidence of authorisation by their GP. On the information board in the office was also a list of people who had a DNACPR in place as a quick reference guide. Staff told us they knew this was there and without exception, all of the staff we spoke to told us, they would attempt Resuscitation for people without a DNACPR and call 999 for medical assistance.

The rota reflected the staffing levels in place as described by the management team. Each shift from 8am to 2pm and 2pm to 8pm had a minimum of three support staff allocated. The night shift was from 8pm to 8am there were two support staff with a 24 hour on call system for staff to use in case of an emergency or additional care support. The registered manager told us that as part of their admission process before people moved into the service, a needs led assessment tool was used. This identified the correct level of staffing needed to safely and effectively meet people's needs. The registered manager was able to show examples of how this had been used with other people. We found that staffing levels and the skill mix of staff deployed were reflective of people's individual needs and therefore enabled people to receive personalised care. Staff told us that they had time to support people appropriately. Our observations supported this. We saw that when people became disorientated or anxious, staff spent time reassuring them individually.

The registered manager worked in addition to support staff to provide on-going management support and oversight of the service. We observed examples of this from the rotas sampled. The director carried out the maintenance and domestic tasks in the home. There was also a chef who worked from 8am to 3pm Monday to Sunday. The registered manager had also recently employed an administrator in November 2016 who worked from 11am to 2pm Monday to Friday. This ensured that care staff could focus their time on delivery of care.

Before people moved to the service an assessment of need was completed. This looked at the person's care needs and any risks to their health, safety or welfare. Where risks were identified, these had been assessed and actions were in place to mitigate them. We observed people being supported with their mobility, which was consistent with their mobility risk assessments. We observed good staff practices to keep people safe in line with their needs.

We saw that the risk assessment process supported people to increase their independence. Where people did not have the capacity to be involved in risk assessments, their relatives or legal representatives had been consulted. The service demonstrated a culture aimed towards maintaining people's independence for as long as possible. For example, one person wanted to make their own drinks. Due to the location of the kitchen, the person told us they would have struggled to walk the distance with a drink. Drinks were



available for people to make in the communal areas. The person told us this enabled them to keep their independence in a safe way.

Risk assessments were completed for each person; these were individualised and took account of each person's specific needs and their personal awareness and understanding of danger and risk. Measures were implemented to reduce the level of risk so that people were protected from harm when undertaking activities outside and inside of the service, from risks within their environment, or from other people. 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. Risk assessments were kept updated and reviewed on a regular basis.

Care plans contained risk assessments in relation to personal care including moving and handling, nutrition and hydration, falls and diabetes. People's care plans noted what support they needed to keep safe. They provided information about support each person required in relation to safety awareness and completing activities such as having a bath and mobility. These risk assessments detailed the required staffing ratio at different times and for specific activities to ensure the safety of people, staff and others.

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.

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. Multiple bathrooms had raised toilet seats to support people with limited mobility, various moving and handling equipment was in place to support people with mobility issues.

Equipment and utilities were serviced in accordance with manufacturers' guidance to ensure they were safe to use. Gas and electricity safety, was reviewed by contractors to ensure any risks were identified and addressed promptly. Fire equipment; such as emergency lighting, extinguishers, alarms, were tested regularly by the provider's maintenance engineer to ensure they were in good working order. The provider had contingency plans to ensure the service could continue in the event of power failure or adverse weather. These plans provided detailed guidance and useful contacts for staff to use in the event of an emergency.

This section is primarily information for the provider

## Action we have told the provider to take

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

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