Barchester Healthcare Homes Limited

Thackeray House

Inspection report

58 Addiscombe Road
Croydon
Surrey
CR0 5PH

Tel: 02086498800
Website: www.barchester.com

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Ratings

Overall rating for this service	Requires Improvement

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?	**Requires Improvement**

Summary of findings

Overall summary

We inspected Thackeray House Nursing Home on 27 March 2017. The inspection was unannounced.

Thackeray House Nursing Home is registered to provide nursing and personal care for up to 39 adults. At the time of our inspection there were 29 elderly adults living in the home.

We previously inspected Thackeray Nursing Home in November 2015 and found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to there being an insufficient number of staff to meet people's needs, the lack of consistency with staff supervision and appraisal, failure to follow the provisions of the Mental Capacity Act 2005 and the lack of effective systems to assess and monitor the quality of care people received. The provider sent us an action plan setting out when the required improvements would be made. Some of these actions have been completed.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager had many years experience working in adult social care.

People felt safe from abuse living at Thackeray House. Staff treated them with kindness and respect. Staff had been trained in protecting adults from abuse and had good knowledge of how to recognise abuse and report any concerns. Assessments completed by the service identified any risks to each person and gave guidance to staff on how to manage those risks.

We found there was an insufficient number of staff to meet people's needs, particularly people who required assistance with their mobility.

Staff were appropriately supported by the provider to provide effective care through an induction, relevant training, supervision and appraisal. People received care and support from a consistent group of staff who knew them well and understood their needs and preferences.

Each person had an individualised support plan to help staff understand the support they required. People were supported to have choice and control of their lives and staff supported people in a way and at a pace that suited people. People were satisfied with the range of activities available to them. However, three of the people we spoke to felt that more could be done to support people to participate in activities outside the home.

People were supported to maintain their health and access external healthcare providers. There were appropriate arrangements in place for ordering, storing and disposing of medicines. However, people did not always receive their medicines safely and the systems in place to monitor this were not always effective.

People's independence and privacy were respected. Visitors were made to feel welcome and staff enabled people to maintain relationships with their families and friends. There was a choice of nutritious food which took into account people's cultural and personal preferences. People were satisfied with the quality and amount of food they received.

The provider's policies and procedures were up do date and regularly reviewed. People's records were appropriately stored and well organised. The home was clean and free of unpleasant odours. There were appropriate arrangements in place to help ensure people were protected from the risk and spread of infection.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to there being an insufficient number of staff to meet people's needs, because people did not always receive their medicines safely and the lack of effective systems to assess and monitor the quality of care people received. You can see what action we told the provider to take at the back of the full version of the 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?

Requires Improvement

Some aspects of the service were not safe.

Processes and procedures for ensuring people received their medicines safely were not always followed by staff. There was not enough staff to meet people's needs.

People felt safe from abuse and staff knew about their responsibility to protect people from abuse.

Staff were recruited using an appropriate recruitment procedure which was consistently applied. Appropriate checks were carried out on staff before they began to work with people.

The home was clean and well maintained.

Is the service effective?

Good

The service was effective.

Staff were appropriately supported by the provider to carry out their roles effectively through induction, relevant training and regular supervision and appraisal.

Staff understood the main provisions of the Mental Capacity Act and how it applied to people in their care.

People were given a sufficient amount to eat and drink. People received care and support which assisted them to maintain their health. The service worked well with external healthcare providers.

Is the service caring?

Good

The service was caring.

Staff were caring. People were treated with compassion and respect. People felt able to express their views.

People were supported to plan their end of life care.

Is the service responsive?

Good

The service was responsive.

People were involved in their care planning and felt in control of the care and support they received.

People had the opportunity to participate in organised activities.

People knew how to make suggestions and complaints about the care they received and felt their comments would be acted on.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well-led

There were systems in place to assess and monitor the quality of care people received but some of these systems were not always as effective as necessary.

Records were appropriately stored and quickly located.

There was a clear management structure in place which people living in the home, their relatives and staff understood.

Thackeray House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

The inspection took place on 27 March 2017 and was unannounced. The inspection team consisted of an inspector, a specialist nurse advisor and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience's area of expertise was elderly care.

As part of the inspection we reviewed all the information we held about the service. This included routine notifications received from the provider, the previous inspection report and the Provider Information Return (PIR). The PIR is a form we asked the provider to complete prior to our visit which gives us some essential information about the service, including what the service does well, what they could do better and improvements they plan to make.

During the inspection we spoke with nine people living in the home, four of their relatives and five staff members, as well as the deputy and registered managers. Due to their needs, some people living at Thackeray House were unable to share their views. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at eight people's care files and five staff files which included their recruitment records. We reviewed records relating to staff, maintenance and management of the home, as well as a variety of policies and procedures.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection in November 2015, we found there were insufficient staff to help keep people safe and meet their needs.

Since our last inspection, the provider had added an additional member of staff to cover lunchtime. During this inspection we again found there was not a sufficient number of staff to meet people's needs, particularly people who required assistance with their mobility. The provider had a tool which helped to determine the number of staff required to care for people safely. This tool was amended when a person's needs changed or another person moved into or left the home. However, the tool did not enable the provider to understand people's actual experience of receiving care and support from the number of staff deemed appropriate by the tool.

On the day of our inspection there were two care staff and one nurse on each floor. There were 14 people on the first floor and 15 on the second floor. Seven of the people on the first floor required the assistance of a hoist operated by two staff to move from one place to the next. Six of the nine people we spoke with told us there was not a sufficient number of staff to meet their needs in a timely manner. This not only impacted their daily routine, but also their dignity. People commented, "They come when you press the bell, they say they are coming back and they don't", "This morning when I needed the toilet, they left me on the commode and gave me the bell and I have to wait for them to finish what they were doing and come back", "I don't think there is enough staff, I can be sitting on the toilet half an hour waiting", "At the weekends they can be a bit short. Yesterday was Mothering Sunday, the manager and deputy had to give up their weekend as staff didn't turn up" and "We could do with more staff. Sometimes I have to wait a very long time for them to respond to the call bell. I know they are seeing to somebody else and they're doing their best but it can be upsetting." When we asked why they had not complained, people felt there was no point as they didn't think the staff or registered manager could do anything about it. One person told us, "There's no point, at the end of the day, the people working here are not the ones in control."

A staff member told us, "At busy times like in the mornings and at lunchtime, we could do with extra staff because there are so many people who need two of us to assist them and if there are only two of us on the floor, the others have to wait which isn't fair on them." Another staff member told us, "The care would be better if there was more staff." People who required less assistance told us there were sufficient staff to meet their needs. One person told us, "There is always someone around" and "I think there are enough carers."

The provider did not deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff to make sure they could meet people's care and treatment needs. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People did not have any concerns about the way their medicines were managed and told us they received their prescribed medicines when they should. There were appropriate procedures in place for ordering, storing and disposing of people's medicines. However, we found the arrangements in place for administering medicines were not always safe.

We saw evidence that prescribed medicines were not always administered as directed by the prescriber. In one instance, the prescriber directed that a person who had to take more than one medicine should have those medicines crushed and dispersed before administration. We observed that the nurse placed all of the medicines together in a cup of water and allowed them to dissolve before administering the solution. This meant that all the medicines were mixed together and there was a risk of counter-interaction and harmful side-effects. We raised this with the registered manager who agreed that the medicines should not be administered in this way.

We looked at 13 people's medicine administration record (MAR) charts and found twelve medicines which had not been signed for on various days with no explanation for the gaps. It was therefore unclear from looking at the records whether or not the medicines had been administered. Although the management's medication audits had identified gaps in people's MAR charts and management had reminded staff to fully complete the MAR charts, this clearly was not always happening.

There were not appropriate arrangements in place in relation to the administration and recording of medicines. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities Regulations) 2014.

People told us they felt safe from abuse and knew what to do if they felt at risk of abuse. People commented, "Yes I feel safe here, I've no concerns about that", "I feel safe enough. If I didn't I'd tell my family" and "The carers are trustworthy." Relatives also felt confident their family members were safe. One relative told us, "I don't have any issues. I'm here all the time and I've never seen or heard anything untoward" and "I definitely think [the person] is safe. She is very happy here and would certainly let us know if anything was wrong."

The provider had taken reasonable steps to protect people from abuse. The home had safeguarding and whistle-blowing policies and procedures for staff to follow if they had concerns that a person living at the home was at risk of abuse. Staff we spoke with were familiar with these policies and procedures. They also knew how to identify abuse and how to report their concerns internally and externally.

Staff were recruited using a safe recruitment practice which was consistently applied. This included appropriate checks before staff began to work with people. Records we reviewed demonstrated that professional references, confirmation of an applicant's right to work in the United Kingdom and that they were physically and mentally fit to do the job were obtained. Criminal record checks were also carried out. This minimised the risk of people being cared for by staff who were inappropriate for the role.

Arrangements were in place to protect people from avoidable harm. Records showed that risks to people had been assessed when they first moved in to the home and reviewed regularly thereafter. The risk assessments were personalised. Care plans gave staff detailed information on how to manage identified risks and keep people safe. This covered such issues as how to minimise the risk of falls and the action to take in the event that the person were to fall. Records confirmed staff delivered care in accordance with people's care plans. Staff had been trained in health and safety and emergency first aid. They knew what to do in the event of a medical or other emergency.

People were protected from the risk and spread of infection because staff followed the home's infection control policy. There were effective systems in place to maintain appropriate standards of cleanliness and hygiene which staff consistently followed. One person commented, "It's always clean here." People's rooms and the communal areas of the home were clean and tidy. There were no unpleasant odours within the home. Staff had received training in infection control and spoke knowledgably about how to minimise the

risk of infection. Staff always wore PPE when supporting people with personal care and practised good hand hygiene.

The home was of a suitable layout and design for the people living there. The home was fully accessible. People's rooms and the communal areas were well decorated and furnished. We found the home was well maintained which contributed to people's safety. Servicing and routine maintenance records were up to date and evidenced that equipment was regularly checked and safe for people to use. This included maintenance checks on the lifts and hoists. Staff had been trained in how to use the equipment people needed. We saw that the right number of staff were involved in using equipment such as hoists and that they were used correctly.

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

Good

Is the service effective?

Our findings

At our inspection in November 2015, we found that staff were not adequately supported by the provider through regular supervision and appraisal.

During this inspection we found that people received care and support from staff who were appropriately supported by the provider. When first employed, staff received an induction during which they were introduced to the home's policies, they received basic training in areas relevant to their role and they were made aware of emergency procedures. There was a system in place to identify staff training needs. Staff received regular training in areas relevant to their role such as, moving and handling people and infection control. Staff received supervision during which they had the opportunity to discuss their training needs and any issues affecting their role. Staff who had been employed by the provider for more than one year had an annual performance review.

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 are called the Deprivation of Liberty Safeguards (DoLS).

At our inspection in November 2015, we found the provider had not properly trained and prepared their staff in understanding the requirements of the Mental Capacity Act (MCA) 2005 in general or the specific requirements of the DoLS. There was none or very little recorded rationale in place explaining why decisions had been made in each person's best interests and little recorded evidence of best interest meetings being held or reviewed.

During this inspection, we found that staff understood the importance of gaining people's consent and understood the main principles of the MCA. Throughout our inspection staff always sought people's permission before providing any care or support. 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.

We saw detailed records about people's consent to care and whether they had the capacity to make decisions. When people lacked capacity to make a particular decision, records were kept of decisions made in people's best interest. Where applications had been made to the local authority for DoLs the registered manager kept detailed records of the applications made, those returned to the service and when the authorisations were due for review.

People were protected from the risk of poor nutrition and dehydration. People's dietary needs were identified when they first moved into the home and this was recorded in their care plans. A full-time catering team were employed by the provider. People's meals were freshly prepared daily. The chef had worked in catering for many years. She knew what constituted a balanced diet and the menus we looked at were designed to offer healthy, nutritious meals. The chef spoke enthusiastically and positively about her role and displayed a good understanding of people's dietary needs.

People who required assistance with eating, or who required a special diet were given the support and diet they required. People had a sufficient amount to eat and drink. People commented, "The food is good", "I'm happy with the food", "It's nice to get a glass of wine at lunchtime." People were given a choice and had the opportunity to eat outside of mealtimes. One person told us, "They give you a menu to pick." Another person told us, "If I wanted something to eat after lunch I could ask for something and they would let me have it."

Staff carried out regular checks to ensure people maintained good health. For example, people were weighed regularly to check they maintained a healthy weight. Nursing interventions had a positive impact on people's health. For example, people who were at risk of developing or deterioriating pressure sores saw an improvement in their skin condition through regular re-positioning and the appropriate use of dressings. A relative told us, "We can see that [the person] has been much better since she has been here." People were registered with a local GP, were appropriately referred to specialists and had access to a range of external healthcare professionals such as, podiatrists and dieticians.

Good

Is the service caring?

Our findings

People and their relatives were positive about the caring attitude of the staff. People told us, "They gave each one of us a rose on Mothering Sunday", "The staff are nice. They sit and have a chat when they have the time", "I've no complaints" and "The staff are mostly very good although some of the night staff are not so friendly." One relative told us, "From what I've observed, I think the staff are very good." Other relatives told us, "The staff seem fine", "They do everything to make him comfortable" and "The nurses are very sweet. I can't fault them."

We observed staff interacting with people and found the staff approach was friendly and respectful. Staff were patient, polite and encouraging. They supported people at a pace that suited people and addressed them in the way they preferred. Many of the staff had worked at the service for several years. They had a positive attitude to their work and spoke about people in a caring way. They told us, "I like working here" and "I enjoy my job."

People's rooms offered them privacy and comfort. People had personal possessions and family mementos displayed in their rooms. Staff respected people's choice for privacy as some people preferred to remain in their own rooms and not to participate in planned activities. People told us staff respected their privacy and gave us examples of how they did this by for example, ensuring curtains and doors were closed whilst they assisted with personal care and not interrupting when people had visitors..

Staff knew people's health support needs and personal preferences well and this was evident in their interaction. One staff member told us, "Over time you really get to know them." A relative told us, "I think they know [the person] well. [The person] is very happy here." People and where appropriate, their relatives were involved in their needs assessments and people felt involved in how their care was planned and delivered. We observed a relative assisting in the assessment process by recording a person's life story. A relative told us, "I was involved in the assessment process because [the person] wouldn't be able to do it on her own."

The home had an effective approach to end of life care planning for those people who wished to do so. This meant that people were consulted and their wishes for their end of life care were recorded and acted on. People and their relatives felt they were in control of the decisions relating to their end of life care and that the issue was dealt with sensitively. We saw several thank you messages from relatives of people who had received end of life care at the home. They commented on the kindness, consideration and care shown by staff.

Good

Is the service responsive?

Our findings

People said that the staff responded to them as individuals. People who used the service and the relatives we spoke with told us that the service responded well to people's needs and requests. One person said "It was good, moving here, and I still see my family."

The care records we looked at showed that people's needs were assessed. People's needs were reviewed regularly and appropriate care plans were drawn up. Risk assessments were completed, which allowed staff to identify risks to the individual and measures the staff could implement to reduce the risk of potential harm in the least restrictive ways possible, whilst promoting people's independence and maintaining their safety. Care plans were comprehensive and contained a lot of information about people's health, nursing and personal care needs. However, some people's care plans contained little information on people's personal histories or their social interests which meant their care was not as personalised as it could be. Staff told us they were in the process of collecting and updating this information and had not completed this action on all files.

We saw that visitors were welcomed throughout the day. Relatives told us they could visit at any time and were always made to feel welcome. They were consulted about their relatives' care and the staff were responsive to their requests.

There were arrangements in place to meet people's social needs and help avoid people becoming socially isolated. An activities co-ordinator arranged group activities most afternoons in the lounge such as, bingo, quizzes and sing-a-longs. A hairdresser visited the home weekly. People were satisfied with the variety of activities on offer. Three people told us they would like opportunities to leave the home either to go on group trips or on a one-to one basis. One person told us, "It would be nice to get out once in a while, even just to have a look around the shops." Another person told us, "I'd quite like to go down to the coast for the day when the weather is nice. We raised the lack of opportunity for people to leave to home with the management who told us they would organise trips out in the summer once the mini-bus had been repaired.

People were supported and had the opportunity to express their views on the care and treatment they received. Records indicated that residents' and relatives' meetings were held in the last 12 months. This enabled people and their relatives to give their views on the quality of care provided. Records indicated that a variety of issues were discussed by people and their relatives such as, whether they were happy with the food, activities and staffing.

People we spoke with told us they or their relatives would complain or comment on issues they were not happy with. One relative told us "I feel I can speak to anyone about anything I'm unhappy about and I wouldn't think twice." We looked at the process for recording, logging and acting on complaints and found clear procedures were in place. The registered manager said they tried to deal with issues as soon as possible and we saw records of conversations with relatives and action taken by the staff to address issues and concerns raised. The registered manager confirmed that any lessons learnt from complaints were

discussed with staff to reduce any likelihood of the same happening again.

Requires Improvement

Is the service well-led?

Our findings

An experienced registered manager was in post who had worked hard with her deputy and staff to improve the service since our last inspection. However, further improvements were still necessary to ensure people received safe care and treatment.

There was a clear management structure within the home which staff, people and their relatives were aware of. People and their relatives spoke positively about the registered and deputy managers and told us they were approachable and often involved in supporting people. Staff knew their respective roles and responsibilities within the structure which meant that the standard of care was consistent. Staff felt supported by the management. Staff met daily at handover and at regular staff meetings to discuss issues affecting people and receive guidance on good practice. The registered manager met regularly with the nurses to discuss people's clinical needs.

At our previous inspection in November 2015, we found there were a variety of systems in place to assess and monitor the quality of care people received. However where areas for improvement were identified, action was not always taken to make the required improvements.

During this inspection there were comprehensive arrangements in place for checking the quality of the care people received. Audits were conducted at manager and provider level in areas such as staff training, supervision and appraisal, infection control and medication. Where the audits identified areas which required, improvements an action plan was drawn up and implemented. For example, there was a system in place to check that staff supervision and appraisal were up to date and staff were regularly reminded of their supervision and appraisal meeting dates. This meant that staff had regular supervision and appraisal.

However, the systems did not always operate as effectively as they should. This meant that despite the procedures in place, the management were not aware that nurses were operating unsafe practises in relation to the administration of medicines. The management were not aware that there was insufficient staff to meet people's needs in a timely manner or the impact this had on people. Some aspects of the quality assurance system therefore required further improvement.

The provider did not establish and operate effective systems or processes to assess, monitor and improve the quality and safety of the service provided. This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were systems in place to ensure that the standard of maintenance of the home and equipment used was monitored and prompt action was taken when repairs or servicing was required. We requested a variety of records relating to the people using the service, staff and management of the service. People's care records, including their medical records were well-organised. People's confidentiality was protected because the records were securely stored and only accessible by staff. The staff files and records relating to the management of the service were readily accessible and promptly located. The provider promptly submitted relevant notifications to the CQC.

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 The provider did not provide care and treatment to service users in a safe way through the safe and proper management of medicines.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not establish and operate effective systems or processes to assess, monitor and improve the quality and safety of the service provided.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider did not deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff to make sure they could meet people's care and treatment needs.