

Anchor Trust Thameside

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Thameside is a residential care home for 61 people. On the day of our inspection, 61 people were living in the home. The home is divided into five areas with 12 to 14 people receiving care and support in each living area. Many people were living with dementia.

The inspection took place on 17 October 2018 and was unannounced.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

A registered manager was in post. 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.

Why the service is rated Good.

Risks to people were routinely assessed with clear plans to keep people safe. Where incidents had occurred, staff responded appropriately and the provider analysed incidents. Staff understood their roles in safeguarding people from abuse. People's medicines were managed and administered safely. The provider had robust systems in place to reduce the risk of infection. There were enough staff to safely meet people's needs. The provider had carried out appropriate checks on staff to ensure that they were suitable for their roles.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to access the healthcare they needed and staff worked alongside relevant agencies to meet people's health needs. People received a thorough assessment before coming to live at the home and individual needs and choices were documented and met. People told us they enjoyed the food and it met their dietary needs. People were supported by staff that had received appropriate training to carry out their roles with confidence. The building was adapted to meet people's needs.

People were supported by kind and caring staff that they got on well with. People were routinely involved in their care and staff offered people choices each day. People's privacy and dignity was respected by staff. People's cultural, spiritual and religious needs were catered for with access and links to a local church. Visitors were welcomed and encouraged to become involved in the care home through activities and care.

People had access to a range of activities' that reflected their interests. People's care was planned in a person-centred way. People's wishes regarding end of life care were documented. People were informed about how to raise a complaint and the provider regularly asked people for feedback.

Regular audits were undertaken to measure the quality of the care that people received. The provider regularly implemented improvements to the service. There was clear leadership at the home and staff told us that they felt supported by management. The provider had developed links with local organisations and agencies and people benefitted from these.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events including significant incidents and safeguarding concerns.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Thameside

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 17 October 2018 and was unannounced. The inspection was completed by three inspectors and one 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.

Before the inspection we gathered information about the service by contacting the local and placing authorities. In addition, we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

We used reviewed the information the provider sent us in their Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

As part of our inspection we spoke with 16 people and one relative. We also observed the care that people received and how staff interacted with people. We spoke with the registered manager, the regional manager and seven care staff. We read care plans for four people, medicines records and the records of accidents and incidents. We looked at mental capacity assessments and applications made to deprive people of their liberty.

We looked at three staff recruitment files and records of staff training and supervision. We saw records of quality assurance audits from this year. We also looked at records of menus, activities and minutes of meetings of staff and residents.

Is the service safe?

Our findings

People told us they felt safe living at Thameside. One person said, "This is a safe place to live, it's the people (Staff) who make it safe." A second person told us, "I feel safe here, everything's secure".

People were helped to stay safe because staff understood their roles in safeguarding people from abuse. All staff had been trained in safeguarding and demonstrated a good understanding of the signs of abuse, as well as the procedures for escalating any concerns that they might have. One staff member said, "Previously when I had seen abuse happening, I went straight to the manager to report it to them and safeguarding. There was a safeguarding investigation and the service user was protected."

Risks to people were assessed and considered safely. Risk assessments were carried out regularly in response to individuals needs in specific areas such as falls out of bed. For example, one person had a risk assessment that focussed on how staff should lower and raise the person's bed so that they were safe from falls during the night and able to get out of bed in the morning. Staff said, "(Person's) bed always needs to be down on the floor at night to protect him from falling out of bed. I make sure that it is on the floor when he is in bed." This showed the risk of this person falling was being managed in a way that promoted their independence whilst keeping them safe.

There were sufficient staff present to safely meet people's needs. One staff member said, "I have enough time to do all the things I want to do with people and other staff." Staff were able to carry out personal care, assist people with their food and have meaningful interactions throughout the day.

The provider carried out checks to ensure staff were suitable for their roles. Checks included a full work history, references and a check with the Disclosure & Barring Service (DBS). The DBS keeps a record of potential staff who would not be appropriate to work in social care.

People's medicines were stored safely at correct temperatures in locked cabinets. The organisation of the medicines was tidy and clear in separate boxes with people's names and photos displayed. People received the medicines they required as medicine administration records (MARs) were correctly filled out with no gaps. One staff member told us, "We always have two of us to double sign for controlled drugs. We always check the ordering for medicines to make sure we are getting the right amounts. We check we are giving the right amounts, to the right people with their photos and that the medicines are always locked away."

People were protected against the risk of the spread of infections. The home environment was clean and well maintained. The provider employed cleaning staff and they were observed cleaning the home during our visit. The provider conducted regular audits of infection control which resulted in appropriate action plans. People's linen was regularly cleaned and systems were followed that reduced the risk of cross-contamination. Staff were observed consistently washing their hands before and after supporting people. Staff were observed using personal protective equipment (PPE), such as aprons and gloves, before providing care to people. Hand sanitizer was also available throughout the home and we observed people making use of it.

Staff responded appropriately to accidents or incidents and the records supported this. Each care plan contained a record of every person's accidents and incidents for the past year. For example, staff had recorded the location, time and injuries sustained every time a person had fallen. When appropriate, staff had escalated serious injuries to emergency services. The registered manager held records which analysed and reviewed incidents which meant that they could respond to any trends that they identified and learn from any mistakes made.

Systems were in place to ensure the safety of people in the event of an emergency. The registered manager had created a file which included the necessary information to ensure the safe continuation of the service in the event of an emergency such as fire, adverse weather conditions or power outage. We saw this file contained copies of people's medicine records, hospital passports and care plans. There were clear business continuity plans in place to ensure continued care for people living at the service. Every person at the service had a personal emergency evacuation plan in the event of a fire which was accessible to staff.

Is the service effective?

Our findings

People told us they liked the food. One person said, "The food is always good here." Another person said, "I don't know what to have today, both options look good."

People's needs and choices were assessed before they came to the home with regards to their personal care and preferences. Admission assessments also detailed people's medical conditions and any needs associated with these. This gave staff the guidance they needed to support people to experience good outcomes in relation to their healthcare needs. One person said, "All our needs are met. I'm sure I was asked questions about what I liked."

Staff were adequately supported and trained to ensure they had the knowledge and skills to deliver care. Staff told us that they were happy with the training that they received. One said, "The training is good here as its regular and we have to do it." Staff told us that they completed mandatory training along with shadowing of other staff before they began working.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People's legal rights were protected because staff followed the guidance of the MCA. We spoke to staff who were able to explain and describe essential parts of the MCA and its application in the home. For example, one staff member said, "We always assume capacity unless otherwise proven." One person had a clear mental capacity assessment in their care plan for a sensor mat in their bedroom. A decision specific best interests decision meeting had been held with the person's next of kin and senior staff members and an application for DoLS had also been correctly submitted by the registered manager.

We saw records for daily staff meetings used to discuss tasks for the day. This allowed staff to know where and when they were most needed in the home and for which residents they needed to support. People had allocated keyworkers on both day and night so staff could oversee their care. The role of the keyworker is to take a holistic approach towards a person, looking at their care needs overall, supporting them to reach goals and taking a specific interest in the person. We observed staff interacting with each other professionally and carrying out tasks that were allocated to them.

People were proactively supported to maintain good health and had access to external healthcare support as necessary. Staff ensured people had access to other healthcare professionals and records showed that appropriate referrals were made to professionals such as doctors, dentists, opticians and dieticians. One staff member told us, "We always support people to see other healthcare professionals. We have an electronic system to organise their appointments with the nurse and doctor. We send emails to organise these."

People lived in a house that had been adapted to meet their needs. The corridors were wide and open for wheelchair access. The toilets and bathrooms had been designed with appropriate equipment for staff to use in supported and assisting people. There were signs on each person's door with their names, picture and sometimes further details specific to each person such as how to knock for their attention.

Is the service caring?

Our findings

People told us that they were supported by kind and caring staff. One person said, "I'm well looked after, I've retired now so its time I was looked after." A relative said, "The staff here are so friendly, more like family. They are all very, very patient and provide lovely care". A second relative told us, "Here they are superb. The staff are all lovely and kind. The are very willing on every aspect."

People were involved in their care and supported to express their views. People's preferences were documented in care plans and staff were knowledgeable about these. One staff member told us, "I find out what names the people want to be called by. I don't patronise them. I refer to them as they want to be referred to." People's cultural, spiritual and religious needs were also catered for with access and links to a local church. Visitors were welcomed and encouraged to become involved in the care home through activities and care. There were residents meetings held every month

People's privacy and dignity was respected as throughout the day we found personal care was delivered behind closed doors. One staff member told us, "I always knock before entering. I always ask for their permission." Staff assisted people to toilets before ensuring that the door was closed and they knew that if they needed any help then the staff member would be right outside for them. When someone was having trouble with their clothes, a member of staff was quick to help them and explain to them what they were doing. These actions were done in an unhurried way with people's dignity in mind.

People's independence was supported and promoted by staff. A staff member said, "If I am carrying our personal care I always hand them the flannel or toothbrush so that they have the opportunity to try to do it themselves. I want to encourage them to use their own limbs to help themselves." Staff encouraged people to take part in activities and to get up out of their chairs throughout the day. This enabled people to move about the home and socialise independently of staff. One person told us, "The staff are very kind, I am a person of routine and a worrier. The staff are good at the little things."

Staff worked hard to make sure they knew the people living at the home and could connect with them by reading their care plans. One staff member told us, "I check people's life histories consistently and make sure that I am able to access all information so that I am not missing out on their personality and I can have a rapport with them."

Is the service responsive?

Our findings

People had access to a range of interesting and fun activities each day of the week. One staff member told us, "They can always choose what they want to do each day. So today people are going to go on the boat trip. We encourage people to go out and take part so that they have the exercise." One person said, "I went on a lovely boat trip today. You can enjoy everything." A second person said, "I like shopping when the staff have time to take me out." A third person said, "We're quite a happy lot, I like sitting in the garden. We go up to the cinema and eat popcorn sometimes."

Care plans were person centred. Staff involved people in their care plans by sitting with them and completing the personal history details. One staff member said, "I ask them to tell me what they want me to write. I involve the family when I right people's history so that we can really include details about who they are. I was speaking to one man about his professional life for a long time last week so that his history truly is detailed."

People interacted with staff throughout the day. Children visited the home every week to interact with people and take part in the activities. One staff member said, "They listen to me and the other staff. People love the quiz's and we aren't patronising. I have suggested the ABC quiz's so that people can remember things like places, TV shows and the like. We do that with the children when they come."

One staff member said, "The best activities are the boat trip. We go to Sunbury gardens. We have had a trip to Hampton court. We have a lot of singers in. We have pet therapy once a month. We had a pony in last week along with kittens, rabbits, dogs and a chicken. They had an owl once too." Another staff member said, "We do balloons for people's birthdays, all of them get birthday cakes. For one person next week we have a singer coming in. It depends on what people want for their birthdays."

People received appropriate and sensitive end of life care. Care plans were in place that recorded people's wishes and preferences at this stage of their lives. Important information, such as people's religious needs or whether people wished to go into hospital or remain at the home were clearly documented. One staff member said, "We always have plans in place and details as to how to care for them in the way they want. We use sponges to give them fluids and turning charts to make sure they are comfortable. Sometimes it can take a long time for them to pass and we have to monitor them throughout this period."

There was a clear complaints policy displayed in reception at the home and people told us that they were aware of how to raise a complaint if they had any concerns. We looked at complaints and could see these were being recorded and responded to appropriately.

Is the service well-led?

Our findings

People told us that the service was managed well. One person told us, "Everything's well organised and they keep everything on time". A second person said, "I feel supported by him (the registered manager) and that I am always listened to. I can go to him about anything and he is always firm and fair." One staff member said, "The manager is great. He gets involved and makes sure that everyone is working well together. He sets good boundaries and leads very well." A second staff member said, "Management are really helpful, they couldn't be more helpful to me. They are really supportive."

There was a clear and credible strategy in place to improve the service and ensure a positive culture. The registered manager's aim was to promote a culture of a family home. This was being implemented in various ways at the home. There were photo-books of people throughout the service taking part in activities and photo-boards. Each day, a staff member drew the date and day on a white board along with some artistic flowers or images in the main meeting area for each part of the house. Where people had created or drawn anything, staff framed the work and presented it in the house along the corridors. For example, one person was an accomplished artist and had drawn over five pictures in frames along some of the corridors.

The registered manager had useful connections with other agencies and organisations such as the local clinical commissioning group (CCG). The registered manager had attended several meetings with the CCG and had received further dementia training for all staff from this relationship.

People, staff and the local community were engaged by management. The registered manager had completed and analysed surveys and questionnaires on activities, food, films and general care. As a result of this there were clear examples where things had been adapted to suit people's requests. For example, people requested to travel to different locations on the boat trips in October 2018. Following this the boat trip went to a farm and a different local bridge. People had also requested more singers and entertainers each week and this had been increased also. The home was connected to a local school which arranged for children to visit each week. The children interacted with people and took part in activities like the quiz's.

Staff told us that management were good at engaging them through staff meetings and on a day to day basis. One staff member told us, "They email us and update us with everything. We also have regular meetings with team leaders, all staff and we also have smaller meetings just after handover as well." One staff member who co-ordinates activities said, "If I ask for changes like then they listen, for example I asked for some parachuting activities a couple of months ago and they introduced them the next day. They are very responsive. If I say I need something they give me the money to go and get it immediately."

Regular audits were carried out to monitor and assure the quality of the care that people received. We saw records of regular audits of areas such as infection control, care plans, medicines and health and safety. Where improvements were identified, these were actioned by staff.

The provider was aware of their responsibilities with regard to reporting significant events to the Care Quality Commission and other outside agencies. Notifications had been received in a timely manner which

meant that the CQC could check that appropriate action had been taken. Information for staff and others on whistle blowing was on display in the service, so they would know what to do if they had any concerns.