

## Thorpe House Specialist Adult Mental Health Unit Limited

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### 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

### About the service

Thorpe House Specialist Adult Mental Health Unit Limited is a specialist mental health service which offers long term and short-term placements in a residential setting. The service is registered to provide care to up to 26 people. At the time of the inspection, there was 22 people using the service.

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

People and relatives told us they felt safe. Medicines were managed safely. Relatives spoke positively about the staff.

The provider had assessed and appropriately managed risks to people's health and wellbeing. People's needs were assessed prior to moving into Thorpe House. Staff had access to information regarding people's needs. There was effective working with other agencies. People were encouraged to make decisions and share views about their care.

Recruitment checks had been completed and staff received appropriate training when they started their role. People and relatives told us staff were caring and treated people with respect. We observed staff engaging with people during the inspection, in a caring and friendly manner.

The service provided people with communal areas and a safe garden which was frequently used. There was an occupational therapy assistant employed by the home and there were a range of activities available to people.

A variety of audits, daily walkarounds and spot checks were in place. There were processes in place to record accidents, incidents and complaints. People felt able to raise concerns with staff and the registered manager should they need to.

People were 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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for the service at the previous premises was good, published on 20 June 2019.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Thorpe House Specialist Adult Mental Health Unit Limited

## **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.

### Inspection team

The inspection was completed by 2 inspectors 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.

### Service and service type

Thorpe House Specialist Adult Mental Health Unit Limited is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Thorpe House Specialist Adult Mental Health Unit Limited is a care home with nursing care. 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 a registered manager in post.

#### 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. 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 spoke with 4 people who used the service and 8 relatives about their experience of the care provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with 6 members of staff in various roles. We reviewed 4 people's care records and other records relating to people's care and support. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service were reviewed, including policies and procedures.

# 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, under the previous location we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection, we recommended the provider seeks best practice guidance around risk assessments.

- The provider had assessed and appropriately managed risks to people's health and wellbeing.
- Annual servicing of the equipment was up to date and regular maintenance checks of the building and equipment had been completed.
- Personal emergency evacuation plans (PEEP) lacked detail. We fed this back to the registered manager on the day of the inspection who took immediate action and updated PEEPs to include more detail.

### Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes in place to safeguard people from abuse. Staff had completed training and understood their responsibilities in this area.
- People told us they felt safe. Relatives also felt their loved ones were safe. One relative told us "I know [relative's] so safe there, another relative said, "I do think [relative's] safe, that's the thing I am most confident about."

### Staffing and recruitment

- Recruitment checks had been completed when new staff were recruited. We reviewed 3 staff files and found all the relevant documentation was in place, including references. Disclosure and Barring Service (DBS) checks had been received. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We observed there was an appropriate number of staff on duty to meet people's needs during the inspection.

### Using medicines safely

- Medicines were managed safely.
- Medicines were stored correctly. The temperature of the room and the fridge where medicines were stored were checked daily to ensure they were at the correct temperature.
- One person looked after their own medicines. This had been correctly risk assessed.
- Relative's were positive about the medicines support their loved ones received. One relative said, "There is

no problem with [relatives] medication, I've had no problem with her medication at all. My [relative] knows what she takes and when." Another relative said, "Medication has never been a problem."

#### Preventing and controlling infection

- 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 PPE 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 promoting safety through the layout and hygiene practices of the premises.
- 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.

#### Visiting in care homes

- People were supported to have visitors and maintain contact with their friends and families in line with government guidance.

#### Learning lessons when things go wrong

- There were processes in place to record accidents, incidents and complaints.
- The provider investigated accidents, incidents and complaints and identified learning.
- There was no open complaints at the time of the inspection.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection, under the previous location we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to moving into Thorpe House.
- Care plans were developed based on these assessments, as well as information and advice from other health professionals.
- Care plans were regularly reviewed.

Staff support: induction, training, skills and experience

- Staff received appropriate training and support to enable them to carry out their role. Records showed staff completed mandatory and bespoke training, and received regular supervision.
- Staff received a comprehensive induction and shadowed staff until they were confident to work unsupervised.
- Relatives felt staff were trained. One relative told us, "I am totally confident in [staff's] ability." Another relative said, "Staff seem to know what to do."

Supporting people to eat and drink enough to maintain a balanced diet

- Records showed that people's nutritional needs were assessed, monitored and met.
- Staff had access to information regarding people's dietary needs and preferences, which were reflected within care plans.
- Menus offered people a choice of meals and drinks and they were offered snacks and drinks in between main meals.
- Relatives were positive about the food served. One relative said, "[Relative] seems quite happy with the food." Another relative said, "[Relative] loves the food, the Sunday dinners, Friday night take away. [Relative says], '[Chef] does a lovely job, the chef is wonderful.'"

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- There was effective working with other agencies to make sure people received all the care and support required to meet their needs.
- Care records showed the service consulted other professionals when they wanted advice and guidance. One relative told us, "They are always good at getting [relative] to the doctors." Another relative said, "Thorpe House are very efficient; they follow things up; now [relative] is on a DoLS. Nothing is too much trouble, it's really reassuring."

Adapting service, design, decoration to meet people's needs

- The service provided people with communal areas and a safe garden which was frequently used.
- The provider has built a new purpose built home in addition to the main building, which provides individual ensuite bedrooms and communal spaces.
- There was a lack of signage around the building to help navigate people. The registered manager took prompt action on the day on the inspection and put signs up.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Procedures were in place to seek and record people's consent.
- Effective systems were in place to monitor DoLS applications, authorisations and any specific conditions.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection, under the previous location we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were caring and treated people with respect.
- Relatives agreed that staff were caring. One relative said, "They deal with this very well, they know my [relative] very well, some of the staff have been there as long as [relative] has."
- Information about people's likes, dislikes, wishes, preferences and beliefs were recorded in their care plans and staff were knowledgeable about them.

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to make decisions and share views about their care.
- Relative were also involved in planning their loved ones care. One relative said, "I've been to a care plan meeting. If ever there is an issue they call and discuss it with me."
- We observed staff engaging with people during the inspection in a caring and friendly manner.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy was respected by staff.
- Relatives felt their loved ones dignity and privacy was respected. One relative said, "[Relative has a key and can lock their bedroom door. I've asked if staff knock and [relative] said 'oh yes'. [Relative] can lock the door to the bathroom, I think she just has showers." Another relative said, "[Relative] has their own room and a key and is able to be independent."
- People were encouraged to be as independent as possible. Care plans highlighted where people required support.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection, under the previous location we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were person-centred. Plans included how people liked to receive their care and support.
- People and relatives were involved in reviews of their care and when people's care needs changed. One relative told us, "I know [relative] has a care plan, I'm quite happy with what [staff] do. [Staff] tell me about it and I'm quite happy with it."
- Staff respected people's individual choices and preferences and knew people well. One staff member told us, "We allow people to make choices for themselves and not assume."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed. Care plans included guidance for staff on how to effectively communicate with people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was an occupational therapy assistant employed by the home and there were a range of activities available to people.
- Relatives were positive about the activities the service offered. One relative said, "[Staff] have tried to get [relative] out, [relative] loves going out, it boosts their mental health." Another relative said, "[Relative] does a bit of gardening; [staff] take [relative] out and they get involved with outside activities."

Improving care quality in response to complaints or concerns

- People felt able to raise concerns with staff and the registered manager should they need to.
- Relatives spoke positively about the staff acting on queries or concerns.

End of life care and support

- The care people wished to receive at the end of their life was recorded.

- Staff had been booked onto additional training for end of life care.

# 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, under the previous location we rated this key question good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- A variety of audits, daily walk rounds and spot checks were in place to provide the registered manager with oversight of the service and to ensure prompt action was taken when needed.
- The registered manager and deputy had a clear vision for the service. Plans to refurbish the service were underway.
- People and relatives spoke positively about the registered manager and the staff team. One relative told us, "Staff are very informative when you ring up, [staff] don't just say [relative] is ok, [staff] give me an itemised daily record." Another relative told us, "I have a lovely relationship with [registered manager], we are talking about the next steps with [relative], [registered manager] is putting things in place."

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

- The registered manager was receptive to all feedback during the inspection and open and transparent throughout the process. Action was taken immediately when feedback was provided on some areas identified for improvement.
- The staff were passionate about the care they provided. One relative told us, "It's an amazing facility that can offer independence to people with complex mental health needs. There is nothing more they could do; they have gone above and beyond with [relatives] care and I can't thank them enough. I can't give them enough praise, and don't get me wrong, I am a tough crack."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff were clear about their roles and responsibilities and were confident if they needed to raise any concerns with management, they would be dealt with appropriately.
- Relatives spoke positively about the staff. One relative said, "The staff are very good; I know most of them and I get on well with them. They are all pleasant when I speak to them."

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

- Regular meetings with people and relatives took place alongside a survey to seek feedback.
- Actions were in place and completed following feedback to support improvements.

Continuous learning and improving care; Working in partnership with others

- The service worked alongside a number of other health care professionals and services.
- The service encouraged relatives to make suggestions about how they could improve the care they provide. One relative said, "[Staff] send me forms saying what can be improved and there is nothing I can say, I'm very happy."