

Navisk Care Limited

Thornbury House

Inspection report

39 Thornbury Avenue
Southampton
Hampshire
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Tel: 02380221165

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05 December 2019

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Thornbury House is a residential care home providing accommodation and personal care for up to six people with a learning disability or autism. At the time of our visit there were five people living at the home, which is an older, adapted building in a residential area of Southampton.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with a learning disability or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The home was similar to neighbouring properties in size. There were no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff did not wear anything that suggested they were care staff when coming and going with people.

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

The provider had made necessary improvements to make sure the premises and equipment used were safe. People received care and support that was safe. People were protected from avoidable harm and abuse. There were enough staff deployed to support people safely. The provider met good practice standards with respect to managing medicines and preventing the spread of infection.

The provider had made improvements to the management and quality systems in use, but did not have an overall strategic improvement plan in place. There was focus on meeting people's individual needs and preferences. The provider worked in cooperation with other organisations and worked to improve the service people received. This was supported by effective management and quality systems appropriate to the size of the service.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (report published 7 June 2019) with two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 16 April 2019. We found two breaches of legal requirements. The provider completed an action plan after the last inspection to show what they would do and by when to improve the areas of Safe care and treatment and Good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe and well-led which contain those requirements.

We used the ratings from the previous comprehensive inspection for those key questions not looked at on this occasion in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Thornbury House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Thornbury House

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 Care Act 2014.

Inspection team

One inspector carried out this inspection.

Service and service type

Thornbury House is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

The service had a manager registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we looked at information we held about the service. This included the last inspection report and the provider's plan of action to improve. The law requires providers to notify us of certain events that happen during the running of a service. We reviewed notifications sent since the last inspection.

The provider was not asked to complete a provider information return before this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and a visiting social care professional. We spoke with the registered manager and two members of staff. We spoke with the provider's nominated individual by telephone. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included one person's care records and medication records. We looked at one staff file in relation to recruitment. We looked at a variety of records relating to the management of the service, including audit reports, surveys and accident reports.

After the inspection

We reviewed information sent by the provider the day after our visit.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to take all reasonably practical steps to make sure risks associated with the safety of the premises and equipment were managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider had made arrangements to improve fire safety in the home. There had been a professional, independent fire risk assessment in June 2019. The provider had taken action to resolve all high and medium priority findings in the fire risk assessment report. The registered manager and a senior staff member had completed fire warden training in August 2019.
- The provider had taken steps to check electrical safety. There had been a professional, independent review of the electrical wiring in July 2019. It had found the condition of the wiring to be satisfactory. Arrangements were in place for regular visual checks of electrical appliances in use in the home.
- An independent, professional health and safety audit had found improvements. A report undertaken in 2018 had found five high and 14 medium priority failings. The same auditor's report from September 2019 had zero high priority findings, and one medium priority. The registered manager had reviewed all risk assessments to do with the premises and equipment since our last inspection.
- There continued to be detailed and thorough individual risk assessments for risks arising from people's vulnerabilities, behaviours and medical conditions. These included regular falls risk assessments and screening for choking risks. The registered manager and staff knew how to support people safely, for example if they became anxious.

Staffing and recruitment

At our last inspection we recommended the provider review staffing arrangements to allow the registered manager to concentrate on achieving compliance with regulations. The provider had made improvements.

- Sufficient suitable staff were deployed to allow the registered manager to concentrate on management tasks. The registered manager spent time outside their contracted hours working "on the floor", but they confirmed to us they found this beneficial.
- The provider's recruitment process made sure employees were suitable to work in the care sector. This included the necessary pre-employment checks. The provider kept the records required by regulation to show these checks were made.

Preventing and controlling infection

At our last inspection we recommended the provider review and complete routine maintenance work to ensure the home and its contents were kept clean and hygienic. The provider had made improvements.

- Staff made sure people's surroundings were kept clean and hygienic. People's bedrooms, the shared lounge and kitchen had been redecorated and refurbished since our last inspection. A routine cleaning schedule was in place which included areas where refurbishment would be a longer-term action.
- Infection control checks and reports were in place. The registered manager had established a system of audits, reports and statements which were in line with government guidance for care homes.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems, processes and procedures in place to protect people from the risk of abuse and poor care, including the risk of discrimination. Staff had training in safeguarding, were aware of safeguarding issues and how to respond to them.
- The provider had suitable processes if concerns were raised about people's safety. These included working with other agencies such as the local authority, and notifying us as required by regulations when certain events occurred.

Using medicines safely

- The provider had processes in place to make sure people received their medicines safely and as prescribed. Medicines records were accurate, complete and up to date. These included suitable instructions for staff where medicines were prescribed to be taken "as required".
- People received their medicines from staff who had appropriate training. Two staff members checked and signed that medicines had been administered correctly.

Learning lessons when things go wrong

- The provider had processes and procedures to learn from accidents and incidents. There was an accidents book for staff to record incidents, and these were reviewed for lessons by the registered manager. Where necessary these reviews included healthcare professionals involved in the person's care and support.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent.

Continuous learning and improving care

At our last inspection the provider had failed to establish and operate effective systems to assess, monitor and improve the quality of the service, and to seek and act on feedback from people using the service and others. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider's systems and processes to assess, monitor and improve the quality of service provided had improved, but were reactive rather than proactive. Improvement plans had concentrated on "quick win" actions, but there were no plans in place for longer term items. The registered manager and staff had worked hard to bring about improvements, but the governance system did not show how improvements would be sustained in the future.
- We noted at our last inspection that the provider did not have a strategic improvement plan with priorities and barriers to improvement identified. This was still not in place, which meant we could not have confidence longer term improvements requiring investment by the provider would be made. We discussed this with the provider who arranged a meeting with their fellow director to start the process of establishing a strategic improvement plan.
- The registered manager had established a system of checks and audits to monitor the quality of service people received. They had also established a number of key performance indicators which formed the basis of a regular report to the provider about the service. This had been effective in identifying improvements to the service which had been acted on, for instance the purchase of a new tumble dryer, and improvements described in the safe key area of this report.

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

- The registered manager led the service in a way which promoted good care, and maintained people's independence, privacy and dignity. They had made sure the values of "compassion, achievement, respect and empowerment" were communicated to and understood by staff.

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 aware of their responsibilities under the duty of candour, which was supported by the provider's policies. The registered manager had an open, transparent approach to communication with people and their families.

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

- There was an effective governance system in place. There was a system of regular staff supervision, appraisal and staff meetings. Staff were clear about their responsibilities.
- The registered manager was well informed about regulatory and other legal requirements. They had received recent training on data protection regulations, and had made changes in the service to make sure people's personal information was safe.

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

- The registered manager had increased engagement with people using the service and others since our last inspection. They had carried out a survey which included people, their families, staff and other professionals. They had reviewed the results of the survey and compiled a short report which was available in the entrance to the home.

Working in partnership with others

- The registered manager continued to maintain good working relationships with other professionals and healthcare organisations. These included the local NHS mental health team, occupational therapy, social services, and independent advocacy services. The service took part in care planning and best interests meetings as part of a multi-disciplinary team.