

Thoughts of Others Ltd

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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?	Requires Improvement ●

Summary of findings

Overall summary

This inspection was unannounced and took place on 09 May 2018.

We last inspected the Thoughts of Others on 15 March 2016, when we rated it as 'good.' The home is registered to provide accommodation and personal care, for a maximum of four people young people (aged 13 – 18) and there were three young people living at the home on the day of the inspection. At this inspection we found overall the rating was still good, but the rating for well led is now 'requires improvement' as there were some areas in the way in which the service was managed that needed improving.

A registered manager was in place. A 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.

People were cared for by staff who were trained in recognising and understanding how to report potential abuse. Staff knew how to raise any concerns about people's safety and shared information so that people's safety needs were met.

People were supported by staff to take their medicines and records were completed by staff to record when medicines had been administered.

Staff were available to meet people's individual needs promptly and demonstrated good knowledge about people living at the home. Staff told us training helped them meet the specific needs of the people they supported and they attended regular training to ensure they kept their knowledge updated.

People's consent was appropriately obtained by staff when caring for them and people's rights were protected because key processes had been followed to ensure people were not unlawfully restricted.

People were involved in developing how they wanted to be supported and were encouraged to be as independent as possible. They were supported to access healthcare appointments and to maintain a healthy diet which reflected their choices and preferences.

People said staff were caring and we saw they were relaxed around the staff supporting them. We heard and saw positive communication throughout our inspection and saw people smiling and responding positively to staff. Staff showed us that they knew the interests, likes and dislikes of people and people were supported to enjoy various activities. We saw that staff ensured that they were respectful of people's choices and decisions.

At the time of our inspection a copy of completed provider audits were not available to us, therefore we

were not able to assess if these audits were effective in identifying areas for improvement and evidence of how required improvements were monitored for their effectiveness once they had been put into place.

A programme of regular checks were completed by the acting manager to review areas such as medication, care plans and equipment checks. However, we found that these audits had not been robust in findings some areas requiring improvement.

People and staff were positive about the service and the way it was managed for the people that lived there. The acting manager and the registered manager demonstrated clear leadership and staff were supported to carry out their roles and responsibilities effectively, so that people received care and support in-line with their needs and wishes.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service remains safe.</p>	<p>Good ●</p>
<p>Is the service effective?</p> <p>The service remains effective.</p>	<p>Good ●</p>
<p>Is the service caring?</p> <p>The service remains caring.</p>	<p>Good ●</p>
<p>Is the service responsive?</p> <p>The service remains responsive.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was not consistently well-led.</p> <p>At the time of our inspection a copy of completed provider audits were not available to us, therefore we were not able to assess if these audits were effective in identifying areas for improvement and evidence of how required improvements were monitored for their effectiveness once they had been put into place.</p> <p>A programme of regular checks were completed by the acting manager to review areas such as medication, care plans and equipment. However, we found that these audits had not been robust in findings some areas requiring improvement.</p> <p>People spoke positively about the acting manager and said the service was well managed.</p> <p>Staff spoke very positively about the team work at Thoughts of Others. They felt supported by the management team and said the acting manager was approachable and led by example.</p>	<p>Requires Improvement ●</p>

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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.

This inspection took place on the 09 May 2018 and was unannounced. The inspection team consisted of one inspector and a specialist nurse advisor.

As part of the inspection process we looked at information we already held about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any incidences that put people at risk of harm. We refer to these as notifications. We checked if the provider had sent us notifications in order to plan the areas we wanted to focus on during our inspection.

We asked social workers at three local authorities responsible for commissioning placements at the home if they had any information to share with us about the service. The local authorities are responsible for monitoring the quality and for funding people receiving care support.

During our inspection we spoke to two young people who lived at the home and used different methods to gather experiences of what it was like to live at the home. We spoke to the registered manager, the acting manager, one senior residential worker and four residential care workers. We looked at records relating to the management of the service such as, care plans for three people, the incident and accident records, three staff recruitment files, Medicine Administration Record (MAR) for two people, audit records and young people's meeting minutes.

Is the service safe?

Our findings

At the last inspection on 15 March 2016, we rated this key question as 'Good.' At this inspection the rating remains unchanged.

Two people we spoke with told us they enjoyed living at the home and they felt safe. One person told us, "I know my risks and staff do." They then continued to tell us how staff supported them to stay safe. For example, by providing additional support when they were away from the home.

Staff we spoke with knew the type and level of assistance each person required. For example the number of staff required to support people on different activities to keep people safe. They told us records and assessments of the risks to people were kept up-to date and reflected people's current support needs. We saw that 'pathway' paperwork was in place providing guidance on actions to take and contact numbers for staff to call in different situations. When we spoke with the social worker for one of the young people living at the home, they praised this documentation and said it was an example of best practice. They added, "Staff do all they possibly can to keep [person's name] safe."

Staff told us they had received training in safeguarding and knew the different types of abuse. Staff members we spoke with told us some of the signs they had been trained to look out for that would indicate that the person might be at risk of abuse and what action to take if they had any concerns about people's safety. This included telling the acting manager, so plans would be put in place to keep people safe. One member of staff commented, "I would bring this to the attention of the manager or senior staff member on duty, if this was not resolved I would phone CQC or the safeguarding myself." In addition the provider had a designated safeguarding officer that could be contacted for advice or to report concerns.

People were supported by sufficient staff and during the inspection we observed that staff were available to support people promptly. One person said, "I always have my staff. We know who is working. [It's] a really good staff team." All staff we spoke with were assured that people were safe and they felt there was enough staff to support people living in the home. One member of staff commented, "[There's] enough staff. [We] do always have staff to provide the level of support needed." Another member of staff commented that there were enough staff to support people and where required cover could be provided from other homes within the provider group. The acting manager stated that staffing levels were based on people's individual needs and the agreed funding, for example, some people needed the support of two staff to keep them safe when they were out of the home.

The provider had checked staff's suitability to work with people prior to them commencing work at the home. These checks included obtaining Disclosure and Barring Service Checks (DBS) before staff worked with people. Completing these checks reduces the risk of unsuitable staff being recruited. One member of staff also confirmed the checks made and told us, "DBS [is] in place before you start and references."

People we spoke with told us they got their medicines when they needed them. One person told us, "I get all my medicines okay, before I came here I was on lots of medication...reduced now. I went to the GP a few

weeks ago and my medication was reviewed." We looked at how medicines were managed by checking the Medicine Administration Record (MAR) for two people. We found the administration records were completed and recorded when people were receiving their medicines. Staff told us that they had received medication training prior to supporting people with their medication. One new member of staff told us they were not able to administer medication as they had not completed the training to do so.

People told us their home was kept clean and tidy and they told us they were encouraged to keep their bedrooms clean. Staff also said the home was kept clean. One member of staff said, "The environment is kept clean and tidy. It's all cleaned and kept nice for the people who live here."

The registered manager completed records to monitor any accidents and incidents and to look for learning and for actions needed to reduce the likelihood of events happening again. One member of staff we spoke with advised, "Care plans are in place and are reviewed after each incident." Staff also advised that after each incident a meeting was held with staff and the person involved. They said, "Staff can learn from the young person, we can understand more about the trigger [for the incident]."

Is the service effective?

Our findings

At the last inspection on 15 March 2016, we rated this key question as 'Good.' At this inspection the rating remains unchanged.

People we spoke with felt staff had the knowledge to support people with their needs and provide effective care. One person told us, "They [staff] know what you are talking about. Some staff previously have talked down to me and didn't know about stuff but they do here; they speak to you on a level here."

Staff we spoke with told us that training helped them to do their job. All staff said training provided gave them the skills to support people living at the home and gave examples of some of the specific training they had completed, which they told us gave them confidence in their support to people.

Staff said induction training was effective. One new member of staff said, "The induction is very thorough, I spent first three shifts just watching staff." The acting manager told us new staff had to complete certain training before they could start working with people and said that they always worked alongside an experienced member of staff when they first started, so they could provide support 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 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. Staff understood the importance of asking for people's consent before providing support. One person we spoke with confirmed that staff sought their consent and respected their choices when providing support.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. We saw where required the provider had worked with the local authority to make an application through the Court of Protection. This was confirmed by one social worker who advised a DoLS authorisation was in place for the person they supported. They advised the local authority had applied for the authorisation at the request of the service to ensure the person's rights were protected. The social worker said, "This was something requested by the placement [provider] to ensure [person's name] rights were not being encroached on. They [staff], rightly felt they needed this authority to keep [person's name] safe."

People told us they were supported to maintain a healthy diet. We spoke with two people both of whom told us they were encouraged and supported to plan and prepare their meals themselves. People told us they were supported to complete individual meal menus each week which reflected their preferences, likes and dislikes. One person told us, "When I came in I had a poor diet, [it's] much better now. [Staff] encouraged me and I have a good healthy diet now."

People's healthcare needs were monitored to make sure any changes in their needs were responded to promptly and people had access to health and social care professionals. One person we spoke with told us, "[Staff] listen when I am unwell...[If you] ever need a doctor, just mention it and they sort an appointment." Care records we saw showed people were supported to access a range of healthcare professionals including, GP, dentists, and therapists.

The premises were suitable to meet the needs of the people who used the service and had a homely atmosphere. The home had recently had new carpets fitted and the staff told us the provider was supportive in enabling any required repairs. One person proudly showed us their room which was decorated to reflect their interests and hobbies.

Is the service caring?

Our findings

At the last inspection on 15 March 2016, we rated this key question as 'Good.' At this inspection the rating remains unchanged.

People spoke positively of the staff and said they were very caring. People described the staff as being approachable, supportive and non-judgemental. One person said, "Staff genuinely care....They are supporting staff who want me to do well." They told us how they had been supported during one incident. They said, "[Acting manager's name] was on holiday and they still supported me; they didn't have to do that. They want what's best for me. They want to make sure I'm safe." They also told us following the incident one member of staff came in on their day off to, "Give me flowers and make a fuss of me."

People told us they had developed good relationships with the staff. We saw people were comfortable around staff and during our inspection we saw staff approached people in a friendly manner and we heard staff chatting with people, offering support, reassurance and encouragement where necessary. Staff told us they promoted a family atmosphere and people enjoyed Sunday lunches together each week and were supported to enjoy celebration meals for birthdays and anniversaries. One member of staff said, "It's like a family.....it's like a family home." Another member of staff commented, "We work hard to make this their home."

Staff encouraged people to develop and maintain their independence, where ever possible avoiding associated risks that this may present to people. One person told us how staff supported them and commented, "They [staff] encourage my independent living skills, like my foods skills and washing." Another person said since being at the home, "I'm more independent with my cooking and cleaning."

People told us they were involved in reviews of their care. One person said, "My care plan is discussed. I say what works well." Another person told us they were involved in their care, they said, "I discuss my goals, staff know what I'm talking about. Staff speak and explain things to me." People said they felt respected by staff. One person said, "My bedroom is my own space.....staff respect you. All staff ask before they come in."

One person told us they had an advocate in place. An advocate is an independent person who represents the person's interests. The advocate helped the person make decisions about the options available to them and also ensured correct procedures were followed by agencies supporting them.

Staff spoke warmly about the people they supported and provided care for and said they enjoyed working at the home. One member of staff said, "I love it here, the young people, the company and the way it works... the passion for helping people, I am never off duty." Another member of staff said, "The care is second to none. Staff are not here for money they are here to make a difference."

We saw that staff were respectful when they were talking with people or to other members of staff about people's care needs. For example, we saw that when staff spoke to each other regarding care they stepped out into another area. Peoples' personal information and personal files were stored securely. Staff and the

registered manager were aware of the need to maintain confidentiality and store information securely.

Is the service responsive?

Our findings

At the last inspection on 15 March 2016, we rated this key question as 'Good.' At this inspection the rating remains unchanged.

We saw that staff provided personalised care to people. Staff we spoke with told us it was important to build up a relationship with people so that they would develop the confidence to work with staff. This was confirmed by the people we spoke with one of whom commented, "They [staff] listen to my thoughts and feelings. I trust them, everything they say they'll do they have done." Another person commented, "If I'm upset, staff talk to me."

People's care plans had a history of risk documented and risk assessments in place. The care plans were periodically reviewed and reflected people's current care needs. For example, one person we spoke with had recently had a change in their care plan. They explained they knew the reasons for this and the changes had been discussed and agreed with them. They said, "I am focussing on what I need to do. I know what I need to do. [Acting manager's name] is honest and open and keeps to their word."

Staff understood people's individual needs and we saw staff shared information as people's needs changed, so that people would continue to receive the right care. This included information in the staff handover where up to date information was shared. Staff told us the handover was flexible to meet their information needs. For example, one member of staff told us they had just been off work for a period of five days; therefore they had received a more detailed handover covering the whole period. They said, "It [the handover] gives me the information I need." Staff also told us a communication book was in place and was read by staff at the start of each shift. Two of the social workers we contacted told us that communication with them was good. One social worker commented, "Any changes are always communicated."

People told us they were supported to enjoy a range of both group and individual activities. One person told us they chose the activities they participated in and that activities were flexible. For example, in the previous week when the weather was good they had enjoyed a spur of the moment visit to the park with the other people living at the home to play rounders and enjoy a picnic. People also told us they enjoyed attending college, shopping and attending youth clubs.

People told us they could raise any concerns with staff. Both people we spoke with told us they had no reason to raise a concern but were confident to do so if they needed to. One person said, "I could speak to staff, the safeguarding officer, my advocate or my social worker. I am happy to tell them. All staff listen to me. I am heard."

A complaints procedure was available to people. One person confirmed they had been given a copy of the complaints form when they first went into the home. The acting manager advised us that no written complaints had been received over the previous 12 month period. They told us if a complaint was received the provider had a policy in place which would be followed to ensure any learning was taken to reduce the risk of further concerns.

Staff told us that they would talk with the registered manager if they had any concerns and they were confident that action would be taken in response. One member of staff told us, "I would speak to the manager, they are very good, you can approach them. " Another staff member commented, "I would have no hesitation in informing the manager, if I am not happy with anything." Staff told us they had not had reason to raise concerns.

Staff we spoke with knew how to prevent discrimination and promoted equality and diversity at the home. Staff were aware of the individual wishes of people living at the home that related to their culture and faith. Care files contained information about people's personal histories, people's preferences and interests so staff could consider people's individual needs when delivering their care. Staff respected people's individuality and diversity and understood how people's past experiences could affect their responses now.

At the time of this inspection, the provider was not supporting people with end of life care. However the acting manager said if people required end of life care they would have conversations with the person and professionals to discuss the person's wishes and preferences in relation to end of life care

Is the service well-led?

Our findings

At the last inspection on 15 March 2016, we rated this key question as 'Good.' At this inspection we found that there was no evidence that the provider was completing audits checks to ensure the home provided care to the required standard. In addition, although audits were completed by the acting manager these had not been effective in identifying some areas that required improvement. Therefore this key question is now rated as 'requires improvement.'

We looked at the governance systems used by the provider because we wanted to see how regular checks and audits led to improvements in the home. We were told that previously the provider's quality audits were completed by an independent person employed by the provider. However, they had not been employed by the company in over 24 months and a replacement was currently being recruited. We were advised that during this period an external company had been used to complete quality checks. At the time of our inspection a copy of their completed audits were not available to us, therefore we were not able to assess if these audits were effective in identifying areas for improvement and evidence of how required improvements were monitored for their effectiveness once they had been put into place.

We saw that the acting manager completed a programme of regular checks within the home to review areas such as medication, care plans and equipment checks. However, we found that these audits had not been robust in findings some areas requiring improvement.

Staff we spoke with were aware of the support to individual people but this knowledge was not consistently reflected in peoples individual care plans. During the inspection we found care plans needed reviewing to ensure that they accurately recorded guidance in the best ways to support people, for example de-escalation techniques to be used when people show signs of becoming anxious. We spoke to the acting manager about this, they agreed to review and update care plans immediately following the inspection.

During the inspection visit we saw that when required staff dispensed home remedies, for example, pain relief tablets. However, we found there were no consent forms in place from the person's GP in line with good practice and safe guidelines. We spoke to the acting manager about this, they acknowledged consent forms were not in place and they confirmed that action would be taken immediately following the inspection.

There was a registered manager in place who was present during our visit. 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. During the inspection staff told us that the acting manager was the main point of contact at the home with the registered manager also providing support but working across the providers other homes too.

People told us they liked living at the home and praised the acting manager. One person said, "It's the best place [home] I've been in." They added, "[Acting manager's name] works hard every day. They deserve a

massive award for what they've done for me. [They are] so good, supportive and friendly and I can genuinely trust them."

Staff said the home was well managed and there was an open and honest culture at the home. One member of staff said, "[It's] well led for the people that live here." Another member of staff said, "It's well managed. I think it's excellent and we get good feedback [from other agencies]." Staff we spoke with told us they felt the acting manager led by example. One member of staff said, "[Acting manager's name] works with us, they are hands on and very person centred."

Social workers we contacted felt the home was well managed. One social worker said, "Excellent well managed and thoughtful approach. The manager has a clear understanding of [person's name] and I have had long conversations with them about [person's name] and best way to support them so we can maximise their chances of a successful transition into adulthood."

People we spoke with felt included in the running of the home. A monthly young person's meeting was held where people could give feedback and suggestions about things they would like to do. We saw that in the April meeting it had been agreed that people living at the home would work together to decorate the gardens walls in a theme of their choice. It was also agreed to have a weekly movie and takeaway night, which we saw was already in place.

The registered manager and acting manager both felt that all staff worked well as a team. All staff we spoke with confirmed this and emphasised how much they enjoyed working as part of the team. One member of staff said, "There's good morale, team working and mutual support." Another member of staff commented, "Staff work together as a team." Staff told us they felt valued with one member of staff commenting, "A 'thank you for today' is simple but I appreciate it." Staff also confirmed that a director also thanked staff on behalf of the provider. They said, "We are praised by [Director's name]. We put in 100%; they value the extras we do."

Staff we spoke with told us that they had regular supervisions and felt they could always approach either the registered manager or acting manager for advice and support. Staff informed us, that there were regular staff meetings in place and they were always encouraged to attend. One staff member said, "The manager is very good, when needing to organise things." Staff understood the management structure and the lines of accountability within the service; they were clear about the arrangements for whom to contact out of hours or in an emergency.

The acting manager told us they were supported by the provider and senior managers such as the registered manager and directors were available to them for help and advice. They said they kept their knowledge up-to-date by completing training, attending the provider's managers meeting, which shared learning across the provider group and by accessing CQC bulletins and guidance.

Records we saw showed the management team worked with other agencies to support the well-being of the people living at the home. For example, records showed joint working with advocates, social workers, counselling services and other healthcare professionals such as GP's, dentists etc. Staff had also worked closely with the Police and had a named link officer to contact when required.