

Drs Care Limited

# The Thatched House

## 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:

The Thatched House provides accommodation with personal care for people over age of 65. The service is registered to accommodate up to 20 people and was providing personal care to 19 people at the time of the inspection. Any nursing needs were provided by community nursing services.

### People's experience of using this service:

People received care and support that was safe. One person said, "I feel very safe living here, the staff support me well. They help me where I need help and encourage me to stay independent where I can." People were supported by staff who received training and were able to identify and respond appropriately to abuse. Risks to people were assessed, monitored and reviewed. There was a robust recruitment programme which meant all new staff were checked to ensure they were suitable to work with people. There were enough staff to support people with their daily living and activities.

People received effective care and support. One person said, "I think the staff do know what they are doing. They make sure I am offered drinks, and there is plenty of food. When I need my doctor, they make those arrangements." Training and observation of staff practice as well as supervision ensured staff were competent in their roles. People enjoyed a healthy balanced and nutritious diet based on their preferences and health needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, the policies and systems in the service supported this practice.

People received care from staff who were kind and caring. One person said, "The staff are very caring. We are one big family. I like living here." People told us staff always respected their privacy and dignity. Staff supported people to be fully involved in their care planning and reviews.

People received responsive care and support which was personalised to their individual needs. There was clear guidance for staff on how to support people in line with their personal wishes, likes and dislikes. Records showed the service responded to concerns and complaints and learnt from the issues raised.

People were supported by a team that was well led. Staff said the management team was open to suggestions and approachable. There were systems to monitor the quality of the service, ensure staff kept up to date with good practice and to seek people's views. The management team worked professionally with agencies outside of the service and ensured a transparent, honest and open approach to their work which was valued by others.

### Rating at last inspection:

At the last inspection in March 2018 the service was rated Requires Improvement (report published on 23 May 2018). At that inspection we found three breaches of Regulations.

Why we inspected:

This was a planned inspection based on the rating at the last inspection. At this inspection the service has made enough improvements to be rated Good and the provider is no longer in breach of the Regulations.

Follow up:

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

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

## 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.

# The Thatched 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** The inspection was completed by one inspector and one expert by experience [ExE]. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The ExE's area of expertise was in older people.

**Service and service type:** The Thatched 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 both were looked at during this inspection.

The service was run by a company who was the registered provider. There were two registered managers in post both of whom were also directors of the company. 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.

**Notice of inspection:** This inspection was carried out on 2 May 2019 and was unannounced.

**What we did:** We reviewed information we had received about the service. This included details about incidents the provider must notify us about. We used information the provider sent us in the Provider Information Return [PIR]. 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.

During the inspection, we spoke with seven people who used the service and two visitors to ask about their experience of the care provided. We looked at three people's care records and at their medicine records. We spent time in communal areas observing staff interactions with people and the care and support delivered

to them.

We spoke with the registered persons, one senior carer, two carers, the chef and with the activity's coordinator. We also spoke with one visiting community nurse. We looked at three staff files on staff recruitment, supervision, appraisal and staff training. We looked at quality monitoring records relating to the management of the home such as audits and quality assurance reports, as well as records of accidents, incidents and complaints.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management; Using medicines safely; Preventing and controlling infection:

- At the last inspection in March 2018, this key question was rated, 'Requires Improvement' and a breach of Regulation for 'Safe Care and Treatment' was made. This was because people who were at risk of developing sore skin or who were at risk of falling, had not always been assessed and the risks planned for. The registered persons had not suitably assessed and confirmed the service's fire safety equipment provided people with enough level of protection. These shortfalls had reduced the level of protection people had from the risk of fire. Medicines were not always managed safely. The registered persons had failed to assess, review and monitor the provision needed to promote good standards of hygiene.
- At this inspection, the service had improved sufficiently to be rated 'Good' in this key question. The provider had met the breach of Regulation.
- Risks to people had been assessed and the potential risks to each person had been identified. For example, the risk of malnutrition, falls or pressure ulcers. One person said, "I have been well looked after for the two years that I have been here. I feel safe because of all the carers". Staff knew how to mitigate these risks and took measures to reduce risks to people.
- Where people were at high risk of falls, staff sought the advice of the community falls team and acted on advice, which reduced risks for the person. People who had been assessed as at higher risk of pelvic / hip fractures had been encouraged to wear a hip protector. People told us this helped with their confidence in being supported to remain independent with their mobility.
- Care planning was clear about how people should be supported to move safely, and staff had annual training in this subject.
- Fire safety at the home was well-managed. This included a fire risk assessment; regular checks and maintenance of fire safety and firefighting equipment; personal emergency evacuation plans (PEEPs) for people living at the home; annual fire safety training for staff and regular fire drills.
- To ensure the environment for people was kept safe specialist contractors were commissioned to carry out gas, water and electrical safety checks. There were risk assessments in place relating to health and safety.
- Arrangements had been made to ensure the proper and safe use of medicines. There were reliable arrangements for ordering, administering and disposing of medicines.
- Medicines were ordered in a timely way and senior care staff who administered medicines had received training. Records demonstrated arrangements had been made for all trained staff to be annually assessed in their competency to administer medicines.
- We observed unused medicines were discarded safely and in accordance with the provider's administration of medicines policy. Stocks of medicines showed people received them as the prescriber intended. When people had their medicines administered on an 'as required' basis there was a protocol for

this which described the circumstances and symptoms when the person needed this medicine.

- The temperatures of the medicine's storage room and the medicines fridge were monitored. These were within the recommended safe limits.
- Medication audits were completed on a daily and monthly basis. The registered persons reviewed and analysed the findings of the audits to ensure they took action that may be required to safeguard people.
- The home was clean and without odours. Housekeeping staff completed a daily cleaning schedule and confirmed they had all the cleaning materials they needed. Staff used personal protective equipment when assisting people with personal care. For example, gloves and aprons.

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

- At the last inspection in March 2018, the registered persons did not operate robust and transparent systems when assisting people to manage their personal spending money. These shortfalls had increased the risk that mistakes would be made, and financial mistreatment would occur.
- At this inspection we found improvements had been made. The registered persons had reviewed their policy and procedure which had been shared with staff through a team meeting. We found records for cash balances were correct.
- The registered persons and staff understood their responsibilities to safeguard people from abuse. Concerns and allegations were acted on to make sure people were protected from harm. Records showed staff had received training in how to recognise and report abuse. Staff had a clear understanding of how to report abuse and felt confident that management would act appropriately.

Staffing and recruitment:

- People were supported by enough staff to meet their needs. People told us they felt there were enough staff in the home to respond to their needs in a timely manner. One visitor said, "We have no fears about [person] here. It is well staffed. [Person] is happiest here."
- During the inspection bells were answered promptly. One person said, "In my bedroom I use my call bell; they [staff] come quickly." Another person said, "Staff are always around to help. I have never used a call bell because they are in and out all the time." Staff told us they felt there was enough staff as they had time to talk with people and not be task orientated.
- People were protected by safe recruitment practices. New staff were appointed after robust checks were completed which ensured they were of good character to work with people who had care and support needs. All pre-employment checks had been carried out including criminal record checks and obtaining references from previous employers.

Learning lessons when things go wrong:

- Lessons were learned when things went wrong. Following the last inspection in March 2018, the provider had implemented checking systems and processes to ensure people were supported safely.
- Incidents and accidents were reviewed to identify any learning which may help to prevent a reoccurrence. The time, place and any contributing factor related to any accident or incident was recorded to establish patterns and monitor if changes to practice needed to be made.



# 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.

People's outcomes were consistently good, and people's feedback confirmed this.

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

- At the last inspection in March 2018, this key question was rated, 'Requires Improvement'. This was because people's individual needs were not fully met by the design, adaptation and decoration of the accommodation. Windows could not be fully closed to achieve a weather-tight seal because the catches were missing. There were places where decorative wall finishes, and woodwork were damaged, scuffed and marked. Little had been done to distinguish each person's bedroom door so there was less risk of people going into the wrong room and becoming distressed by surroundings that were not familiar to them.
- At this inspection, the service had improved sufficiently to be rated 'Good' in this key question. Windows had been repaired and catches replaced. The home had been decorated and carpets replaced. There were raised toilet seats in the bathrooms to provide additional comfort and pressure relief. People were able to choose if they wanted a photo on their bedroom door to help them identify it as their room.

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

- People confirmed they were offered choices, and their consent sought before they received personal care.
- People's needs were assessed before they started to receive support from the service. Records showed careful consideration had been taken to establish what practical assistance each person needed before they had moved into the service. This had been done to make sure the service had the necessary facilities and resources to meet people's needs. Records showed the initial assessments had considered any additional provision that might be needed to ensure people did not experience discrimination. For example, asking people if they had particular expectations deriving from cultural or ethnic identities about how their close personal care should be provided and who should deliver it.
- Nationally recognised risk assessment tools were used to assess risks, for example, those associated with nutrition and skin integrity.

Staff support: induction, training, skills and experience:

- People received effective care and treatment from competent, knowledgeable and skilled staff with the relevant skills to meet people's needs. Staff had completed dementia awareness training which meant people were supported by staff who had a better understanding of their needs. People felt staff were competent to give them the care they needed, and staff were flexible with the support they provided.
- New staff had completed a comprehensive induction and worked alongside experienced staff to get to know people. Where staff were new to care, they completed the Care Certificate, a nationally recognised set of standards which provides new staff with the expected level of knowledge to be able to do their jobs well.
- Staff told us they were supported by the registered persons through regular supervision and an annual appraisal. Records showed staff were given the opportunity to discuss working practices, what went well and what did not go so well and explore ways of improving the service they provided.

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

- People were positive about the quality of food and choices. People were provided with a choice based on their individual needs. One person said, "I had cornflakes and toast for breakfast. Sometimes I have scrambled eggs." People who had a diagnosis of dementia were offered choices for lunch mid-morning to support their memory. We observed the same people were asked mid-afternoon what they would like for supper. People with advanced dementia were offered a choice when the meal was served, by being shown each meal so they could see what was on offer. This works well for people with dementia.
- People were provided with the support they required to reduce the risk of malnutrition and dehydration. Care plans set out the support people required. Kitchen staff were knowledgeable about people's needs and providing for special diets, such as for diabetics. They had knowledge of how to fortify foods effectively to increase their nutritional value. We observed a carer explaining to a person what each mouthful was. This meant the person knew if the food was going to be hot, cold or needed to be chewed.
- We observed lunch which had an informal, social feel. People were offered drinks regularly throughout the day, in their rooms and in the lounge and dining areas.

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

- People were supported to access healthcare from professionals such as GPs, chiropodists, dentists and opticians. They told us staff were quick to spot changes in people's health and arranged for GPs to attend in a timely way.
- Records confirmed advice obtained from health and social care professionals was transferred into care planning. The registered persons met with the district nursing team to discuss people's nursing needs and how the care staff could best assist them. The visiting community nurse said, "Whenever I see a patient, they always appear well kept and happy. Staff are very good. Each time there is a concern they will ring the GP very quickly. There has not been an incident of a pressure area deteriorating."

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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. Any decisions made on their behalf must be in their best interests and as least restrictive as possible.
- Where people lacked capacity, mental capacity assessments were undertaken. A staff member described how a best interest decision had been made on behalf of a person who lacked capacity. People's legal representatives, relatives and professionals were consulted and involved in best interest decisions.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The registered persons had submitted DoLS applications to the local authority for people who lacked capacity and were subject to some restrictions for their safety. Staff had complied with the conditions of authorised DoLS.

# 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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence:

- At the last inspection in March 2018, this key question was rated, 'Requires Improvement' and a breach of Regulation for 'Dignity and Respect' was made. Suitable provision had not been made to promote people's privacy. The most frequently used communal toilet near to the lounge did not have a lock on the door and so could not be secured when in use. People had not been asked if they wished to have a lock fitted to their bedroom door, so they could secure their personal space. One person did not receive assistance in a way that promoted their dignity. This was because the person needed help to manage cutlery, but this was not offered.
- At this inspection, the service had improved sufficiently to be rated 'Good' in this key question. The provider had met the breach of Regulation.
- One person said, "The staff are kind and caring." Another person said, "We are treated with dignity and respect. They try very hard. I have no concerns."
- Staff told us how they supported people's privacy and dignity. This included giving people private time, listening to people, respecting their choices and upholding people's dignity when providing personal care. Confidential information was held securely in locked cupboards. People had received an updated privacy policy and policy statements following changes to data protection legislation in May 2018.
- Our observations confirmed people were treated with dignity and respect. People's dignity was respected during moving and handling transfers. We observed staff knocking on people's doors throughout the inspection. Discussions about people's needs were discreet, personal care was delivered in private and staff understood people's right to privacy. We observed a person with food on their clothing. Later in the day we observed the person's clothing had been changed. One person stated they were feeling cold. Without delay a carer went to get a cardigan for the person.
- People were supported by staff to take pride in their appearance. We saw people wearing jewellery and make up. People told us they were supported to maintain their personal hygiene through baths and showers when they wanted them.

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

- People received care from staff who developed positive, caring and compassionate relationships with them. People's comments included; "The staff always do their best." Another person said, "I feel secure. It is an amazing place, there should be more like it. The staff are kind and good tempered. I don't feel because of my age I am treated any different."
- We observed people were treated with kindness and care by staff. Staff spoke respectfully to people and showed a good awareness of people's individual needs and preferences. People were relaxed and cheerful in the presence of staff. We saw there was a strong rapport with staff which was evident when they were talking and laughing with people.

- People were part of their local community. People enjoyed a communion service from their local clergy, who visited monthly. People enjoyed visiting local shops, attending local church services and going out with family members. At Easter there was a non-denominational service held at the home. The local clergy who led the service knew many of the people.

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

- People confirmed they were involved in day to day decisions and care records showed they participated in reviews of their care. One person said, "I can get up and go to bed when I want. I have a shower every day, it wakes you up and makes you feel fresh." People's views were reflected in their care records. Where people needed support with decision making, family members, or other representatives were involved in their reviews.
- Care records included instructions for staff about how to help people make as many decisions for themselves as possible. For example, about which aspects of personal care a person could manage for themselves and what they needed help with.
- People's rooms were personalised with family photos, personalised mementoes and furniture. Staff supported people to keep in touch with their family. People said visitors were always made welcome and offered a drink, and some privacy to talk. Staff kept people in contact by telephone and email with relatives who lived further away.

## Is the service responsive?

### Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People's care plans included clear information about the support they required to meet their physical and emotional needs. This included people's preferences, backgrounds and personal histories, what was important to the person and their likes and dislikes. This enabled staff to know people well.
- One person had a career as a professional chef. The person told us, it was important to them to still be in the kitchen. The person had been assigned jobs in the kitchen which empowered the person to continue their skills from their previous occupation. The person said, "I have just finished washing up in the kitchen, I like to help out. I do the washing up and prepare vegetables." We observed lots of positive banter between the person and the chef.
- People told us they had been involved in developing their care plan and were kept involved during reviews and when updates were required. One person said, "I've seen good high standards here. The staff are all nice. They know us." A visitor said, "I have seen the care plan [named registered manager] is always on top of this and any issues are always discussed."
- People were provided with opportunities to engage in a range of meaningful activities which met the needs of everyone using the service. People told us there was enough to keep them occupied and they did not become bored. Where people chose not to participate in group activities, staff spent one to one time with them, talking about topics of interest to them, which helped people avoid becoming isolated.
- The activities person was patient and spoke to people with respect. People of all abilities were encouraged to join in. People were able to walk around the lounge or home without any restriction; support was provided for those who were confused. One person enjoyed going out by themselves. They said, "I go out and turn right on the road, then walk to the end of the road and back." The person indicated this provided them with some physical exercise to help with their fitness. People spoke with each other and enjoyed each other's company. There was a calm atmosphere.
- There was a designated 'quiet lounge' for people who wanted to relax and chat as well as a large lounge where activities were encouraged. There was an area which had been made up as a pub, with a seating area and bar which contained alcoholic drinks. Some of the bottles had people's name on them. People told us they enjoyed using this area.
- We looked at how the provider complied with the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can get information they can access and understand. Written information was available in bigger print for people who needed it.

Improving care quality in response to complaints or concerns:

- The provider had a concerns, complaints and compliments procedure. This detailed how people could make a complaint or raise a concern and how this would be responded to. People and their relatives had access to the policy and knew how to raise a concern or complaint. None of the people we spoke with said they had raised any formal complaints. Records demonstrated complaints were listened to, investigated

and managed in line with the provider's policy.

End of life care and support:

- The service was not supporting anyone who was receiving end of life care at the time of our inspection. Documents to record the arrangements, choices and wishes people may have for the end of their life were made available to people and their families for completion, should they choose to do so. Where known, people's wishes were recorded, and families were involved as appropriate.
- Systems ensured people who did not wish to be resuscitated when this had been formally agreed with them, or in their best interests, by a medical professional and appropriate others, were known to staff. This meant people were able to die with dignity.

# 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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At the last inspection in March 2018, this key question was rated, 'Requires Improvement' and a breach of Regulation for 'Good Governance' was made. Quality checks were not effective. There were issues in the provision of safe care and treatment, safeguarding people from the risk of financial mistreatment, the consistent delivery of respectful care and the maintenance of the premises.
- At this inspection, the service had improved sufficiently to be rated 'Good' in this key question. The provider had met the breach of Regulation.
- There was a range of systems to measure and monitor the quality of the service overall. This included observations of staff practice and audits of medicines, care planning, infection control, recruitment, incidents and accidents, training and risk assessment. These were used to drive improvements. Senior staff and the registered persons undertook daily, weekly and monthly checks with evidence of actions taken in response. For example, replacing carpets, equipment and making improvements to the environment.
- All staff were aware of their role and responsibilities. An on-call system was available, so all staff could contact a manager at any time of the day or night for advice and support. There was a contingency plan to make sure people continued to receive a service if adverse weather was experienced during the winter.
- The registered persons were aware of their responsibilities to notify CQC about safeguarding concerns, and accidents resulting in injuries. Regular notifications had been received since the last inspection, which included detailed information about ongoing steps being made to further reduce risks. This included making people and families aware of any issues of concern and the steps being taken to address them.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- The registered persons promoted the ethos of honesty, learned from mistakes and acknowledged when things had gone wrong. This reflected the requirements of the duty of candour, and their philosophy of being open and honest in their communication with people. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.
- Important information about changes in people's care needs was communicated at staff handover meetings each day. Summary written information about people's care needs and any risks were available for new staff who did not know people well.
- Staff consistently told us there was a positive management structure in place that was open, transparent and supportive. Staff felt able to bring any matters to the attention of the registered persons.
- People and relatives told us they knew the management team well. This confirmed our observations. We observed the registered persons were visible in the service, spent time engaging with people and helped

staff with delivery of support to people where needed.

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

- People and relatives were consulted and involved in day to day decisions about the running of the home through quarterly meetings. Areas discussed included activities people would like over the next few months and menu planning.
- A survey that people and relatives completed in March and April 2019, stated they were happy with their care and quality of life. Comments included, 'We are most satisfied' and 'My mother is very happy here. The staff are always polite and helpful.'
- Staff were consulted and involved in decision making and four weekly staff meetings were held. They were encouraged to raise issues, and records showed action was taken in response. One staff member said, "Agenda items can be added by staff which are always looked into and resolved."

Continuous learning and improving care:

- The registered persons kept up to date with developments in practice by working with local health and social care professionals. They used the National Skills for Care and Social Care Institute for Excellence websites. This was to enable the sharing of experiences, tools and good practice ideas.

Working in partnership with others:

- The registered persons worked professionally with external agencies such as West Sussex County Council [WSSCC] social services. This demonstrated the management of the service conducted themselves in an open and transparent way.
- The registered persons worked to foster positive relationships with other healthcare professionals. The visiting community nurse said, "It's a nice place to visit, the manager is attentive and will get anything for you. All the residents appear happy when we come in." We reviewed minutes of meetings the service had with professionals such as district nurses to discuss how to best support people with nursing needs.