

Thanet Healthcare Limited

Thanet House

Inspection report

50 Barrow Road
Streatham
London
SW16 5PG

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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

Thanet House is a residential care home providing accommodation and support for up to six people who need support to maintain their mental health and/ or have learning disabilities. At the time of our inspection there were five people living there, one of whom received support with personal care. The care home accommodates people across two floors in a residential house in the London borough of Streatham.

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

Records were not always easily accessible as the provider was in the process of updating their recording practices to an electronic system.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

People's care and support was person-centred, and the service placed a focus on ensuring people's dignity and human rights were upheld. The values of the management team were imbedded within the staff team to ensure the service was inclusive, open and enabled people to reach their potential.

People received support from staff that had on-going safeguarding training to protect them from abuse. Identified risks were documented and staff given guidance on how to keep people safe. Sufficient numbers of staff were deployed to meet people's needs. The provider's pre-employment checks ensured only suitable staff were employed.

Training provided to staff ensured people received care from knowledgeable and skilled staff. Staff had one-to-one sessions with the registered manager to reflect on their working practices. Staff knew when to contact healthcare services for people to ensure their health and wellbeing was effectively managed. People were supported to access food and drink that met their preferences, faith needs and dietary requirements.

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 practice.

Staff demonstrated a clear understanding of the people they supported and pre-assessments undertaken meant people received appropriate care for their needs. Staff treated people with respect, kindness and

compassion. Where safe to do so, people were encouraged to enhance their skills and independence with a view to moving to a more independent service wherever possible. People told us they could make decisions about the care they received, and their decisions were respected.

Care was personalised and tailored to people's individual needs. People told us they had opportunities to go into the community with the support from staff if required. People were encouraged to develop their daily living skills. People said they knew how to raise a complaint and were confident this would be addressed in a timely manner.

People and staff spoke highly of the registered manager and described them as open, hard working and a team player. Audits undertaken meant issues identified were addressed quickly to minimise any negative impact on people living at Thanet House. People were supported to develop the service through sharing their views. The registered manager was aware of their responsibilities in line with the regulations. The registered manager worked in partnership with other stakeholders to drive improvements.

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

Rating at last inspection

The last rating for this service was good (published 25 June 2016).

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.

Thanet 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Thanet House 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. Thanet House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 one person and four staff members. We spoke with a visiting healthcare professional who worked with the service to gather their views. We reviewed a range of records relating to the management of the service, including one care plan, two staff recruitment files, medicines records and policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and policies.

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 we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems in place ensured people were protected against the risk of abuse.
- One person told us, "I am safe living here."
- Staff had a clear understanding of their responsibilities in identifying, reporting and escalating suspected abuse. Comments included, "First point of call is to contact the line manager without hesitation. I would contact the directors, if someone was at risk of [abuse] and my concerns were being dismissed. I would contact [the local authority safeguarding team] and [Care Quality Commission]. There is no question I would be happy to whistleblow if I needed to."
- Records showed staff received on-going safeguarding training.

Assessing risk, safety monitoring and management

- Risk assessments in place ensured people were protected against identified risks.
- Risk assessments covered for example, medicines, mental health deterioration, behaviours and mobility. However, one person's risk assessment did not give comprehensive guidance for staff to follow when the person engaged in behaviours that challenged the service.
- We raised our concerns with the registered manager who told us the person no longer engaged in these behaviours. After the inspection, the registered manager sent us an updated risk assessment for the person. There was clear guidance for staff to follow should they be faced with the identified behaviours. We were satisfied with the registered manager's response.
- The service placed importance on encouraging people's independence and supporting them to take risks safely.
- Risk assessments were regularly reviewed to reflect people's changing needs.

Staffing and recruitment

- People received care and support from adequate numbers of suitable staff to keep them safe.
- One staff member told us, "The staffing levels are good, there is always staff here day and night." A healthcare professional said, "There always seems to be enough staff around."
- Records showed there were appropriate numbers of staff deployed to ensure people could access the community and participate in activities of their choice.
- The provider had robust pre-employment checks in place. Staff personnel files showed suitable references, photographic identification and a Disclosure and Barring Service check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines as intended by the prescribing G.P.
- Where people required support in administering their medicines, this was documented, and staff were trained in doing so.
- One person told us, "If I'm unwell I can ask for pain medication, the staff talk to the G.P about my tablets."
- Medicines Administration Records (MAR) were signed for correctly with no omissions. Medicines were stored securely with only authorised staff having access to them.

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 meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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

- The service encouraged and supported people visiting the service in line with current government legislation.
- The provider's COVID-19 practices ensured only those who could demonstrate their COVID-19 vaccination status and a negative lateral flow test were given access to the service.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Learning lessons when things go wrong

- The registered manager told us they were keen to ensure lessons were learnt when things went wrong.
- Regular audits of the service ensured issues were identified quickly and shared with the staff team to mitigate repeat incidents.

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 we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People received support from staff that had the skills and experience to effectively meet their needs.
- Staff spoke positively about the training provided. One staff member told us, "I found the training to be excellent, it covered about 20 courses."
- Records showed training provided included, for example, safeguarding, medicines management, learning disabilities, fire safety, infection prevention, first aid and equality and diversity.
- Staff told us they received ongoing support from the management team and reflected on their working practices through regular supervisions. Comments included, "Yes, I have regular supervisions, and I'm consistently speaking to them [management] about work and issues."
- Staff underwent a comprehensive induction upon commencement of the role, which followed the Care Certificate standards. A staff member told us, "The induction was straight forward, and it did focus on medicines and people's needs. It was excellent and they welcomed ideas from me too which was really nice."
- The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- People were encouraged to decorate their rooms in line with their preferences.
- The service was currently being renovated to update the look of the home, as some areas looked dated. Works in progress were of a high standard and made these areas look bright and appealing.

Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet; and Staff working with other agencies to provide consistent, effective, timely care

- People's health and wellbeing was consistently monitored and where concerns were identified, swift action was taken.
- One person told us, "The staff arrange [healthcare] appointments for me and I see a district nurse [regularly]."
- Records confirmed people had access to a wide range of healthcare professional services to maintain their health and wellbeing. For example, psychiatrist, learning disability team, CPN (Community Psychiatric Nurse) and the G.P.
- Guidance provided by healthcare professionals was implemented into the delivery of care.

- People told us they liked the food provided and could request both additional or alternative meals should they so wish.
- People were encouraged to make their own meals with support from staff, to enhance their independent living skills.

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

- Prior to moving into the service an assessment of their needs was undertaken to assess their dependency levels and ensure their needs could be met.
- Staff had a clear understanding of people's needs and gave us examples of how people wished to be supported and how they facilitated this.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People consented to the care and support they received from staff at the service.
- People told us staff were respectful of their decisions and could make choices about all aspects of their lives.
- Staff had a comprehensive understanding of their responsibilities in line with the MCA. One staff member told us, "[MCA] is about people having the ability to make their own decisions and their right to do so."

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 we rated this key question good. 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 received support from staff that treated them with compassion and kindness.
- One person told us, "[Staff members] are wonderful, they talk to me and they care. This is the best place I have been."
- A healthcare professional told us; they found the staff at the service to be very respectful of the people they supported. They had observed staff wanting the best outcomes for people and did so in a compassionate manner.
- Staff spoke fondly about people and told us how they focused on delivering personalised care to everyone at Thanet House.
- People were encouraged to increase their independence safely with support from staff. Care plans documented people's strengths and areas of support required. For example, accessing the community and with meal preparation.
- Staff advocated for people to enhance their skills wherever possible. One person told us, "The staff push me to do things, I understand why they are doing that, so I do not fall into bad habits."
- Staff were aware of the importance of ensuring people were not 'de-skilled'. Throughout the two-day inspection we observed staff gently encouraging people to access the community with support and to complete tasks set. By doing so, staff were aiding people's daily living skills.
- During the inspection we observed a staff member knocking on someone's door, seeking permission to enter before doing so.

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

- People were encouraged and supported to share their views and make decisions about the care they received.
- One person told us that staff members always asked for their opinions and were respectful of the decisions they made.
- Staff carried out keyworker and daily check in sessions with people. This enabled people to further share their views and document what they wanted to achieve and how this could be facilitated.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. 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 and support was delivered in a person-centred way that met their needs and preferences.
- People were encouraged to share their views on the care and support they wanted. Care plans were personalised and included details of relatives, medical needs, physical needs, diagnosis and support needs required to meet people's life aims.
- Care plans were regularly reviewed and reflected people's changing needs.

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 identified and documented in their care plan.
- Staff knew people well and were aware of people's preferred communication methods.
- The provider had an AIS policy which detailed its stated aim to ensure people were able to access and understand information. For example, information can be shared in braille, large print or audibly.

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

- People's social needs were identified and catered for. People's mental health needs could place people at risk of social isolation which the service was aware of and took steps to ensure people were not isolated.
- People were encouraged to participate in activities outside of the service, which also enhanced their daily living skills. For example, food and clothes shopping, attending appointments, work placements and leisure activities.
- One person told us, they could go into the community with direct support from staff as and when they wished.
- During the inspection we observed staff supporting people to go for a walk and do their food shopping; both with support and by themselves.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint and that their concerns would be addressed in a timely manner.

- The provider had a complaints policy which gave people information on the complaints process and what to expect.
- People were encouraged and supported to raise any concerns through daily chats, keyworker meetings and by utilising the formal complaints procedure.
- At the time of the inspection there were no complaints.

End of life care and support

- People who wanted to were encouraged to share their wishes in relation to the care they received at the end of their lives.
- At the time of the inspection people had chosen not to participate in sharing this information with the service, however the registered manager assured us this would be regularly reviewed.

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 we rated this key question good. 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

- The service placed great emphasis on the delivery of person-centred care and support. People told us and our observations confirmed, the service was inclusive and sought positive outcomes for people.
- People, a healthcare professional and staff spoke positively about the registered manager. Comments included, 'The [registered] manager is good', '[The registered manager] is nice and friendly' and '[Registered manager] is one of the best manager's I've ever had.'
- People and staff told us how they could approach the registered manager at any time and found her responsive to their concerns. This was reflected during the inspection, whereby we observed people and staff seeking out the registered manager for advice and guidance, which was readily given.

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

- At the time of the inspection the service were migrating their paper based documentation to an electronic system. The registered manager told us this would help to ensure staff had access to all information quickly on a tablet.
- Due to the timing of the inspection, this meant that people's records were not easily accessible as they could not be located in one place. For example, care plans were on the service laptop, in paper format or on the new electronic tablet. We shared our concerns with the registered manager who told us they were looking to complete the migration of information as soon as possible.
- We will continue to monitor this at our next inspection.
- The registered manager carried out audits of the service to drive improvements. Audits covered, for example, medicines management, staff training, care plans, fire safety and PPE.
- The audits ensured issues that were identified could be actioned in a timely manner to minimise any negative impact on people.
- The registered manager was aware of their responsibilities in relation to the duty of candour.
- The registered manager notified us of reportable incidents in a timely manner.

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

- The service actively sought people's views through various systems in place. For example, regular house

meetings, one to one keyworker sessions, daily catch ups and quality assurance questionnaires. People told us they felt comfortable and confident in sharing their views and that they would be taken on board.

- One person gave us an example of how they wanted a specific item purchased to enable them to enter the community safely, which the service had ensured took place.
- A staff member told us, "It's not as though you're talking to a [registered] manager, they are your colleagues. She talks to us like a colleague and I feel valued and that is rare."
- The questionnaires covered all aspects of the service provision. We reviewed the completed questionnaires and found the responses received were positive.

Working in partnership with others and Continuous learning and improving care

- The registered manager continued to work in partnership with stakeholders to drive improvements. A healthcare professional told us the service communication with them was positive and that they would share any concerns and seek guidance from them should the need arise.
- Records showed partnership working included working with district nurses, the G.P, community psychiatric nurses, psychiatrists and the learning disability team.
- The registered manager told us they continued to strive to improve the service and did so by consistently seeking feedback on their performance and updating their practices.