

The Brandon Trust

Therapia Road

Inspection report

26 Therapia Road
Forest Hill
London
SE22 0SE

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15 August 2019

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25 October 2019

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 this service

Therapia Road is a care home providing personal care for up to five people with a learning disability and mental health needs. There were four people at the service at the time of the inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service

People told us that they felt staff were kind, caring and helped them when needed.

Each member of staff had safeguarding training and had implemented the knowledge learnt to identify abuse and protect people from harm. Risks to people's health and wellbeing were identified, assessed and a plan put in place so these risks were managed to keep people safe.

A care needs assessment was completed with people who were supported to contribute to them to ensure their needs were captured. This provided staff with enough information to ascertain if they are able to meet these needs.

People had their medicines managed by staff who were trained, knowledgeable and competent. Medicine administration records were clear and accurately completed.

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.

Staff provided meals for people who were also able to choose meals that met their preferences.

People were supported to make complaints if they were unhappy about an aspect of their care.

Rating at last inspection

The last rating for this service was good (Report published on 18 March 2017).

Why we inspected

This was a planned scheduled inspection.

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.

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.

Therapia Road

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

This consisted of one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses a residential care service.

Service and service type

Therapia Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. 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

This inspection visit was unannounced.

What we did

Before the inspection, we looked at information we held about the service including notifications sent to us. We did not ask the provider to send us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection. This service was in the process of changing their service type from residential care home to a supported living service, so we did not ask them to send in the PIR.

During the inspection

We spoke with three people who used the service and we needed the support from staff to speak with them. We were unable to communicate with everyone at the service due to their communication needs. We spoke with the registered manager and three members of care staff. We looked at records of care and support for two people including records of medicine administration and other documents relating to the management of the service. We completed general observations of the service and the interactions between people and staff.

After the inspection

We spoke with three relatives of people using the service. We did not receive feedback from the health and social care professionals we contacted.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People felt safe living at the service. One person said they were "Safe and happy with everybody". Relatives commented "[My relative] is very safe and he/she has their own room which they like" and "I think Therapia is safe and staff have put [behaviour] plans in place to keep [my relative] safe."
- Staff identified and managed risks to people's health and well-being. Risks found included mental health medicine management, mobility needs and road safety. We saw that staff took action to ensure people were protected from the risk of harm and their care records were updated accordingly.
- Management plans detailed each risk and the support people required to reduce the likelihood of the risk occurring. Risk assessments and management plans were updated when required to ensure any changes were recorded.

Systems and processes to safeguard people from the risk of abuse

- The safeguarding policy in place gave staff guidance on how to manage an allegation of abuse.
- Training in safeguarding helped staff to develop their skills to identify abuse and take appropriate actions to report an allegation of abuse promptly to help keep people safe.
- The registered manager was aware of all incidences of abuse that occurred at the service. There was a system in place that staff followed to report allegations of abuse to the local authority for investigation.

Using medicines safely

- Medicines were managed safely so people had these as prescribed. The medicine administration records [MARs] were used by staff to record when people were supported with medicines.
- The provider's medicines policy guided staff to ensure people's medicines were administered in line with their individual needs.
- Staff were assessed as competent in medicines management before they supported people.

Staffing and recruitment

- Enough staff were on duty to meet people's individual care and support needs. During the inspection when people required support to go out, they were usually accompanied by a member of staff. Staff worked flexible shifts to meet people's individual needs and at night, two care workers were on duty on a sleep over and on a waking night basis.
- The provider's recruitment process was robust to ensure skilled and experienced staff were employed at the service. Pre-employment checks were completed on staff before they came to work at the service. The checks included job references, right to work in the UK, proof of identity and a criminal record check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and

prevent unsuitable people from working in care services.

Preventing and controlling infection

- The provider had an infection control policy which was implemented by staff to protect people from the risk of infection.
- The registered manager completed an infection control audit tool. This helped staff to identify areas of the service that had a potential risk of infection. The audit looked at all areas of the home which included people's bedrooms, cleaning equipment storage, toilets bathroom and showers, waste disposal, laundry room and equipment including hoists. Any concerns were managed safely.
- Staff had access to gloves and aprons and used these to help reduce the risk of infection.
- People were protected from unsafe food preparation. In the kitchen there were food handling guidelines displayed on the wall. There were different coloured chopping boards, for the preparation of meat, fish and vegetables to prevent cross contamination.

Learning lessons when things go wrong

- All incidents that happened at the service were monitored on a regular basis. The registered manager reviewed all incidents to identify any patterns or themes. Any concerns were shared with the staff team to make improvements to the service.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant that people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care needs were assessed, and their support needs were met by staff in line with their preferences. Assessments identified people's choices about how they wanted to receive their care. People's assessment outcomes were used to develop a plan of care and support.
- When health care professionals completed assessments a copy of their recommendations were given to people and implemented by staff.

Staff support: induction, training, skills and experience

- Each member of staff had an induction, training, supervision and had an appraisal during their employment at the service. Staff completed training in food hygiene, first aid, medicines management and infection control. Staff said that the training was helpful and supported them to understand people that they supported. One member of staff said they had done "lots of compulsory E-learning and it helped me to understand people's needs better. Including the safeguarding this was really good training." Staff records confirmed training had taken place.
- Staff supervision and annual appraisal took place with all staff. Supervision and appraisal meetings involved staff reflecting on their daily practice and to review their performance over the past year.

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

- Meals were provided by staff throughout the day. Meals were developed so people could maintain a healthy and balanced diet. A relative said "The meals are good and [my relative enjoys them. It is important for all residents to meet together and eat when they can." There were pictures and written information about healthy eating guidelines. There was also a food recording chart for people that was monitored and reviewed by staff and any concerns were addressed promptly.
- Staff consulted with people regarding the meals provided and these choices met their cultural needs and preferences. People and staff also went out to the local community for meals when they wanted.
- People who were able to make meals, snacks and drinks had support from staff as required to keep them safe.

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

- People had access to health care services when this was required or when people's needs changed. A Relative said "The staff at Therapia road manage [my relative's] medical needs well and provide suitable levels of support for him/her."

- People had care and support from health care professionals including their GP, speech and language therapist, mental health team and physiotherapist. Following an assessment, staff followed professional recommendations, so people were able to maintain their health and wellbeing.
- All health care intervention and support received by people was clearly documented in their care records which kept staff updated with people's health care needs. For example staff supported a person with epilepsy to have regular checks ups. Staff were aware of the sensor alarm under the person's mattress which alerted them if the person had a seizure while in bed and an extra night staff is placed on duty for assistance.

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 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.

The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. The safeguards aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom. Where people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Mental Capacity assessments were completed with people when it was identified there were concerns about their capacity.
- The registered manager understood how to support people who were assessed as unable to make decisions independently. The local authority team would arrange best interests meetings to discuss individual concerns regarding people's capacity to make their own decisions. For example, a best interest meeting had been held on behalf of a person who needed support to make a decision to arrange a holiday for them.
- The provider was meeting their responsibility in line with the MCA. People had a DoLS assessment in place when this was needed. Staff followed the guidance in the DoLS authorisation to ensure people were cared for in line with the recommendations.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant that 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

- Staff treated people in a way that was respectful to them. A relative told us "The staff are very caring, they are brilliant" and "[My relative] is treated very well." Interactions we saw between staff and people were friendly and people appeared relaxed in the company of staff. Staff we spoke with understood the individual needs of people they supported.

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

- People were involved in making decisions about everyday life at the service. Some people were not always able to contribute and make decisions about the running of the service. When required relatives were consulted about issues that affected the service. An example of this were the current proposed changes to the service type and provision.
- People had their care and support reviewed on a regular basis. People, their relatives and interested parties like social workers were invited and encouraged to be involved and contribute in the reviews of their care.

Respecting and promoting people's privacy, dignity and independence

- Care and support was carried out in privacy which ensured people's dignity was respected.
- People were encouraged to access their local community. People who were able to go out of the service alone were encouraged to maintain their independence. All people were supported to complete cleaning and their laundry which helped them maintain their daily living skills and independence.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant that 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 provided staff with information about themselves and their life histories. Information gathered included people's likes and dislikes, health care needs, mental health needs, mobility and things people enjoyed doing in their spare time. Relatives said "When we have meetings they put [my relative's] needs first and asks him/her questions for their opinion" and "They [staff] have been asked to contact me if anything happens to [my relative] and they always do let me know when anything happens or changes even if it is a hospital appointment."
- Care plans included outcomes from people's care assessments. Care plans contained details of people's assessed needs and the care and support people required from staff, so these needs were met.
- There were monthly one to one meetings, where people were able to speak with a member of staff about their day to day experiences living at the service. People were supported by staff to manage any issues that were shared at their one to one meetings. This included staff supporting people to arrange appointments and taking part in a social activity of their choice.

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

- People attended activities that interested them and met their needs. People attended local day centres and community projects to maintain social connections outside of the home. Activities included cooking, walking, singing, going to the pub, dancing, horse riding, sailing, painting, pottery, beauty therapy sessions, playing the drums, going to football matches with a relative, going to theatre with relatives, going shopping with staff support, taking photographs, compiling a photo album. There were some videos connected to the people's hobbies, such as football and boxing.
- People were encouraged to maintain relationships with friends and relatives. Relatives said "I go and visit [my relative] and if I don't visit then another family member will visit and take [my relative] out for lunch" and "[Care worker] will support [my relative] to come and visit me at home and spend time with me and the family. This is something we both enjoy and look forward to."
- Staff encouraged people to display their artwork, painting and pottery in the dining room and in their bedrooms. People's bedrooms were personalised, according to their personal likes. One person who enjoyed painting had a painting table in their bedroom.
- People's birthdays were celebrated with care workers and their relatives, at the home or outside in the community. The home also celebrated Christmas and other holidays.
- Staff supported people to meet their spiritual needs. Some people enjoyed going to church each week. The church arranged for people to come to church when they chose.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they could understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff used signs, symbols and non-verbal cues to communicate with people in an effective way. We observed staff supporting people in a compassionate and patient way and provided them with time and space to express their views.
- Information for people was also presented in an easy read format which people were able to understand.
- Some people communicated their needs with staff through the use of Makaton. A relative said "There have been improvements and staff have been using Makaton with [my relative]." Makaton is a language programme designed to provide a means of communication to individuals who cannot communicate efficiently by speaking. Staff were able to use this and communicate with people effectively.
- Staff had an understanding and used of the Picture Exchange Communication System (PECS). The PECS is a form of communication which can be used with adults with autism spectrum conditions and other communication difficulties.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. People were able to make a complaint about an aspect of their care and support if they were unhappy.
- The registered manager was familiar with the complaints process and any concerns or complaints were managed in line with this.

End of life care and support

- At the time of the inspection no one using the service required end of life care.
- Records showed staff had discussions about care, support and wishes in the event of death. People, relatives and social care professionals discussed people's individual end of life care wishes and the outcomes from these were recorded in their care records.
- People were supported to celebrate their loved ones by remembering their relatives who had died. One person was taken to a memorial garden and another person remembered their relative by making praying hands gestures.
- Staff knew which health care professionals they needed to contact if someone had a life limiting illness. This specialist support would help people to have a comfortable and pain free end to their lives.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- The registered manager was visible and available at the service for people and staff to approach and talk with when they wanted.
- The registered manager sent the Care Quality Commission (CQC) notifications of incidents that occurred at the service. This provided us with these details so we could take action promptly.

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

- Staff and the registered manager contacted relatives and kept them up to date with any changes or incidents with their family members.
- Concerns at the service were dealt with safely and appropriately and reported to the relevant people. The registered manager followed up actions and these were recorded with clear outcomes.

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

- People were comfortable with the registered manager and staff and they engaged with each other well.
- People appeared relaxed with them because they were smiling, laughing and chatting with the registered manager and staff.
- Staff talked positively about the registered manager of the service. Staff added they were approachable, respectful and listened to their needs and took action to resolve them.
- We observed and staff told us they worked well together as a team. Staff we spoke with were committed to provide safe care. A member of staff said "We the staff are here to support people the best we can to meet their needs."

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

- People and their relatives had the opportunity to give feedback on the service. Feedback from people was positive and they said they were happy living at the service. Comments from relatives included "I love Therapia Road with very good staff", "They [registered manager] are managing the service well, I'm generally happy with the service" and "I think my relative is brilliantly looked after."
- The registered manager held regular meetings with people and staff and they were encouraged to give their views on the service.

- The provider had a proposed plan to change the way in which care and support was provided at the service. This meant changing the service from being a registered residential care to a supported living service.
- Consultation meetings were held with the people and their relatives to discuss the transition of the service. People agreed with the change in service however were a little anxious about the change. The provider gave people letters that detailed these changes and they were encouraged to ask questions about this.
- In preparation for the change in service, each person had a reassessment of their needs and they were supported to view their opinions of the change.
- The records and documents regarding the transition of the service were recorded and made available for people, relatives, staff and the local authority to view. This meant that people were familiar with and were kept up to date any developments in this area.

Continuous learning and improving care

- Regular quality assurance audits were completed. These reviewed and monitored care records, the home environment, meals, infection control, money management, safeguarding records and medicine management. When shortfalls had been identified an action plan was developed.

Working in partnership with others

- The registered manager had developed good working relationships with health and social care services. This helped people receive promptly co-ordinated care and support they needed.