Thoughts of Others Ltd

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Inspection report

77 Shortheath Road
Erdington
Birmingham
West Midlands
B23 6LH

Tel: 01213845436

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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

This inspection took place on 15 March 2016. This was an unannounced inspection.

At the time of our last inspection in September 2013, Thoughts of Others was found to be meeting all of the essential standards relating to the quality and safety of care.

Thoughts of Others provide accommodation and personal care for up to four young adults who require support to live in the community. At the time of our inspection, there were three people living at the home.

There was a registered manager in post. 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 our inspection we found that the service was safe because people were supported by staff who had been safely recruited and the provider had ensured that there were enough members of staff available to meet people's needs. This meant that people received the care they required when they required it, including their prescribed medications.

People were protected from abuse and avoidable harm because staff had received adequate training and had the knowledge and skills they required to do their job effectively. Robust risk assessments and management plans were also in place to promote people's safety within the home.

The service was effective because people received care and support with their consent, where possible, and people's rights were protected because key processes had been followed to ensure people were not unlawfully restricted. People were supported to maintain good health because staff worked closely with other health and social care professionals when necessary and people's nutritional needs were assessed and monitored and they had food they enjoyed.

The service was caring because people were supported by staff that were helpful and who took the time to get to know people and involved them in making decisions about the care they received. This meant that people received the care they wanted based upon their personal preferences, likes and dislikes.

People were cared for by staff who protected their privacy and dignity and people were encouraged to be as independent as possible. People were supported to express their views in all aspects of their lives, as far as reasonably possible and staff respected people as individuals including their choices relating to their equality and diversity.

People were supported and encouraged to engage in activities that were meaningful to them and to

maintain positive relationships with people that were important to them.

The service was responsive because people felt involved in the planning and review of their care and were encouraged to offer feedback on the quality of the service; people knew how to and felt comfortable raising a complaint and felt that they would be listened to.

Staff felt supported and appreciated in their work and reported the management team to be approachable.

The management team had systems in place to assess and monitor the quality of the service and were compliant with the requirements of their registration.

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.

People were protected from the risk of abuse and avoidable because staff were aware of the processes they needed to follow.

People were supported by enough members of staff to meet their needs.

People received their prescribed medicines as required.

Is the service effective?

Good

The service was effective

People received care from staff who had received adequate training and had the knowledge and skills they required to do their job effectively.

People received care and support with their consent and people's rights were protected because key processes had been fully followed to ensure people were not unlawfully restricted.

People's nutritional needs were assessed and monitored and they had food they enjoyed.

People were supported to maintain good health because staff worked closely with other health and social care professionals when necessary.

Is the service caring?

Good

The service was caring.

People were supported by staff that were kind and caring.

People received the care they wanted based on their personal preferences and dislikes because staff took the time to get to know people and involved them in making decisions about their care.

People were encouraged to be as independent as possible and

were supported to develop independent life skills.

People were cared for by staff who protected their privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People involved in the planning and review of their care because staff communicated with them in ways they could understand.

People were encouraged to offer feedback on the quality of the service and knew how to complain.

People were supported and encouraged to engage in activities that were meaningful to them and to maintain positive relationships with people that were important to them.

Is the service well-led?

Good

The service was well led.

The provider had reliably met the requirements of their registration because they had notified the relevant agencies, including CQC of information that they are lawfully obliged to share.

Staff felt supported and appreciated in their work and reported the management team to be approachable.

The management team had systems in place to assess and monitor the quality of the service.

Thoughts of Others Limited

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 unannounced inspection took place on 15 March 2016. The inspection was conducted by one inspector.

As part of the inspection we looked at the information that we hold about the service prior to visiting the location. This included notifications from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also requested feedback from the local authority with their views about the service provided to people at Thoughts of Others.

During our inspection, we spoke and spent time with the three people who lived at the home; we spoke with nine members of staff including the registered manager, the assistant manager, the director, a regional manager, an administrator and four support workers. We reviewed the care records of two people, to see how their care was planned and looked at the medicine administration records. We looked at training records for staff and at two staff files to look at recruitment and supervision processes. We also looked at records which supported the provider to monitor the quality and management of the service, including health and safety audits, medication administration audits, accidents and incident records, compliments and complaints.

Good

Is the service safe?

Our findings

People we spoke with told us that they felt safe living at the home. One person told us, "I feel safe; we have CCTV which keeps us safe and staff are good at keeping us safe". Another person said, "The staff help me to stay safe". Throughout the inspection we saw that people looked relaxed and comfortable in the presence of staff. We saw that staff acted in an appropriate manner to keep people safe.

All of the staff we spoke with felt that people were kept safe at the home and knew what action to take to reduce the risk of abuse and avoidable harm. One member of staff told us, "We have training which is aimed at keeping people safe from various forms of abuse; there's a large spectrum from physical abuse, to emotional and mental abuse, sexual abuse, financial abuse, neglect…things I look out for are changes in behaviour or mood, or any physical symptoms like bruising; if I suspected anything I would report it to a manager, or the director or yourselves [CQC]". Another staff member said, "If I suspected someone was at risk of or being abused I would report it straight away to a manager and the safeguarding officers within the organisation who then escalate and co-ordinate with the relevant authorities". We saw that staff had received safeguarding training and they were knowledgeable in recognising signs of potential abuse; staff knew how to escalate concerns about people's safety to the provider and other external agencies as directed by the safeguarding policy.

Records we looked at and information we hold about the service showed that there had not been any safeguarding alerts or concerns raised recently. However the registered manager was able to articulate their understanding of their roles and responsibilities within this process and was aware that they have a legal obligation to report any safeguarding concerns to the local authority and to notify CQC.

Staff we spoke with and records we looked at showed that people had risk assessments in their care files which were specific to their care needs and staff used these to inform their practice. One member of staff told us, "Ssome people are at risk of self-harm for example; we all know how we can support them to keep them safe and they [people] have risk assessments which guide us for their specific needs; we also have verbal hand-overs and communication books for each person so that we are up to date with any changes to their management plans or risk behaviours". Another member of staff said, "Some of the young people living here need to have physical interventions to keep them safe; we have risk management plans which tells us what we need to do and what measures and processes we have to adhere to if we do have to intervene". A third member of staff said, "Every couple of weeks we [staff] have a meeting which focusses on one of the people living at the home; this is an opportunity for staff to discuss any changes to their risk or support plans but obviously these are updated as and when anything changes on a day to day basis as well which is recorded in the communication book".

People we spoke with told us they thought there was always enough staff available to meet their needs. One person said, "There's always enough of them [staff] around". Another person said, "Staff are always here and help if you need them to". We saw staff were available for people at all times throughout the day and that some staff had accompanied people to various appointments or leisurely activities. Staff we spoke with did not raise any concerns about the staffing levels in the home. One member of staff told us, "We are well

staffed here". Another member of staff said, "There's always enough of us and we can get cross cover from the other homes to make sure there are enough of us if we need to". The registered manager told us they reviewed the staffing levels regularly and that these can change on a day to day basis depending on the needs of the people living at the home. For example, they showed us how they had recently increased the staffing levels following an incident with a person living at the home and how this had been incorporated within the review of their risk assessment.

Staff we spoke with told us they had completed a range of pre-employment checks before working unsupervised. One member of staff we spoke with told us, "The recruitment was great; very in depth". They said, "It took about three to four months for my DBS and references to all come back before I could start work". We saw staff had been appropriately recruited via a formal interview, references, and a Disclosure and Barring check (DBS). The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care.

We were told that all of the people living at the home required support to take their medication and that only staff that had received training administered medicines in the home. We saw that medications were stored safely and some protocols were in place, for the administration of PRN medications which are prescribed for people to take 'as and when' they require it. However, we found that the provider did not have protocols in place to support staff with administering non-prescribed medications sometimes referred to as 'homely remedies'. We fed this back to the registered manager and the assistant manager, who explained the process they followed including contacting the GP, and pharmacy for advice or NHS Direct if it was out of hours; staff we spoke with also confirmed their understanding of this process. However, the registered manager acknowledged that this needs to be formalised and each individual person would benefit from an associated risk assessment that shows consideration of any safety measures that have been or need to be taken when administering homely remedies. Medication records were found to be accurate and detailed and processes were also in place to identify missed medication early. The provider also reported to have a good rapport with the local pharmacy to ensure that people received their medication when they needed it.

Good

Is the service effective?

Our findings

People we spoke with and records we looked at showed that staff that provided care had the knowledge and the skills they required to do their job. One person told us, "Staff do a really good job here; I'm really proud of them". Another person said, "They are good; they know how to help us". One member of staff we spoke with said, "We do a lot of training here; when I first started I had two days of induction training which covered all the essential training like safeguarding and PRIME- Care Training [physical restraint] and then we do other training throughout the year". We saw that the provider kept a record of staff training which detailed the dates of when staff had completed various training and staff implementation of training was monitored during supervisions and appraisals.

Staff we spoke to told us that they received regular supervision and felt supported in their work. One member of staff said, "I have supervision where I can discuss any issues or concerns; but I can go to the manager or the director at any time; they are so very supportive". Another member of staff told us, "We have supervision every three months but any time you have a problem, a concern or want to talk about anything we can go to any of the management team; they are brilliant; the support is out of this world, I couldn't ask for more".

We were told and records showed us that the provider held regular team meetings which were offered at different times to provide flexibility around working patterns to optimise attendance. We saw that minutes from these meetings were also recorded and made available to staff who were unable to attend. One member of staff told us, "We have a lot of meetings to keep us up to date with what is going on". Another member of staff said, "We have regular meetings and consultations about the care we provide to people".

People we spoke to told us that care was provided with their consent. One person told us, "They ask us what we want; sometimes they tell us what we need to do but I know it is to keep us safe". Another person said, "I can mostly do what I want to now; I feel more normal here, they let me make my own decisions". It was evident when speaking to the registered manager and the staff that they had a good understanding of the Mental Capacity Act 2005 (MCA). The MCA 2005 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff we spoke with confirmed that they had received training on the Mental Capacity Act (2005) and were able to give examples of how they worked within these legal parameters and protected people's rights and the need for consent. One member of staff told us, "The young people living at the home are here because they are more independent now; so they make their own choices and decisions and we are just there to support them; we always talk to them about everything". Another member of staff said, "Sometimes people can be a risk to themselves and we have to intervene, but we talk to them and explain what is happening and why; we give them the opportunity to make safe decisions and change their behaviour to keep themselves safe".

Deprivation of Liberty Safeguards (DoLS) requires providers to identify people in their care who are over the

age of 18 and who may lack the mental capacity to consent to care and treatment. They are also required to submit an application to a 'supervisory body' for the authority to deprive a person of their liberty within their best interests in order to keep them safe. The provider was able to articulate their understanding of DoLS and was aware of their responsibilities. At the time of our inspection no authorisations or applications had been made because people living at the home had the mental capacity to make their own decisions or were protected by other legislation. This meant that any decisions made on behalf of people were done so lawfully.

Staff we spoke with told us that they supported people to do their own shopping and prepare their own meals of choice. One person told us, "They try to teach us life skills so we can move out and live independently; I do my own shopping and cook my own meals; except on a Sunday where staff cook us all a roast dinner; but we do help". One member of staff told us, "We encourage people to make healthy choices when they go shopping and when they are doing their meal plans and we support them in the kitchen".

People we spoke with and records we looked at showed us that nutritional assessments and care plans were in place for people; these detailed their specific needs and risks in relation to their diet. One person told us, "I wanted to lose weight, so I go to Slimmer's World now once a week; I have lost three stone; I got slimmer of the week last week; the staff help me with my meal plans and shopping to keep me healthy". Staff we spoke with told us, "Some people express an interest in losing weight so we support them where we can; one person goes to Slimmer's World and they are all encouraged to keep up their physical exercise". We saw evidence of this in people's care plans.

We found that people living at Thoughts of Others had access to doctors and other health and social care professionals. One person told us, "I see a doctor if I need to and an optician; I have had an appointment to go to the dentist too; staff are encouraging me to go but I don't see the point". During our inspection we saw appointments were scheduled with specialist practitioners and social workers relating to their care needs.

Good

Is the service caring?

Our findings

People we spoke with were complimentary about the staff team. One person we spoke with said, "The staff here are nice". Another person told us, "The staff are good here, they are nice; they help me a lot". A third person we spoke with said, "The staff here are nice and look after us good".

Discussions we had with the staff demonstrated to us, they had a good understanding of people's needs and they were able to build positive relationships with people. One member of staff told us, "We get to know people very well." Another member of staff told us, "We often know what people need at different times because of how they seem in their mood or behaviour; we get to know them so well; we know what they like and how to distract them with things if needs be".

We observed positive interactions between staff and people who used the service and saw that people were relaxed with staff. We saw that staff responded quickly to peoples requests for help, support or reassurance. It was clear that there were friendly relationships between the staff and the people using the service.

Everyone we spoke with and records showed that people were encouraged to be involved in making decisions about their care and to remain as independent as possible. One person told us that they were due to move out of the home very soon in to supported accommodation which meant they would be living more independently and that the staff had taught them the skills they needed to make this possible. Another person told us, "We have reviews with the staff about how things are going, what we think and if we want anything changed". A different person said, "They ask us about what we need and want from staff and how they can support us". A member of staff told us, "We draw up independence pathways with people and encourage them to learn life skills and develop their independence". Another member of staff said, "This home is for young adults, so we try to teach them life skills to prepare them for the next stage in their lives; hopefully to go on living more independently". Another member of staff said, "It's important that we encourage people to do as much as they can for themselves and start to take more responsibility with our support to ensure they remain safe". Records we looked at included life skills care plans to promote independence, which included information about how staff can support people to do their own meal planning, shopping and cooking as well as take responsibility for managing their finances, health and social well-being as far as reasonably possible.

Everyone we spoke with told us that people were treated with dignity and respect. One person said, "The staff are very respectful here, like of our privacy; they always knock before they come in which only seems a small thing but trust me, that doesn't happen everywhere". Another person said, "They give us our privacy; we all have a chill-out room and our bedrooms if we want some quiet time and be on our own for a bit". Staff we spoke with were mindful of people's rights to have their privacy and dignity respected. One member of staff told us, "It's important that they [people] have private time and we respect their personal space; we encourage them to have personal discussions in private areas of the home and we try to protect their privacy and dignity as much as possible". Another member of staff told us, "We try to be mindful when people are getting changed for example and give them their privacy; we always knock on the door before we enter their rooms".

People told us and we saw that staff addressed people by their preferred names and respected people as individuals. One person said, "We get to decorate our own rooms and we have our own chill-out rooms which we decorate too". We saw that bedrooms and chill-out rooms were personalised and reflected people's hobbies, interests and personal preferences.

Staff we spoke with told us that they promoted equality and diversity within the home. One member of staff said, "We respect peoples' choices and decisions with regards their cultural and religious beliefs, sexual orientation and gender identification". We saw that staff had taken the time to explore people's equality and diversity needs and preferences and they were supportive of people when making choices and decisions relating to these.

Good

Is the service responsive?

Our findings

People we spoke with and records showed us that people were aware of having a care plan and they were involved in this process. A care plan is a written document which details people's care needs and preferences; it informs staff of how a person wants to have their care needs met and how they can support them and provide this care. One person said, "Yes, I have a support plan and we have weekly feedbacks where talk about how the week has gone and anything that needs changing". Another person told us, "We talk with staff every week when we do our weekly feedbacks and this is all about what we need to be doing, like our life skills, meal planning, shopping, and going out".

On the day of our inspection we saw staff interacting with people and supporting people to engage in activities they enjoyed throughout the day. For example, we saw people going to college, attending football training and listening to music. People we spoke with told us that this is a part of the typical routine within the home and that staff are always encouraging and supporting them to do the things they enjoy and to keep them independent.

People spoke with told us they were supported to maintain personal relationships and social contact with their relatives and friends. We saw one person was getting ready to go out to meet their friends independently. Another person told us that they had regular contact with their family over the phone and they sometimes visited the home. Staff we spoke with told us it is important to maintain family contacts where possible and part of the work they do is around carers support; supporting the family to understand and develop the skills they need to support their loved ones.

People we spoke with and records showed that the provider often asked for feedback on the quality of the service and people were given the opportunity to suggest improvements. One person said, "We have meetings and they ask us what we think about things and if there is anything we would like to change or; if it's reasonable, they do listen". Another person told us, "We try to have meetings, but sometimes it's difficult and easier to just speak to them [staff] on your own; but we are able to tell them what we think". A staff member told us, "We have meetings every Sunday with the people living here for service development purposes". We saw that there was a compliments and complaints procedure in place and that people were encouraged to raise any concerns with the registered manager at any time.

During our inspection, the registered manager told us that there were no outstanding complaints from people who use the service or their representatives. Information we hold about the service showed that we had not received any complaints about the service.

Good

Is the service well-led?

Our findings

During our inspection, we saw a clear leadership structure in place within the service. The service was required to have a registered manager as part of the conditions of registration. There was a registered manager in post at the time of our inspection as well an assistant manager. We also saw that the directors of the organisation were also readily available to people living at the home as well as to the management and staffing team; offering support when required. The registered manager told us, "We are well supported as managers and we do our best to support the staff; there is always someone available to speak to; we all muck in here".

We also saw that there were systems in place to monitor the quality and safety of the service, and that these were used effectively, including feedback forums, staff recruitment process and internal and external (independent of the organisation) quality monitoring audits.

Everyone we spoke with were complimentary about the management team at Thoughts of Others. One person told us, "[assistant manager's name] is great; we can speak to her about anything". A staff member said, "The management are really good; we are all assigned to a manager, but we can speak to anyone really if we have a problem". All of the staff we spoke with also told us that all of the management team were approachable, open and honest in their leadership style. One member of staff said, "She [Assistant manager] is very approachable and very supportive, so is [registered manager's name] and [director's name]". During our inspection, we saw the registered manager offered support and reassurance to a person living at the home and spoke with them with compassion.

Staff we spoke with told us they were aware of their roles and responsibilities with regards to whistle-blowing and that there was a whistle-blowing policy in place. Whistle-blowing is the term used when someone who works in or for an organisation raises a concern about malpractice, risk (for example, a person's safety), wrongdoing or illegality. The whistle-blowing policy supports people to raise their concern(s) within the organisation without fear of reprisal or to external agencies, such as CQC if they do not feel confident that the management structure within their organisation will deal with their concern properly. All of the staff we spoke with told us that they felt comfortable raising concerns with the registered manager and other members of the management team. One member of staff told us, "We have a good management team; I can speak to any of them I know I will be listened".

We asked the registered manager to tell us about their understanding of the Duty of Candour. Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. The registered manager was able to tell us their understanding of this regulation and how they reflected this within their practice.