

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 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, living with the frailties of old age and/or dementia. The service is registered to accommodate up to 20 people in one adapted building. The service was providing accommodation and personal care to 20 people at the time of the inspection. Any nursing needs were provided by community nursing services.

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

The service was welcoming, and people told us that they felt safe. They said there were enough staff to support them and they were listened to and treated with kindness. Systems were in place to protect people from the risk of abuse and improper treatment and staff knew how to identify potential harm and report concerns.

Positive and caring relationships had been developed between staff and people. People were treated with kindness and compassion and staff were friendly and respectful. People and their relatives spoke positively about staff and the care they received. People were treated with dignity and their independence promoted respectfully by a kind, caring staff team. Staff were well trained and understood how to calmly and positively support people living with dementia.

People received their medicines safely and their personal preferences were respected. Medicines were audited by the registered managers to ensure any errors were quickly addressed.

There were systems and processes in place to assure quality of service delivery and identify trends. Actions were taken to manage risks and learn lessons when things went wrong.

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 this practice.

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 last rating for this service was Good (published 22 May 2019).

### Why we inspected

The inspection was prompted in part due to concerns received about people getting up very early, moving and positioning practice, poor quality food and weight loss. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We found no evidence during this inspection that people were at risk of harm from this concern.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Thatched House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

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

## 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 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. 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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. 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 two inspectors.

#### Service and service type

The Thatched House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 two managers registered with the Care Quality Commission. One of the registered managers was also the provider. 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 was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent 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.

#### During the inspection

We spoke with five people who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including the provider / registered manager, the second registered manager and both day and night-time care workers.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

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

# Is the service safe?

## Our findings

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

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

### Staffing and recruitment

- People were protected by safe recruitment processes. Staff had pre employment checks, which included undertaking appropriate checks with the Disclosure and Barring Service (DBS) and obtaining suitable references but one staff who had very recently moved from a non-care role into a direct care role did not have two references. This was raised with the provider who agreed it was an oversight on their part and assured us this would be addressed immediately. The staff was not lone working or undertaking personal care at this time and no harm was done.
- There were enough staff on duty. People told us they received care and support in a timely way, our observations and the records confirmed this.
- Due to the concerns raised with us, we commenced the inspection at 5.50am to see if people were getting up too early. On arrival we found one person was up and dressed. The person told us they were an early riser and had just had support to get up, which they had asked for. Other people were getting up between 6am and 8.30 am. We observed that the night staff did not wake anyone but offered support as people woke.
- Staff told us they had an induction when they first started which included training and shifts shadowing experienced staff. One staff told us, "I had dementia training and it helped me understand how to help people calm and how to distract with alternative support."
- Staff told us they received training in moving and positioning and the use of hoists, this was face to face training and staff were knowledgeable about practice. Records confirmed training was delivered and in date. We observed staff assisting people to transfer from chair to wheelchair, this was done safely and at the person's own pace.

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

- The provider 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. One staff said, "I look out for changes in a person's behaviour or marks such as bruising, if I was concerned, I would tell the registered managers then I could go to the local authority and CQC."
- People and relatives told us they felt safe and knew who to tell if they didn't. One relative said, "I don't have concerns about safety but could talk to the registered managers if I did."
- We reviewed records to identify if bruises or marks were recorded and found that they were well recorded and investigated. There were no excessive or unexplained marks and where people had knocked themselves or had minor marks actions were taken to avoid re occurrence. We found no evidence of bruising caused by poor moving and positioning practice.

- We reviewed people's weight records and found they were robust, and people's weights fluctuated slightly both up and down monthly within expected ranges. Where people were losing weight, for example, towards the end of life, the service arranged food supplements as needed.
- We observed two mealtimes, on both occasions the food was well presented of good quality and sufficient in portion size. People told us they enjoyed their meals and our observations confirmed this. People told us they had a range of meal options and menus confirmed this. One person told us, "You couldn't get better food."

#### Assessing risk, safety monitoring and management, learning lessons when things go wrong

- Risks to people were assessed and measures were taken to mitigate these. This included how people moved and equipment they needed to do this safely.
- Staff knew how to support people to manage anxiety. This enabled staff to support people to minimise anxiety and frustration. For example, a person who disliked loud noise which posed a risk to the person becoming agitated had guidance for staff on how to support them. One relative told us, "They (staff) are gently encouraging with (name). I like the calmness of staff and they make sure (name) feels in control. They have been very quick to understand (name)."
- A system was in place to record and rate identified risks. Actions to mitigate these risks were recorded and monitored. Risk assessments were reviewed and updated.
- Regular health safety checks were carried out and recorded with actions taken where required.
- The management team analysed and reflected on accidents and incidents. This resulted in positive changes to people's personal experiences and the service provided. For example, a person who had a fall but was keen to retain their independence was re-assessed and a crash mat and sensor mat were put in place to reduce the risk of injury and alert staff.

#### Using medicines safely

- We observed the registered manager administering medicines to people, this was completed with care and attention. The registered manager was knowledgeable about the medicines they were administering and demonstrated an understanding of the person's needs and preferences.
- We observed people being asked for their consent before medicines were given.
- Only staff trained to do so were permitted to administer medicines; the rota confirmed there were always trained staff available to carry out this task.
- Medicines were audited and any issues identified were rectified.

#### 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 admitting people safely to the service.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance. There were two visits during the inspection, both had been pre-booked and both relatives took a Covid-19 test before entering the building. Relatives told us it was easy to arrange visits.





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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

- People and staff were able to share ideas or concerns with the management. There was an open and friendly culture. Staff understood their responsibilities and told us that they were listened to and valued. One staff member told us, "I am really enjoying it here, the registered managers are brilliant, very easy to talk to, the other staff are lovely, it's very calm here." Another staff said, "I get supervision and the management are kind with us."
- The culture was person centred and inclusive. One relative said, "The registered managers are very open. I give them 10 out of 10." People told us they were happy with the service. One person said, "You couldn't get better." Another person told us, "It's the best of both worlds, they help when I need help but also treat me as an individual, no one tells you what to do."
- There were systems and processes to monitor and analyse accidents and incidents which were used to identify key issues and mitigate the risk. There were systems and processes in place for quality monitoring and auditing, to ensure good governance of the service.

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

- The registered managers understood their duty of candour and relatives confirmed they were kept informed when issues arose. One relative said, "They keep me informed about everything."

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

- The registered managers had a clear vision for the service to deliver support which allowed people to maintain and improve their independence and to lead fulfilling lives.
- Roles and responsibilities were clearly defined and understood. Staff were actively involved in people's care planning, this meant care was planned with the involvement of staff that knew people well.
- Relatives told us they felt the service was well managed. One relative said, " They (registered managers) are brilliant, this is a lovely place."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics, working in partnership with others

- People's views were sought of the care they received. Feedback was also sought from people's relatives,

friends, professionals and staff. Feedback was primarily in person. The management team analysed the feedback and incorporated this into the daily running of the service. For example, one relative told us, "(Name) said they were cold at night, I spoke to one of the registered managers, who immediately reminded staff to close the window, it's been fine since."

- One staff member told us, "I don't get any pressure to work extra hours and the registered managers give praise and make me feel valued."
- Relatives expressed satisfaction with the engagement they had with the registered managers and the staff.
- The registered managers demonstrated they were working with health professionals, records confirmed they sought advice and followed guidance from health professionals.

#### Continuous learning and improving care

- The registered managers kept up to date with developments in practice by working with local health and social care professionals. They have kept up to date with the COVID-19 guidance and had made changes as guidance developed. Most recently in supporting people to go out with relatives safely when the guidance changed.