

Medical Express Ultimate Care Services Limited

Thornsbeach Court

Inspection report

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Date of inspection visit:
30 October 2017

Date of publication:
16 January 2018

Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated
Is the service effective?	Inspected but not rated
Is the service caring?	Inspected but not rated
Is the service responsive?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

We conducted an inspection Thornsbeach Court on 30 October 2017. The inspection was announced. This was our first inspection of this service.

Thornsbeach Court provides accommodation and personal care for up to four people with mental health needs. At the time of our inspection there were two people using the service one of whom had moved into the service in July 2017 and the other person had moved in approximately one month earlier. This meant that although we were able to carry out an inspection we did not have enough information about the experiences of a sufficient number of people using the service over a consistent period of time to give a rating to each of the five questions and provide an overall rating to the service. We will return to the service in due course to conduct a further inspection of this service.

There was a registered manager at the service. 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.

Staff followed safe practises for administering and storing medicines. Staff had completed medicines administration training within the last year and were clear about their responsibilities.

Risk assessments and care plans contained clear information for staff. These included objectives for each person as well as details about how care workers could help people meet these.

Staff demonstrated knowledge of their responsibilities under the Mental Capacity Act 2005. People's rights were protected and their liberty was only deprived in accordance with legal requirements for their own safety.

Care staff demonstrated an understanding of people's life histories and current circumstances and supported people to meet their individual needs in a caring way.

People using the service and their relatives were involved in decisions about their care and how their needs were met. Regular meetings were held with people, their relatives and other professionals involved in their care.

Recruitment procedures ensured that only staff who were suitable worked within the service. There was an induction programme for new staff, which prepared them for their role. Staff were provided with appropriate training to help them carry out their duties. Staff received regular supervision. There were enough staff employed to meet people's needs.

Staff respected people's privacy and dignity and people's cultural and religious needs were met.

People were supported to maintain a balanced, nutritious diet and their choices were respected. People were supported effectively with their health needs and were supported to access a range of healthcare professionals.

People using the service, their relatives and staff felt able to speak with the registered manager and provided feedback on the service. They knew how to make complaints and there was a complaints policy and procedure in place.

People were encouraged to participate in activities they enjoyed and care staff were available to ensure people attended these.

The organisation had adequate systems in place to monitor the quality of the service. Feedback was obtained from people on a regular basis. There was evidence of auditing in many areas of care provided and action plans were in place and monitored on a monthly basis to secure improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We did not have sufficient information to rate the service's safety.

Risks to the people using the service were identified and appropriate action was taken to manage these and keep people safe.

Procedures were in place to protect people from abuse. Staff knew how to identify abuse and knew the correct procedures to follow if they suspected abuse had occurred.

There were enough staff available to meet the person's needs and we found that recruitment processes helped to ensure that staff were suitable to work at the service.

Medicines were managed safely.

Inspected but not rated

Is the service effective?

We did not have sufficient information to rate the service's effectiveness.

The service was meeting the requirements of the Mental Capacity Act 2005. Care staff were aware of their responsibilities under the MCA 2005.

Staff received an induction and regular supervision of their performance. Care workers received ongoing training and demonstrated a good level of knowledge of the mandatory topics required to perform their role.

Inspected but not rated

Is the service caring?

We did not have sufficient information to rate if the service was caring. A person using the service told us they were satisfied with the level of care and empathy shown by staff.

A person told us that care workers spoke with them and got to know them well.

Inspected but not rated

Is the service responsive?

Inspected but not rated

We did not have sufficient information to rate the service's responsiveness. People using the service were encouraged to be active.

People using the service told us they knew who to complain to.

People's needs were assessed before they began using the service and care was planned in response to these.

Is the service well-led?

We did not have sufficient information to rate the service's leadership.

The registered manager confirmed she checked care records, medicines administration records and daily notes every week.

Care staff worked with a range of professionals. We spoke with four health and social care professionals who spoke positively about care staff and the registered manager.

Inspected but not rated

Thornsbeach Court

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 and sustaining improvements previously made to the service, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection took place on 30 October 2017. This inspection was carried out by a single inspector. The inspection was announced. We gave the provider 48 hours' notice of our inspection as we wanted to be sure that someone would be available.

Prior to the inspection we reviewed the information we held about the service. We spoke with four health and social care professionals who worked with the service to obtain their feedback.

We spoke with one care worker and the registered manager of the service. We also spoke with two people using the service and two relatives of people using the service. We looked at two people's care records, three staff records and records related to the management of the service.

Is the service safe?

Our findings

We did not have adequate information to rate safety at the service, however we found that the service had suitable measures in place to provide a safe service.

The provider took action to assess and appropriately manage risks to people. We looked at the support plans and risk assessments for the two people using the service. We saw an initial 'pre admission assessment' had been conducted by the registered manager and this identified risks to the person's safety and details about the type and amount of care that the person required. The information from these assessments was then used to prepare risk assessments and a comprehensive care plan around various possible areas of support including people's mental health needs, their personal care needs and mobility. The care plan identified the person's potential needs, their objectives or potential support required as well as specific guidance about how care staff were required to provide this support in relation to each area of care. The information in these documents included practical guidance for care workers about how to manage risks to people. For example, we found specific guidance in relation to one person's risk of injury by fire as a result of the specific cream they were using. The risk assessment was specific about the potential risks and included advice about what care workers were supposed to do to minimise this risk.

The provider had a safeguarding adults policy and procedure in place. Staff told us they received training in safeguarding adults as part of their mandatory training and demonstrated a good understanding of how to recognise abuse, and what to do to protect people if they suspected abuse was taking place. Staff also confirmed they knew how to escalate concerns if they felt they were not being listened to, by accessing the provider's whistleblowing procedure. Whistleblowing is when a care worker reports suspected wrongdoing at work. A care worker can report things that are not right, are illegal or if anyone at work is neglecting their duties, including if someone's health and safety is in danger. Staff were knowledgeable about the different types of abuse and told us they had not had any concerns about people using the service. Health and social care professionals confirmed they did not have any concerns about the safety of people using the service.

Staff received emergency training as part of their mandatory training which involved what to do in the event of an accident, incident or medical emergency. The care worker we spoke with told us what they considered to be the biggest risks to individual people they cared for and they demonstrated an understanding of how to respond to these risks. For example the care worker told us one person "has a risk of falling so I make sure that I keep a very close eye on [the person] when [the person] is walking for exercise." People had specific Personal Emergency Evacuation Plans (PEEPs) in place. PEEPs are bespoke 'escape plans' for people who may not be able to reach an ultimate place of safety unaided or within a satisfactory period of time in the event of any emergency. We found the PEEPs included specific instructions for care workers in what to do in the event of an emergency.

The registered manager explained that she assessed the numbers of staff that were needed on a weekly basis. She said there were sometimes necessary variations in staffing numbers due to the activities people were participating in which could necessitate higher staff numbers. We looked at the staff rota for the month

of our inspection and saw that an appropriate number of staff had been scheduled for the week. We also saw the number of staff on duty reflected what was on the rota. We noticed that staff did not appear rushed when conducting their duties and they had time to talk to people. Staff confirmed that they felt there were enough of them on duty at any time. One care worker told us "I think there's enough staff".

We looked at the recruitment records for three staff members and saw they contained the necessary information and documentation which was required to recruit staff safely. Files contained photographic identification, evidence of references including one from previous employers and application forms which included details of people's employment history. There was evidence of checks being carried out with the Disclosure and Barring Service (DBS). The DBS provides information about people's background, including convictions in order to help employers make safer recruitment decisions.

Staff followed safe practices for administering and storing medicines. Medicines were delivered on a monthly basis for named individuals by the local pharmacy within 28 day blister packs. Medicines were stored safely for each person in a locked cupboard and we saw the temperature for refrigerated medicines was controlled, monitored and recorded on a daily basis. The temperature was at a safe level on the day of our inspection.

We saw examples of completed medicine administration record (MAR) charts for the two people using the service for the month of our inspection. We saw that staff had fully completed these. We checked the medicines available for the two people using the service and counted the amounts stored. We saw these tallied with the records kept.

We saw copies of monthly medicines checks. The monthly checks we saw did not identify any issues and included a check of the amounts of medicines stored as well as the accuracy of records kept.

Staff had completed medicines administration training within the last two years. When we spoke with staff, they were knowledgeable about how to correctly store and administer medicines.

Is the service effective?

Our findings

We did not have adequate information to rate the service's effectiveness. However, we found that there were measures in place to provide a service which could be effective.

The provider worked in line with the Mental Capacity Act (2005) (MCA). The Act 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. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and found that the provider was meeting the requirements of the MCA. Staff had received MCA training and were able to demonstrate that they understood the issues surrounding consent. We saw the people using the service were under constant supervision and this was being conducted in accordance with legal requirements.

People had the appropriate skills to conduct their roles. The registered manager told us, and care workers confirmed, that they completed training as part of their induction as well as ongoing training. Records confirmed that all staff had completed mandatory training in various topics as part of their induction. These topics included safeguarding adults, nutrition and medicines administration. The induction included completion of an induction checklist that included numerous areas of the care worker's role that had to be signed off by the registered manager as completed and passed. This necessitated an observation of the care worker in their duties in areas such as promoting dignity and respecting people's cultural and spiritual needs.

Staff told us they felt well supported and received regular supervision of their competence to carry out their work. We saw records that indicated staff supervisions took place every two months. The registered manager told us annual appraisals would be conducted of care workers performance once they had worked at the service for one year. One care worker told us "Supervisions are useful. I am getting supported."

People were encouraged to eat a healthy and balanced diet. People's care records included information about their dietary requirements and exactly what support they needed in this area of their lives. Where people were at risk of choking, we found their care records included a risk assessment with advice for care workers for how to manage this risk. Where people had specific dietary needs we found their care records included advice about what type of food they were required to eat due to their condition.

Care records contained information about people's physical and mental health needs. The service had up to date information from healthcare practitioners involved in people's care. When questioned, care workers demonstrated they understood people's health needs. For example one care worker had detailed

knowledge about the health needs of one person we asked them about. They were able to describe their health conditions and how they managed these.

Is the service caring?

Our findings

We did not have enough information to rate the service in this area, however we received good feedback about the service. One person using the service stated "The staff are really nice. I feel at home here" and a relative told us "Yes staff are caring".

Staff demonstrated a good understanding of people's life histories. They told us that they asked questions about people's life histories and people important to them when they first joined the service and we saw these details recorded in people's care records. Staff members we spoke with gave details about people's lives and people important to them. They were well acquainted with people's habits and daily routines. For example, staff were able to tell us about people's likes and dislikes in relation to activities as well as things that could affect people's moods. They knew about people's night- time routines and explained the specific habits that brought people comfort.

A relative confirmed that care workers respected people's privacy and dignity. They told us "Staff do show respect." Care workers also explained how they promoted people's privacy and dignity. For example, one care worker said "I make sure I knock on people's doors before I go into their room and I'm very careful about people's dignity when I'm giving personal care." Our observations demonstrated that people were treated with respect. For example we saw staff knocking on people's doors and waiting for a response before entering.

Care records demonstrated that people's cultural and religious requirements were considered throughout their stay at Thornsbeach Court. People's cultural and religious requirements were recorded in their care plans and staff supported people to attend church on Sundays where requested to do so.

Is the service responsive?

Our findings

We did not have enough information to rate the service's responsiveness. However, the provider had measures in place to promote a service which could be responsive. People's needs were assessed before they began using the service and care was planned in response to these. Assessments included physical health, dietary requirements and mobilising.

People were involved in the formulation of their care plan and were provided with the care that they wanted. Care records provided information about how the person's needs and preferences should be met. We saw details of the person's preferred routine and their preferred activities. People's objectives in relation to their care were considered and plans were put in place to meet these. For example, people's care plans included their desired objective as well as the actions required from care workers in order to achieve this. These were listed in various areas of the person's life including their physical health, any behaviours that were challenging and their communication needs.

People were encouraged to express their views and be involved in decisions regarding their care. We saw all care records were written from the perspective of the person and care records included comments from people using the service about changes needed to their care. These were appropriately responded to. We saw care staff kept daily records of the care provided and these confirmed that people received the care they wanted.

People using the service and relatives we spoke with told us they were involved in decisions about the care provided and staff supported them when required. One person told us "[Staff] bring me whatever I want." Relatives confirmed that they were involved in decisions. One relative told us "They do let me know what is happening."

People were encouraged to participate in activities they enjoyed and people's feedback was obtained to determine whether they found activities or events enjoyable or useful. The registered manager questioned people about activities they wanted to participate in when they first moved in. We found evidence of correspondence she had sent to local groups enquiring about activities they offered in order to offer these to people using the service.

The service had a complaints policy which outlined how formal complaints were to be dealt with. Relatives we spoke with confirmed they would speak with the registered manager if they had reason to complain. We looked at records of complaints and saw these were being dealt with appropriately.

Is the service well-led?

Our findings

The service had an open culture that encouraged people's involvement in decisions that affected them. The care worker we spoke to told us the registered manager was available and listened to what they had to say. They told us "She's a good manager. You can talk to her about any issues." We observed the registered manager interacting with people using the service throughout the day and conversations demonstrated she knew people well and spoke with them regularly.

We spoke with a member of one local authority commissioning services and they did not have any concerns about the service.

We saw records of accident and incident records. There was a clear process for reporting and managing these. The registered manager told us they reviewed accidents and incidents individually to determine what action was required as a result. We found records indicated that appropriate actions had been taken to minimise future risk.

Staff demonstrated that they were aware of their roles and responsibilities in relation to people using the service and their position within the organisation in general. The care worker we spoke with explained that their responsibilities were made clear to them when they were first employed. They provided us with detailed explanations of what their roles involved and what they were expected to achieve as a result. We saw people's job descriptions were also included in their files.

General quality audits were completed by the registered manager. These included environmental audits which looked at the safety of the building and the facilities on a quarterly basis. Where issues were identified, these were dealt with directly by the registered manager. Infection control audits were also completed and these looked at areas such as the use of hand hygiene, the use of personal protective equipment as well as the cleanliness of the building.

The provider worked with other organisations to ensure the service followed best practice. We saw evidence in care records that showed close working with local multi-disciplinary teams, which included the GPs and dietitians.