

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Thames House

Thames Street, Rochdale, OL16 5NY

Tel: 01706751840

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We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓	Met this standard
Meeting nutritional needs	✓	Met this standard
Safeguarding people who use services from abuse	✓	Met this standard
Safety and suitability of premises	✓	Met this standard
Staffing	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Thames Health Care Limited
Overview of the service	Thames House provides accommodation and nursing care to people with Huntington's disease, acquired brain injury and other physical disabilities. It is purpose built with 20 en-suite bedrooms. There are fully accessible shared spaces for activities and private use.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 9 May 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

During our inspection visit we spoke with two people who used the service, four members of staff, the manager and the operations manager. There were no visitors present at the home during our inspection. We also looked at records to help us answer our five questions; Is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led?

If you wish to see the evidence supporting our summary please read the full report.

Is the service safe?

We saw that people were treated with dignity and respect. One person said, "It's the best place." Safeguarding procedures were in place and members of staff understood their role in safeguarding the people they supported. Members of staff had received training about the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards to understand when an application should be made, and how to submit one.

Systems were in place to make sure that managers and staff learn from events such as accidents and incidents, complaints, concerns, whistleblowing and investigations. This reduced the risks to people and helped the service to continually improve.

The home was clean, warm, well ventilated and free from offensive odours. We saw the home was well maintained and suitable for the lifestyle of people who used the service.

The duty rota provided details of the grades and number of staff on duty for each shift. Discussion with the manager and operations manager confirmed that staffing levels were determined by the health and social care needs of people who used the service.

Is the service effective?

People's health and care needs were assessed with them or their relatives and they were

involved in writing their care plans. Specialist dietary, mobility and equipment needs had been identified in care plans where required. Care plans were reviewed regularly and amended to reflect people's changing needs.

We found that people's weight and appetite was monitored. When any problems were identified advice was sought from the doctor, speech and language therapist and dietician. We saw that care workers were attentive to people's needs at lunch time and sat next to the people who required assistance to eat their meal.

There was a rolling programme of training in place so that all members of staff were kept up to date with current practice.

Is the service caring?

We saw that care workers were attentive to people's needs and offered appropriate encouragement and assistance when necessary. One person said, "The staff are all brilliant." Each person had a care plan which contained information about their care needs and the support and assistance they required from members of staff in order to ensure their individual needs were met. Care plans also included details of people's personal preferences and interests.

People who used the service and their relatives were also given the opportunity to complete annual satisfaction questionnaires. These were evaluated at the company's head office in order to identify any areas for improvement

Is the service responsive?

We asked people what they did all day. One person explained they liked to go shopping and sit outside when it was sunny. Another person said, "There's plenty to do." The activities organiser told us about the activities she organised. These included, arts and crafts, reading, quizzes, pamper sessions and individual activities chosen by people who used the service. People were supported by members of staff to go shopping and visit other local amenities such as the cinema, theatre, pub, and bowling alley. People were also encouraged and supported by staff to pursue their own interests and hobbies.

People who used the service were encouraged to express their views about the care and facilities provided at the home at regular meetings. The manager explained that she met individually with people who were unable to attend the group meetings.

Is the service well-led?

The service worked well with other agencies and services to make sure people received their care in a joined up way.

There were systems in place for assessing and monitoring the quality of the service provided. We saw that audits completed regularly by the manager covered all aspects of the service provided.

Discussion with members of staff confirmed that they had received appropriate training and understood their roles and responsibilities. This helped to ensure that people who used the service received the care and support they needed.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care and support that met their needs and protected their rights.

Reasons for our judgement

Two people who used the service told us they liked living at the home and received the care and support they needed. One person said, "It's the best place."

We asked people what they did all day. One person explained they liked to go shopping and sit outside when it was sunny. Another person said, "There's plenty to do." The activities organiser told us about the activities she organised. These included, arts and crafts, reading, quizzes, pamper sessions and individual activities chosen by people who used the service. Special occasions were celebrated such as birthdays, Halloween and Christmas. People were also encouraged to pursue their own interests and hobbies. We saw that one person was a keen football supporter. People were supported by members of staff to go shopping and visit other local amenities such as the cinema, theatre, pub, and bowling alley.

Arrangements were in place for the manager or the operations manager to visit and assess people's personal and health care needs and abilities before admission to the home was considered. Information was also obtained from other health and social care professionals such as the person's social worker. People were invited to visit the home and meet the people living there and then stay overnight before deciding if Thames House was a suitable place for them. This process also helped to ensure that people's individual needs could be met at the home.

We looked at the care plans of four people using the service. These plans contained information about people's care needs and the support and assistance they required from members of staff in order to ensure their individual needs were met. Any risks to people's health and wellbeing were identified and managed appropriately in order to promote their safety and prevent health problems. Care plans were reviewed and updated on a regular basis so that staff had up to date information about the care needs of each person. It was clear from the information about people's individual likes and dislikes contained in these plans that they and their relatives had been involved in planning and reviewing their care. We saw that where possible people using the service or their representative had signed

their care plan to indicate their agreement with the care provided.

The care plans we saw demonstrated that people had access to specialists and other healthcare professionals such as speech therapists and dieticians. Each person was registered with a GP who they saw when needed. Records were kept of all appointments and visits so that members of staff were aware of people's changing needs and any recurring problems.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

Prior to this inspection we had received concerning information about the food and fluids people were receiving. During this visit we found that people's care records included an assessment of their nutritional status so that appropriate action could be taken when any problems were identified. This assessment was kept under review so that any changes in a person's condition could be treated promptly. People's weight was checked and recorded monthly or more frequently if weight loss needed to be monitored.

The care plans we looked at included information and advice from the speech and language therapist and dietician about a suitable diet to prevent weight loss and safely manage any problems with swallowing. The records maintained by members of staff demonstrated that the instructions given by the speech and language therapist and dietician had been followed. Records also included details of people's food and fluid intake.

Two people who used the service told us that the meals were good. Menus were planned in advance and rotated on a four weekly basis. People were offered a choice of meal and special diets and people's individual preferences were catered for.

People who used the service chose whether to eat their meals in the dining room or the privacy of their own rooms. The meal served at lunchtime looked wholesome and appetising. We saw that care workers were attentive to people's needs and offered appropriate encouragement and assistance when necessary. Care workers sat next to people who required assistance to eat their meal. People were assisted to eat at their own pace and care workers chatted to them to help make lunch time an enjoyable social occasion.

We saw that people were offered drinks and snacks between meals and fresh fruit was available to help ensure they received a varied and balanced diet.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

Policies and procedures for safeguarding vulnerable adults from harm were in place. These provided guidance on identifying and responding to the signs and allegations of abuse. Two members of staff confirmed that they had received training and knew the procedure they must follow if abuse was suspected or witnessed.

We saw that care plans included an assessment of people's capacity to make decisions about their care and treatment. Members of staff had also received training about the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards so they knew the procedure to follow if a person was unable to make decisions for themselves. This helped to ensure people in that situation receive appropriate care and treatment.

Procedures were in place relating to financial transactions involving people's money. The records we looked at were up to date and accurate. This meant that people who used the service were protected from the risks of financial abuse.

All members of staff had access to the 'Whistle Blowing' procedure. This ensured that members of staff knew the procedure to follow and their legal rights if they reported any genuine issues of concern.

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

The provider has taken steps to ensure that people are cared for in an environment that is safe and adequately maintained.

Reasons for our judgement

On the day of our inspection we found that the home was clean, warm, well ventilated and free from offensive odours. We saw the home was well maintained and suitable for the lifestyle of people using the service. Communal rooms were spacious and suitable for a variety of social and cultural activities. The garden was well kept and a patio with garden furniture enabled people to sit comfortably outside when the weather permitted.

People who used the service were supported to choose the décor of their own rooms. One person told us they liked their room and had brought their own possessions such as a television or pictures for the walls to make it more homely. All the bedrooms were suitably equipped with special chairs and beds available when required in order to meet the needs of people who used the service.

All the bathrooms had an assisted bath which was suitable for people with disabilities.

Procedures for evacuating the home in the event of a fire were in place. Members of staff had also received training in fire prevention. There were records to demonstrate that electrical appliances and the heating system were regularly tested and serviced in order to identify and address any problems.

The main entrance was locked so that members of staff could monitor people entering the building and ensure they had a valid reason for doing so. This helped to maintain the safety of people who used the service.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We observed that members of staff were attentive to people's needs and spoke to people in a courteous and friendly manner. One person said, "The staff are all brilliant."

The duty rota provided details of the grades and number of staff on duty for each shift. In addition to the registered nurses, care workers and activities organiser, ancillary staff were also employed. These included domestic and kitchen staff, a maintenance person and administrator. Discussion with the manager and operations manager confirmed that staffing levels were determined by the care needs of people who used the service. This meant that staffing levels were kept under review and adjusted when necessary in order to ensure that people's health and social care needs were met. One person told us there were enough staff on duty and they did not have to wait when they required assistance.

The manager explained that induction training for new members of staff involved completing seven days mandatory training which included moving and handling, fire prevention and safeguarding vulnerable adults from harm. New employees then shadowed a more experienced member of staff to help them gain confidence working with the people accommodated at the home.

We were shown records to demonstrate that training for all members of staff was ongoing in order to ensure that all members of staff were kept up to date with current practice.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

The manager was new to the home and had only been in post for a few weeks. However, she had begun the required legal process to become formally registered with the Care Quality Commission. The manager was currently being supported in her role by the more senior operations manager.

There were systems in place for assessing and monitoring the quality of the service provided. We found that people using the service were involved with decisions which affected them personally, both informally on a daily basis and as part of the support review and care planning processes.

Meetings for people who used the service were usually held monthly. The minutes of the last meeting indicated that leisure activities had been the main item for discussion. The manager explained that due to problems with communication some people preferred to meet individually with the manager. Records of these meetings were kept so that appropriate action could be taken to address people's needs and requests.

People who used the service were given the opportunity to complete satisfaction questionnaires annually in April. These surveys were evaluated at the company's head office in order to identify any areas for improvement. Any concerns people raised were responded to individually by the manager. The relatives or representatives of people who used the service were also encouraged to express their views by completing annual satisfaction questionnaires.

We saw that audits completed regularly by the manager covered all aspects of the service provided including medication, care planning, infection control, health and safety and the environment.

All accidents and incidents were recorded and analysed by the manager so that any trends could be identified and addressed.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.


You can tell us about your experience of this provider on our website.


How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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