

Thanet Healthcare Limited

Thanet House

Inspection report

50 Barrow Road
Streatham
London
SW16 5PG

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20 May 2016

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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

We carried out this inspection on 18 & 20 May 2016 and the inspection was unannounced.

Thanet House is a care home registered to provide care and support for up to six adults with mental health needs. At the time of the inspection there were six people living at the service.

The service did not have a registered manager in place. At the time of the inspection the manager had applied to be registered with the commission. 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.

The service did not have adequate audits in place to effectively manage medicine stock. Audits carried out by staff did not always tally with the amount of medicines available in stock. Staff calculations of medicines remaining was incorrect, this meant it was difficult to ascertain if the remaining medicines were correct and if people had received their medicines as prescribed. The manager was implementing a new auditing tool for medicines, which would quickly identify errors and minimise the risk to people.

The last inspection took place on 17 July 2014 and the service met all areas inspected.

The service had comprehensive systems in place to protect people from the risk of harm and abuse. Risk assessments were in place that identified risks to people and gave staff guidelines on how to manage those risks. Staff were aware of the different types of abuse and the appropriate steps to take in reporting suspected abuse. Staff had received safeguarding training.

People's care plans were person centred and tailored to meet their needs. Staff received guidance on how to support people according to their preferences and needs. Care plans detailed people's history, likes and dislikes, medical needs and support requirements. Care plans were regularly updated to reflect people's changing needs. Where possible people were encouraged to develop their care plans and their input and views were listened to and respected.

People's consent was sought prior to the delivery of care. People were encouraged to make decisions about the care they received and their choices were respected. The manager and staff were aware of the correct procedure should someone be unable to give their consent. People were not deprived of their liberty unlawfully. The manager and staff had sufficient knowledge of the Mental Capacity Act 2005 [MCA] and Deprivation of Liberty Safeguards [DoLS] and their responsibilities within the legal framework.

Staff encouraged people's privacy and dignity and were aware of the importance of doing so. Staff were kind and compassionate towards people in their care and encouraged positive relationships. People were encouraged to raise their concerns and complaints. People knew how to make a complaint and the manager was able to demonstrate the appropriate system for dealing with complaints in a timely manner.

The service had information in the communal area of the service on how to raise a complaint.

People had sufficient amounts of nutritional food to eat and drink. The service liaised with health care professionals to support them in devising a healthy menu that met people's dietary requirements. People were encouraged to prepare their own meals when appropriate. People's independence was encouraged and praised. Staff supported people to participate in a wide range of both in house and community based activities.

People were supported by sufficient numbers of skilled and knowledgeable staff. The service had robust recruitment procedures in place to ensure suitable staff were employed. Staff personnel files showed the provider had received checks from the Disclosure and Barring Service [DBS], two references and photo identification prior to staff starting work. Staff underwent on-going training in safeguarding, medicines management, MCA and DoLS.

People received care and support from staff that regularly reflected on their working practices. Staff received on-going supervisions and annual appraisals. Staff spent one to one time with the manager discussing their roles and responsibilities, areas that worked well and areas where they required additional guidance and support.

The manager actively encouraged partnership working. Records showed people were supported to access a wide range of health care professionals to ensure their health needs were monitored and maintained. The manager carried out audits of the service to gain feedback and improve the quality of care. Quality assurance questionnaires were sent annually to people, their relatives, staff and health care professionals.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. The service administered, recorded and stored peoples medicine in line with good practice. People's medicines were audited regularly; however errors were not identified as part of the auditing process. The manager had introduced robust auditing tools to minimise the risk of unsafe medicine management.

People were supported by staff that could identify the different types of abuse. Staff received safeguarding training. Staff were aware of the correct procedure in reporting suspected abuse and harm. Risk assessments gave staff guidance on how to manage identified risks.

People received care and support from sufficient numbers of staff that had undergone the necessary safe recruitment checks.

Good 

Is the service effective?

The service was effective. People received support from skilled and knowledgeable staff. Staff undertook on-going training to meet people's needs.

People were not deprived of their liberty unlawfully. Staff received mental capacity act 2005 (MCA) and deprivation of liberty safeguard (DoLS) training and were aware of their responsibilities in line with legislation.

People's consent to care and treatment was sought prior to care being delivered.

People were encouraged to attend health care appointments in the local community to maintain and monitor their health care needs.

People were supported to have sufficient amounts eat and drink. People's nutritional needs were monitored by staff and staff encouraged people to eat healthily.

Good 

Is the service caring?

The service was caring. People were encouraged to maintain

Good 

positive relationships with people important to them.

People's privacy and dignity were respected and encouraged. Staff were aware of the importance of respecting people's dignity and privacy.

Is the service responsive?

Good ●

The service was responsive. People received care and support that was person centred and met their changing needs. Care plans gave staff guidance on how to meet people's needs.

People were supported to make decisions about their care wherever possible. Staff gave people information in a manner they preferred to enable them to make decisions. Staff respected people's decisions.

People were aware of how to make a complaint and raise their concerns. The service responded to people's concerns in a timely manner.

Is the service well-led?

Good ●

The service was well-led. The manager encouraged an open and inclusive culture where people's views and goals were respected and encouraged.

People had access to the manager. The manager operated an 'open door' policy, where people could speak with her at a time that was convenient to them.

The manager sought feedback on the service to drive improvement. The service sent quality assurance questionnaires to people, their relatives and health care professionals. Where appropriate action was taken to address identified areas of concern.

Thanet House

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.

The inspection took place on 18 and 20 May 2016 and was unannounced. The inspection was carried out by one inspector.

Prior to the inspection we looked at information we held about the service. This included notifications, a notification is information about important events, which the service is required to send us by law.

During the inspection we spoke with two people, one staff and the manager. We looked at three care plans, three medicine administration recording sheets [MARS] and other records relating to the management of the service including policies and procedures, risk assessments and staff personnel files. After the inspection we spoke with one relative and one health care professional.

Is the service safe?

Our findings

People's medicines were managed safely. We looked at three people's medicine administration recording sheets [MARS] and found these were completed in line with good practice. MARS documented people's medicine, dosage and when to be taken. The storage, disposal and ordering of medicines was completed in line with good practice. Medicine audits were carried out weekly and the manager oversaw their completion. At the time of the inspection the manager was in the process of implementing a new auditing process which meant that errors identified were acted upon immediately. We looked at the new medicines auditing tool and found this to be robust. People told us, "Staff help me with my medicines. They get it for me but I can pop the medicine out and then take it". Another person told us, "Staff help me to take my medicines, I am happy with that". A health care professional told us, "The service call me regularly to discuss people's medicines, or if they have concerns. I have had no incidents of the service reporting they have run out of medicines".

People were encouraged to manage their medicines independently. Staff supported people where appropriate to self-administer their medicines. Risk assessments and involvement with external health care professionals had been completed to ensure people were safe to manage their own medicines. Records showed staff supported people to understand the importance of taking their medicines, on time and in line with the prescribing GP's instructions. Staff recorded all medicines administration and checked with people to ensure they had self-administered their medicine safely.

People were protected from the risk of abuse. People told us they felt safe living at Thanet House and that staff looked out for their best interests. One person told us, "I do feel safe here. The staff look after me and they talk to me about keeping safe when I go out". Another person told us, "I feel totally 100% safe here. The staff make me feel safe". The service had procedures in place that gave staff guidance on how to protect people from harm and abuse. Staff told us they received safeguarding training. One staff said, "I've found the training helpful and intensive, it gave me the skills to keep people safe". Staff were aware of the different types of abuse and how to report suspected abuse. The service had posters and leaflets in the service which gave people the information on how to report abuse or suspected abuse.

People were protected against avoidable harm. A health care professional told us, "We speak with the service about risks to people and work together in developing risk assessments". Staff told us, "The risk assessments give us [staff] information on what risks people may come across and how to help them". Risk assessments were in place and gave staff clear guidance on how to support people when faced with identified risks. Risk assessments focused on aspects of identified risks, for example, mental health relapse, physical health, declining medicines, social activities and self-harm. The risk assessments identified the known risk, previous associated risks, triggers and support required. Risk assessments were reviewed regularly and updated to reflect people's changing needs.

People received care and support from staff that had undergone the necessary recruitment checks. The provider had a robust procedure in place to ensure only staff that were suitable to join the service were employed. We looked at staff personnel files and found that each file had two references, a Disclosure and

Barring Services check [DBS] and photographic identification.

People were supported by sufficient numbers of staff to meet their needs. People told us, "I think there are enough staff". A health care professional told us, "There are definitely enough staff to meet people's needs. I believe the staffing levels is really good". Staff told us they felt there were enough staff to ensure people were supported appropriately. The service confirmed that they did not use agency staff, in order to maintain familiarity and consistency for people. Records showed that there were enough staff to cover all shifts and where shortages were highlighted these were covered with overtime, the manager or bank staff.

People lived in a safe environment. The service carried out regular checks on the environment to ensure it was safe. We looked at the records the service held and found that regular fire safety, maintenance and kitchen safety checks had been undertaken. Where risks or concerns were identified the manager acted in a swift manner. For example, the health and safety maintenance audit identified that the bannister required tightening. This was then highlighted to the manager and worked carried out to fix the issues were completed within 24 hours.

Is the service effective?

Our findings

People were not deprived of their liberty unlawfully. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. At the time of the inspection the service did not have anyone subject to a DoLS authorisation. The service liaised with the local mental health team and both staff and the manager had good knowledge of their responsibilities within the legal framework.

People's consent was sought prior to care being delivered. People told us, "Staff seek my permission". A relative told us, "I would imagine that they seek [relative's] consent, they [staff] wouldn't get very far if they hadn't". A health care professional told us, "Yes, staff always seek people's consent". Staff we spoke with said, "We [staff] always ask and seek people's consent. We have to get their consent before we do things". They went on to say, "We always respect people's decisions even if they are different from our own". Throughout the inspection we observed staff seeking people's consent before delivering care. For example, one person was cooking in the kitchen and staff observed that the person required some support. Staff asked permission to help and this was granted. When asked what staff would do if consent was not given, staff told us they would try to find out why, then discuss with people the impact of giving and declining consent may have on them.

People received care and support from staff that were knowledgeable and skilled in delivering care. People told us they believed staff were trained and knew how to care for them. A health care professional told us, "I would say that the staff are skilled and they receive training as they have their own in house training process". Staff told us, "We have a lot of e-learning courses. I feel the training equips you for the job. A lot of the training is common sense and I do feel I could request additional training if needed". Staff received a comprehensive induction programme upon employment. One staff told us, "I had my induction many years ago. It lasted a couple of weeks and we spent time meeting people, staff and getting to know the lay out of the building. We received training and I was shadowed by a competent staff member for two months before lone working. Upon successful employment staff are given an induction foundation workbook, this included competencies that staff must complete, prior to working without supervision. Staff received on-going training in all mandatory courses. This included, health and safety, medicines management, fire safety, safeguarding, Deprivation of Liberty Safeguards [DoLS] and Mental Capacity Act 2005 [MCA]. We looked at staff files and after the inspection the manager sent us a copy of staff e-learning certificates to confirm staff had undergone mandatory training.

People were supported by staff that regularly reflected on their working practice. Staff told us, "I have a supervision every two to three months. We talk about training, people, staff and any issues I may have. I also have a yearly appraisal. We discuss my performance and how I have developed in the last 12 months, both positive and negative. We set goals for the coming year, for example training". We looked at staff supervision

and appraisal records and found staff were encouraged to discuss any areas of concern, medicines management, people's needs, training and communication with their manager. The manager and staff then set goals for the next three months for the staff to achieve. Staff confirmed they did not need to wait for their planned supervisions to request feedback and guidance from the manager.

People were supported to access sufficient amounts of nutritious food and drink. People told us, "I like to cook for myself, the staff tell me the healthy options but I can choose what I want". Another person told us, "I cook and staff help me, sometimes I go to the shop to buy the ingredients but I do cook". Staff told us, "We [staff] are aware of people's cultural needs and preferences and we always adhere to people's needs. For example some people don't eat certain types of meat, so we ensure we purchase alternatives. We are in touch with the primary nurse for advice on nutrition and liaise with the GP regarding healthy foods and well-being".

At the time of the inspection we observed people making homemade soups and found there was a selection of drinks and fruit available on the dining room table for people to help themselves throughout the day. The service had in place a four week menu, and people were encouraged to contribute to the meal planning. People confirmed what staff told us, that should they not like what was available or on the menu, that an alternative was always offered. Where people's health needs meant they had specific dietary requirements, such as diabetes, staff would support people to access the appropriate foods.

People had access to health care professionals at all times. People told us, "I can see the nurse or the GP. I have someone that I speak to about my health but I'm very healthy anyway". Another person told us, they were in contact with the mental health team as and when they wished. A health care professional told us, "Staff ensure that people have access to health care services. We support the service to make sure people are able to access all health care practices as and when required". Records held by the service, showed that people had access to the mental health team, district nurse, GP, dentist and community practice nurse. Staff were aware of the importance of supporting people to access health care services, and records of visits were detailed and held on file.

Is the service caring?

Our findings

People received care and support from staff that were caring, compassionate and respectful. People told us, "Staff treat me well, they support me with everything". Another person told us, "They [staff] are really nice. They always ask me if I'm alright and make sure I stay healthy. They are really helpful". A health care professional told us, "The staff are caring and kind and treat people with respect". Throughout the inspection we observed staff interacting with people in a kind and caring manner. Staff told us, "We treat people in the way we would like to be treated".

People's privacy and dignity were promoted and respected. When asked if they were treated with dignity and respect, people told us, "Of course they [staff] do. They [staff] help me to tidy my room and always knock on my door to see if it's ok to come in". Another person told us, "Staff always ask my permission before doing things for me". A relative told us, "They [staff] do treat my relative respectfully, they respect [their] privacy but I can only base this on the community review meetings". Staff were aware of the importance of respecting people's privacy and dignity. Staff were observed throughout the inspection knocking on people's doors to seek authorisation prior to entering. We observed staff speaking to people in a respectful manner.

We received mixed reviews about people being encouraged to maintain their independence. A relative told us, "I believe they [staff] help my relative become more independent. But I think they [staff] could do more, I think they [staff] are just maintaining my relative not rehabilitating [them]". People told us, "I do my own cooking, I can go out if I want to. I can do things that I choose to do, but the staff show me how to do things so I can learn to do them for myself". A health care professional we spoke to told us, "The service do encourage people to be independent, for example with accessing the community or taking part in activities and college courses". Staff were aware of the importance of people being independent and rehabilitating into the local community. Staff told us, "We try to support people at a distance. We [staff] give people the platform to integrate back into the community and learn daily living skills. If they [people] have any problems we can support them but we always prompt people to try to do things for themselves first before stepping in".

People's confidentiality was maintained and respected. Staff were aware of the importance of maintaining people's confidentiality. People's confidential records were kept secure in a locked office, whereby only those with authorisation could access them. Staff were observed maintaining people's confidentiality and closing the office door when discussing topics of a confidential nature.

People were informed of what was happening throughout the day. A health care professional told us, "You can always see that staff are talking to people, they [staff] fully integrate with people in a very proactive way". Staff kept people up to date on the activities taking place within the service. Staff were observed informing people of activities that people needed to complete for the day, for example visiting health care professionals and attending activities. Staff spoke to people in a manner they understood.

Is the service responsive?

Our findings

People received care and support that was person centred and tailored to their individual needs. Care plans were reviewed regularly and updated to reflect people's changing needs. A relative told us, "We do put forward suggestions at review meetings, but I don't think our ideas are always listened to. We also put forward key proposals and we don't feel these are always followed up. It feels a bit repetitive; it's frustrating that we don't seem to get the minutes from the meetings". At the time of the inspection we found no evidence to support this statement.

People told us, "I can see my folder [care plan] if I wanted to. They [staff] have meetings and talk to me about it". A relative told us, "I've been invited to a review meeting of my relative's care plan". A health care professional told us, "We work jointly with the service to devise care plans and the service have demonstrated that they stick to the agreed plan". The care plans we reviewed detailed important information about people and their needs. For example, their history, medical needs, preferences, likes, dislikes and support needs required. Care plans incorporated information and advice from external health care professionals, which gave staff guidance on how to support people safely.

People were encouraged to make decisions about their care and their decisions were respected. A person told us, "I choose what I want to do. They [staff] talk to me about what I can do but I get to choose". When asked if they could make choices and decisions about their care, one person told us, "Yes, very much so. I get to make all choices and decisions but the staff always help explain what the choices and decisions may mean". Staff told us, "We [staff] always offer people choices before we do things. We offer alternatives if someone isn't happy with the choices offered and respect people's decisions".

People participated in a wide range of activities of their choice. One person told us, "I go out a lot, to the gym, swimming and to the cinema" Another person told us, "I go to the shops and see my family a lot". Staff told us, "We provide internal activities like movie nights and cooking sessions. There are many external activities such as, chess club, football, cinema groups and religious and cultural clubs". People were encouraged to participate in activities that were based in the local area to support people's rehabilitation into the community.

People were protected against the risk of social isolation. Staff were aware of the potential impact of people experiencing social isolation. Staff told us, "We encourage people to engage with others but are respectful that they may not want to all the time". Staff recorded and shared their concerns about people who were at risk of social isolation with health care professionals to gain advice and support.

People were encouraged to raise their concerns and complaints. People told us they knew how to raise a complaint, one person told us, "I would talk to my keyworker, or the manager if I'm not happy about something". Another person told us, "Yes I can talk to staff about complaints". A health care professional told us, "The service listen to and act on any concerns we may raise immediately. If you make a suggestion they [the service] listen to you. They [staff] want to hear our suggestions and they listen and take things on board". Records indicated there had been no complaints received by the service in the last 12 months. The

service had posters in the main entrance lobby that gave people and staff guidance on how to raise their concerns and complaints. The manager was aware of the appropriate process in dealing with future complaints.

Is the service well-led?

Our findings

People, health care professionals and staff spoke well of the manager. One person told us, "I find her fine". A relative told us, "I'm aware of who the manager is". A health care professional told us, "The new management seems spot on. Firm but fair and she wants to progress the service. I admire her dedication". They went on to say that they would recommend the service to everyone "as it's one of the best". Staff told us, "I really like the manager, she is hands on and has built a good rapport with people".

Since the last inspection of Thanet House a new manager has been recruited and has applied to become the registered with the commission. The manager operated an open, transparent and inclusive culture, where people, staff and others were encouraged to participate in the future development of the service. The atmosphere in the service was warm and welcoming.

The manager operated an open door policy, where people, their relatives, staff and health care professionals could meet with her at a time that was convenient to them. People told us the manager was approachable. One person told us, "I could definitely go to her [manager] if I had any issues or problems". Staff told us, "She's [manager] approachable, I believe I can go to her about any concerns I would have and be listened to. She is changing the way we do things, paperwork and auditing and wouldn't ask staff to do things, that she isn't prepared to do herself".

The manager carried out daily, weekly, monthly, six monthly and yearly audits of the service. We looked at audits to ensure the environment was safe, for example, fire safety checks, gas safety checks and food hygiene checks. We found these all completed in line with good practice. Audits relating to the care plans and risk assessments were up to date. Audits were completed by staff and overseen by the manager.

People, their relatives, staff and health care professionals were encouraged to share their feedback on the service. One relative confirmed that they received the annual questionnaire. The last quality assurance questionnaires were sent out in March 2016. The service had received four completed forms from people who used the service and four from staff. The questionnaires looked at the standards of care delivered, the professionalism of staff, the level of inclusion and if their relative's needs were being met. The manager told us, "If we do receive any negative feedback, we would contact the person and discuss the points they've raised. We would then look to work out a rationale to find a solution. It is incredibly important to be transparent in all that we do".

The manager actively encouraged partnership working with other health care professionals. Records confirmed that where advice had been sought from health care professionals, this had then been shared with the care staff through team meetings and the communication book. Then incorporated into people's care plans and risk assessments. A health care professional told us, "The staff are warm and caring friendly people, who are easy to talk to. I admire that they are happy to seek support from us, when they are unsure of something".