Medical Express Ultimate Care Services Limited

Thornsbeach Court

Inspection report

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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 conducted an inspection of Thornsbeach Court on 13 July 2018. The inspection was unannounced. At our last comprehensive inspection we found the service was meeting regulations inspected. However, 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 for the service.

Thornsbeach Court 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. Thornsbeach Court provides accommodation and personal care for up to seven 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 September 2017 and the other person had moved in approximately one week prior to our inspection.

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.

The provider operated safer recruitment processes by conducting appropriate pre- employment checks of candidates prior to their employment. The provider ensured that a sufficient number of suitable staff were employed to provide care.

The provider safely administered and managed medicines. Care staff had a good understanding of the procedures they were required to follow when administering medicines to people and records demonstrated that correct processes were being followed.

Risks to people's care were assessed and appropriate risk management guidelines were put in place. Care staff had a good understanding about the risks to people's care as well as what they were required to do to manage these.

Staff had a good understanding 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. Staff sought people's consent before providing care and support.

People were supported with their health and nutritional needs. Care staff understood people's needs and supported them to access any external support they required.

Care staff had a good understanding of the people they were supporting and we observed kind and caring interactions between people using the service and care staff.

Care staff ensured people's privacy and dignity was respected and promoted. People and their relatives were involved in decisions regarding the management of their care.

There was a complaints procedure in place and people and relatives confirmed they were aware of this if needed.

People were given appropriate support to access activities both within and outside the home. Care staff were proactive in offering different options to people regarding the activities they wished to pursue.

The provider had suitable quality monitoring processes in place and action plans were put in place and implemented where needed.

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.

Risks were assessed and appropriate risk management guidelines were in place for care staff to follow.

There was an appropriate safeguarding policy and procedure in place. There were enough staff scheduled to support people using the service.

The provider conducted suitable checks of candidates prior to their employment.

Is the service effective?

Good

The service was effective.

The provider met the requirements of the Mental Capacity Act 2005.

The provider was meeting the healthcare and nutritional needs of people using the service.

Care workers received an appropriate induction, training and supervisions of their performance.

Is the service caring?

Good

The service was caring.

The person we spoke with told us care workers were kind.

Care workers had a good understanding of the people they were supporting and encouraged them to be as independent as possible.

Care workers promoted people's privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People were involved in planning their care and the provider met different aspects of people's needs including their physical, emotional and social needs.

People were involved in planning their care and the provider encouraged people to participate in activities they enjoyed.

There was an appropriate complaints policy and procedure in place.

Is the service well-led?

Good

The service was well- led.

The provider had appropriate quality assurance systems in place to monitor the safety of the living environment and the quality of care records.

Care staff gave good feedback about the registered manager.

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 13 July 2018. This inspection was carried out by a single inspector. The inspection was unannounced.

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

We spoke with four care workers and the registered manager of the service. We also spoke with one person using the service and one relative of a person using the service. We looked at two people's care records, six staff records and records related to the management of the service.

Good

Is the service safe?

Our findings

The person we spoke with told us they felt safe living at the service and trusted their care workers. They told us "I trust them and think they do the best for me." The relative we spoke with also confirmed they felt their family member was safe at the service.

The provider assessed and appropriately managed risks to people's safety. We found care records contained numerous risk assessments which were individual to people's needs and explained the nature of the risk and details of the control measures that were in place to deal with these. For example, we saw one risk assessment that dealt with the risk of the person using a fan in their room. The risks associated with this were that the person could trip over the wire in their room and cause injury to themselves. The risk management plan was that care workers were required to monitor the person's use of the fan and to ensure that the person's room was free from tripping hazards including the fan wire. Another person's risk assessment identified that they were at risk from falls. There was appropriate guidance in place for care staff to help the person to manage this risk. Advice for care staff included supervising the person whilst they mobilised, ensuring there were no trip hazards both inside and outside the house in the property gardens as well as ensuring they had appropriate footwear on.

Staff received effective training in safety systems, processes and practices. Care staff had received training in fire safety and first aid and knew how to respond appropriately in an emergency situation. One care worker told us "If there was a situation I would first assess it and make sure the person was comfortable and not in any danger. I'd then call for help. If the manager was in I would call out for her, but then call the doctor or the ambulance depending on the situation."

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 PEEPs included specific instructions for care workers in what to do in the event of an emergency. For example, we saw one person's PEEP confirmed they required the assistance of one person to exit the building in an emergency situation.

The provider ensured there were a sufficient number of suitable staff in place to support people. The registered manager confirmed that she assessed the numbers of staff needed every week and if more care staff were needed, she would ensure they were in place. At the time of our inspection one person using the service was assisted by two care staff at all times and the other person was in receipt of care from one care worker. We looked at the staff rota for the month of our inspection and saw that an appropriate number of staff had been scheduled to work. 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. Care staff commented that they felt there were enough of them working to support people with their needs. One care worker told us "There are enough of us on duty."

There was an appropriate safeguarding policy and procedure in place to help prevent and respond to allegations of abuse. The policy detailed the procedure to be followed by both the manager as well as the

care worker if they suspected abuse was taking place. This included contact details of other agencies for reporting purposes such as CQC and the local authority safeguarding team. Care workers had a good understanding of the procedure they were required to follow in the event of a safeguarding allegation.

The provider ensured the proper and safe use of medicines. Medicines were delivered on a monthly basis for people using the service by the local pharmacy within monthly 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 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. Care staff had a good understanding about how to correctly store and administer medicines.

The provider conducted safer recruitment practises to help ensure candidates were safe to work with people. In the staff files we looked at 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 to help employers make safer recruitment decisions. We saw evidence of two references, application forms which detailed people's previous employment history as well photographic identification and people's right to work in the UK.

Good

Is the service effective?

Our findings

People's care was delivered in line with current guidance. The registered manager explained that she ensured care staff were provided with up to date training in order to ensure their knowledge was up to date in line with current best practice. She also explained that she worked with an external organisation in the development of policies and procedures to ensure these were up to date. The organisation also provided updates on best practice requirements which assisted in ensuring the provider was up to date in line with current requirements.

The provider ensured care staff had up to date skills and knowledge in order to provide people with effective care. The person we spoke with confirmed care staff seemed to be well trained in their roles. They told us "Staff seem to know what they're doing. I've never noticed any problems." Care staff confirmed they received up to date training in various subjects including safeguarding adults, health and safety and food safety training. One care worker told us "We get trained in different subjects and can get extra training if we need it." Records indicated that care staff had received up to date training in mandatory subjects.

Care staff received an induction which covered a number of areas including different aspects of the role and how care workers were expected to perform tasks such as personal care as well as policies and procedures and practical matters about the layout of the building. Care workers were required to complete an induction checklist that was signed off by the registered manager and confirmed they were competent in a number of areas. Care staff confirmed they had received an induction and told us this prepared them for their role. One care worker said, "It was good and I got the chance to ask any questions I had as well."

Care workers received subsequent support in the form of a combined 'supervisions and appraisal' meeting to ensure their skills were developed in accordance with the requirements of their roles. Care staff confirmed they received ongoing support through one to one meetings with their manager and that they discussed their development and any issues in the performance of their jobs. One care worker told us "We get supervision meetings about every three months and the manager asks us how we're doing and if we need anything."

People were supported to eat and drink enough to maintain a balanced diet. People's care records included a nutritional needs assessment which specified whether people had any particular dietary needs as well as practical advice for care workers about which types of food they were required to prepare to meet these. For example, we saw one person's care record stated that they needed to eat soft food. Care staff therefore, prepared food which was to the person's liking in the onsite kitchen. The person confirmed they liked the food they were given and that they were asked what they wanted to eat before every meal as well as what ingredients they would like to have purchased before care staff bought groceries. They told us "They make the food I like. It's all fresh and tastes good."

People's day to day healthcare needs were met. We saw people's care records contained information about what their daily health needs were and care staff had a good understanding of this. For example, we saw one person was required to visit the pharmacy every day in order to be given their medicine and care staff

ensured this happened. Care staff accompanied the person to do so and explained what medicine the person needed and why. We also saw that people's care records contained a good level of information about people's mental health needs as well as a care plan about how they were required to manage this. For example, we saw one person's mental health care plan concluded that one person was at risk of self-neglect of their personal care and therefore required support and encouragement in all aspects of their daily living including personal care.

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).

The provider conducted mental capacity assessments to ensure that people were able to consent to their care. Where they were not able to do so, we found appropriate mental capacity assessments were conducted and that a decision was made to provide care in their best interest in consultation with family members. One person using the service had a DoLS authorisation in place and records confirmed their family member and clinicians had been consulted in relation to this decision. The other person using the service had capacity to consent to their care and had done so.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion in their day to day care and support. The person we spoke with told us "They are nice to me. We sit and chat together." The relative we spoke with also confirmed that care staff were kind to their family member and that they cared about their wellbeing. We observed care staff conversing with people using the service. We overheard conversations where care staff asked people questions about their lives as well as their opinions on various matters.

Care staff had a good understanding of the people they were supporting. One care worker gave us details about one person's life before they joined the service and this included their occupation as well as the circumstances that had led to them needing care. We saw people's care records also included information about people's lives before they started using the service and this included a history of their care needs, details of their families and their previous jobs where relevant. This meant that care workers had information available about the people they were supporting in order to begin to understand their emotional needs.

Care staff were able to support people with their emotional needs. We spoke with the registered manager about the numbers of staff she scheduled to work with people and she told us that people's mental health needs were just as important as their physical health needs and she wanted to ensure that care staff had the time and the energy to appropriately support people. This included care staff having the time to talk to people, to sit with people and have meaningful conversations. We observed this to be happening and observed that care staff encouraged people to speak up and share their views by asking questions and responding to these. One care worker told us "We have time to chat and have a cup of tea. I try to get to know people and build a good relationship."

People's privacy and dignity was respected and promoted. We observed care staff interacting with people in a respectful manner. We observed care staff knocking on people's doors and ensuring people's clothes and surroundings were well presented. Care staff had a good understanding of the importance of providing dignified care. One care worker told us "I am very careful during personal care. I make sure the door is closed and the curtains are drawn" and another care worker told us "We need to be careful about providing dignified care. We have one man and one woman living here, so we need to make sure they are both comfortable, but that they have the privacy they need."

The person we spoke with told us they could be as independent as they wanted to be. They told us "I can do what I want." Care staff told us they considered people's independent living skills were of great importance and that they considered this when providing assistance to people. One care worker told us one person "only needs to be prompted to do certain things, so we wouldn't do these things for [them]." We saw people's care records were clear about the level of support that people needed and were clear about what people could and should do for themselves. For example, we saw one person's care record stated that they needed to be prompted to complete their personal care, but once prompted, they could do so for themselves.

Care records included a section about people's cultural and religious needs. At the time of our inspection nobody using the service had any specific requirements for support to meet any cultural or spiritual needs.

Good

Is the service responsive?

Our findings

People were involved in the planning of their care. The person we spoke with told us "They asked me questions when I joined about how I like things done… and they do what I ask them." Care records were prepared in consultation with people and their relatives. The relative we spoke with confirmed they were consulted in relation to their family member's care and they continued to be involved and consulted in relation to this. The registered manager told us they consulted people and where possible, those important to them in determining their care needs and produced care plans that reflected these.

We saw people's care plans fully reflected various aspects of their needs. This included their physical and healthcare, emotional and social needs. Care records were organised into different sections that explored these and included advice for care workers to follow.

People were supported with their social needs in accordance with their wishes. We saw people's care records included information about their recreational interests. For example, one person's record confirmed that they did not like to go outside, but preferred to remain in the house, to walk in the garden and to watch television. We observed this person doing these activities on the day of our inspection. We also spoke with the registered manager about this person's social needs. She explained that although the person had stated a preference for not going outside, they did access the local community on a daily basis and we observed them to leave the house in order to do so. She also confirmed that they offered various activities to the person on a daily basis as their needs could change depending on how they were feeling.

The provider identified and met the communication needs of people using the service. We saw people's care records contained a specific communication care plan which identified the cause of any issues people had in communicating as well as advice for care workers in how they should respond to this. For example, we saw one person's communication care plan confirmed that they required care staff to speak clearly to them, to use simple words and to allow them time to process what had been said. We observed care staff speaking with the person in this manner and the person responded positively to this. Care workers had a good understanding of people's communication needs and provided us with examples of how they effectively communicated with people. One care worker told us one person "Needs us to be very clear in how we speak. We do things like facing [them] and using simpler language."

The provider met the requirements of the accessibility information standard (AIS). The AIS is a national standard that all organisations providing NHS or adult social care are required to implement. The AIS ensures that people using services who have a disability or sensory loss receive information they can access and understand. We found people's needs in accessing information was assessed and information was provided in accordance with these. For example, we saw people had specific documents created entitled 'Accessibility Information Procedure' which specified whether people were able to read and write in English and if information needed to be provided in a different format. These documents concluded that both people using the service were able to read and understand English and did not require information to be produced in an easy read format.

The provider had an effective complaints policy and procedure in place. This stipulated the process to be followed in the investigation of a complaint including the time frames for doing so. For example, complaints were supposed to be acknowledged within 72 hours and thereafter, investigations of complaints were required to be concluded within 28 days. At the time of our inspection there had been no new complaints.

Good

Is the service well-led?

Our findings

The provider had effective quality assurance systems to monitor the service. Care file audits were conducted every six months to ensure that all paperwork was in place and that care records were up to date. We also found various checks were conducted within the home to ensure the environment was safe for people. This included an annual check of all electrical equipment as well as a fire safety check to ensure fire safety systems including the alarm were within working order. Further auditing was also conducted which included a comprehensive annual infection control audit and a daily medicines room temperature check. Written records of these checks did not identify any issues.

The manager kept the culture of the service and morale of care staff under review. Care workers confirmed they enjoyed working at the service and felt the registered manager was a caring employer. One care worker told us "She cares about us and asks how we're doing, not just at work, but at home too." The registered manager confirmed that she spoke with staff in supervision sessions and on a daily basis to ensure they were well and able to work.

The provider had a clear governance framework that ensured responsibilities were clearly defined. Care workers had a good understanding of what their roles were and what was expected of them. One care worker told us "I support people to live their best possible lives." Care staff told us they were provided with a written job description prior to starting work and this made their responsibilities clear. We saw a copy of care workers job descriptions and found these tallied with their descriptions of their work.

The provider sought people's feedback as well as feedback from health and social care professionals involved in people's care. The registered manager told us she sought people's verbal feedback on a continual, ad hoc basis, but also occasionally sent relatives questionnaires in order to obtain written feedback. The relative we spoke with confirmed they were asked for their feedback on the care provided and they commented positively.

The service worked in partnership with other agencies and healthcare professionals depending on people's needs. We saw written records of communications between the registered manager and GP's and other professionals including psychiatrists about people's care needs. We also spoke with one person's social worker and they confirmed they were happy with the package of care being provided.