

Review of compliance

Thames Health Care Limited Thames House	
Region:	North West
Location address:	Thames Street Rochdale Lancashire OL16 5NY
Type of service:	Care home service with nursing
Date of Publication:	April 2012
Overview of the service:	Thames House is registered with the Commission to provide nursing care to people with Huntington's disease, Acquired Brain Injury and other physical disabilities. It is situated in Rochdale Lancashire and is purpose built with twenty en suite bedrooms in two ten bed units. There are fully accessible shared spaces for activities and private use. Admission to the home is determined through a comprehensive assessment

	which can be discussed with the manager.
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Thames House was meeting all the essential standards of quality and safety.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider and carried out a visit on 16 February 2012.

What people told us

People told us they were involved in planning their care and support and they were supported to make choices and decisions about matters which affected them.

People had no concerns about their care, treatment and support; they said they felt safe with the staff.

They told us they were treated with dignity and their privacy was respected. They said they were encouraged to be as independent as possible and that the care they received was very good.

They knew about their care plans which explained to care workers what they needed to do to support them and to help meet their needs.

People said they were being consulted about the service and were always asked what their needs were.

What we found about the standards we reviewed and how well Thames House was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People were involved in their care, treatment and support. They were supported to express their consent to the care provided. They were confident their human rights were respected and taken into account.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People experienced effective, safe and appropriate care and support through person centered care plans. Their needs, wishes preferences and decisions were at the centre of their assessment and delivery of care.

Outcome 07: People should be protected from abuse and staff should respect their human rights

People were protected from abuse, or risk of abuse and their human rights were respected and upheld.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

People using the service were cared for by sufficient numbers of staff who were properly recruited, trained and supervised. The recruitment procedures ensured the protection and wellbeing of people using the service.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

People using the service benefited from safe quality care, treatment and support. Effective decision making, quality monitoring processes and risk management, ensured good outcomes to their health, welfare and safety.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

We spoke with three people who use the service. They told us that they can express their views and were involved in making decisions about their care treatment and support. The people we spoke with told us they were agreeable to the treatment and support they were receiving at the home and knew who to talk to if there were issues relating to their care and support. One person said, "If I have a problem, the staff will always talk to me and ask me what I want to do".

Other evidence

We spoke with the manager who told us that new people were offered a place at the home following a comprehensive pre-admission needs assessment. The assessment was done to ensure that the needs of the person using the service could be fully met within the home.

Once this stage was completed any reasonable adjustments would be made so that the person using the service was enabled to be involved in decision making about their care and support.

People using the service and their representatives were given a copy of the service user guide which told them about the services they could expect to receive at the home.

There were consent policies and procedures. These were followed in practice,

monitored and reviewed and signed by the people using the service where possible. Where this was not possible representatives had signed these forms to agree to the care and support provided.

We looked at three care plans that belonged to people using the service. We found that each one contained a contract signed by the person or their representative, consenting to care and support provided by the home. The manager explained that care reviews were ongoing in response to the persons' changing needs. Care reviews always ensured that the risk benefits and alternative options were discussed and explained in a way that the person using the service would understand.

Our judgement

People were involved in their care, treatment and support. They were supported to express their consent to the care provided. They were confident their human rights were respected and taken into account.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

We spoke with a person using the service who told us that he was very happy with the care provided to him. He told us, "The manager is brilliant, if I have a problem the staff always talk to me".

Other evidence

Care plan records examined during the inspection visit included good clear person centred instructions for staff to follow. The plan ensured continuity of care, treatment and support and showed effective communication between all those who provided it. The manager told us that they reviewed care plans with the person concerned and that people's care needs were monitored daily with records kept. Records showed detailed individual risk assessments had been completed and included assessments on falls, nutrition and activities outside of the home. Care plans were drawn up with the involvement of the people using the service. The plans gave details of how care needs and lifestyle choices would be met. Individual care plan documents were made available to people using the service at any reasonable time.

The manager told us that all care staff were aware of individual care plans and the management of risk through these plans. Staff knew what to do in the event of an identified risks occurring. We spoke with care staff about the content of the care plans. It was apparent they were knowledgeable about the people's needs and were able to respond immediately when specialist intervention was required.

Records and notes from the other care professionals and providers about the people using the services were available in individual care plan files. Ongoing regular contact

and communication in the form of phone calls, review and planning meetings were recorded and noted. This helped to make sure the correct information was shared and planned to fully meet the persons' needs.

We observed care staff providing effective personal care and support to people using the service. They used practices that reflected the peoples' needs and showed respect to the people when delivering their individual care. We observed staff members throughout the home, responding appropriately and sensitively in all situations, including personal care. The staff ensured that care was delivered privately, at a time and pace directed by the person receiving the care. This ensured that care was person led; personal support was flexible and consistent and met the changing needs of the people using the service.

People's dietary requirements, likes and dislikes and needs had been considered as part of their initial assessment and included throughout the care plan. Peoples' weight was being monitored and individual nutritional needs were being routinely screened and provided for. All people using the service had their own GP.

Medication policies and procedures were available in the home. The manager told us that medication administration practices were checked on a regular basis to ensure the homes medicine policies and procedures were being followed. This prevented the risk of errors occurring.

Our judgement

People experienced effective, safe and appropriate care and support through person centered care plans. Their needs, wishes preferences and decisions were at the centre of their assessment and delivery of care.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

A person spoken with during our visit had no concerns about their safety or their care and support at the home. They commented,

"They look after me well".

"The staff do a brilliant job".

Other evidence

There was a safe, open and inclusive ethos, where the people's rights' to a good service was paramount. This meant their vulnerability and dependence did not lessen their status as valued individuals.

Any risks to the wellbeing and safety of people using the service were identified. These were based on people's choice and their right to take risks. How these risks would be managed was agreed and written into a plan of care for staff to follow.

Peoples' individual needs and circumstances were monitored, reviewed and updated weekly or daily in response to their changing needs. Care review meetings were held to identify and discuss individual wellbeing. These meetings were included throughout the whole of the care planning process. Risks clearly identified and detailed how the risks would be addressed in a realistic and manageable way. The risk assessments made plans in advance of a foreseeable incident or emergency defining the procedure to follow in such an event. All risk assessments were signed by the manager and where possible the person using the service, and included review dates.

Safeguarding policies and procedures were available. These provided guidance and instructions on identifying and responding to signs and allegations of abuse. Staff had

access to the 'whistle blowing' (reporting bad practice) procedure, which included relevant referral details. We spoke with five care staff who said they were fully aware of the service's safeguarding policy and associated record keeping. They had received in house training on induction and within (NVQ) National Vocation Qualifications training in this area. They were clear about what to do if they had any concerns and indicated they would have no hesitation in informing the manager if needed.

Our judgement

People were protected from abuse, or risk of abuse and their human rights were respected and upheld.

Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us

People using the service told us there was always enough staff on duty to meet their needs.

We spoke with three people who use the service about the staff abilities to do the job, they confirmed they received assistance from care staff that knew them well and could meet their identified needs. A person we spoke with said, "The staff do a brilliant job".

Other evidence

We looked at two staff records and these showed us that they had the right competencies, knowledge, qualifications, skills and experience to meet the needs of the people using the service at all times. Staff rotas showed us there were enough staff in place who knew the needs of the people using the service. This meant that people using the service received consistent care. We spoke with five care staff who were clear about their role and the purpose of written plans of care. They spoke with us about the peoples' risk assessments and how staffing levels were always determined against these risk assessments.

We looked at comprehensive staff records. These showed that the manager ensured at all times there were sufficient numbers of qualified and skilled people to effectively support the people using the service. We looked at recruitment records which showed there were suitable recruitment and selection policies and procedures in place. The manager explained the actions taken to recruit the most recent employees. Staff recruitment files showed appropriate clearance checks had been carried out, with interviews held and records kept. There was a system of supervision in place and records of supervision and appraisal sessions had been completed.

Staff files examined showed us that all staff received a comprehensive induction relevant to their workplace and their role. Staff were supported to take accredited mandatory training. Identified learning and development needs were planned through a comprehensive staff needs based assessment. Staff received annual refresher training in areas such as medication awareness, health & safety, first aid, food safety and infection control. An up to date staff learning and development plan identified how and when the staff learning needs would be met.

Care staff spoken with told us about their work experience at the home. They told us; "I like working here, the staff and residents' are always listened to". "This is a very well organised service and we all know what we are supposed to do". "I know that I can always speak to the manager of other workers if I have a problem, there is always help about". "The nurses are bob on. There is always enough equipment to help us do our job properly. The equipment is maintained regularly".

Other care staff spoken with commented; "The service is run very well",

Our judgement

People using the service were cared for by sufficient numbers of staff who were properly recruited, trained and supervised. The recruitment procedures ensured the protection and wellbeing of people using the service.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

People using the services told us that they liked living at Thames House and those we spoke with had no complaints. A person we spoke with gave us examples of how their views were taken into account such as in the food served and activities provided.

Other evidence

People living at Thames House were being involved in the ongoing monitoring of the service to help ensure they could influence the care and support they received. We found evidence that they could influence the care and support they received. We observed people being involved with decisions that affected them personally, on an informal basis.

We looked at in-house auditing and quality monitoring systems. These included an annual reports and surveys completed by people using the service, friends and relatives, and stakeholders. The manager discussed with us how these auditing tools assisted with their analysis in identifying non-compliance or risk of non-compliance. This meant the service would be able to reduce the risks identified in order to prevent the service becoming non-compliant with the regulations.

We found strong evidence that the ethos of the home was open and transparent. The manager told us that the people were always consulted as part of the care review process and their views and opinions were addressed during residents meetings. We were told that where possible, the people were always consulted as part of the care review process and their views and opinions were addressed at any time of the day or night. The management had a clear understanding of the key principles and focus of

the service. They worked to continually improve the service, and focused on person centred thinking with people shaping the service they received.

There were sound policies and procedures at the home. The manager ensured these were followed by staff at all times. The home worked to clear health and safety policies and staff were fully aware of them.

Our judgement

People using the service benefited from safe quality care, treatment and support.

Effective decision making, quality monitoring processes and risk management, ensured good outcomes to their health, welfare and safety.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

Document purpose	Review of compliance report
Author	Care Quality Commission
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