

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:	August 2012
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.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

**Thames House was not meeting one or more essential standards.
Action is needed.**

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, carried out a visit on 16 July 2012, observed how people were being cared for and talked to staff.

What people told us

We did not speak with any people who use the service as part of this inspection.

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

Outcome 02: Before people are given any examination, care, treatment or support, they should be asked if they agree to it

The registered care provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

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

The registered care provider was meeting this standard.

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

Outcome 08: People should be cared for in a clean environment and protected from the risk of infection

The registered care provider was not compliant with this standard. We judged that this had

a moderate impact on people using the service and action was needed.

People were not always fully protected from the risk of infection because there was no system in place for the checking of the cleanliness of the mattresses.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

The registered care provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential

The registered care provider was meeting this standard.

Records were kept securely for the appropriate period then securely destroyed.

Actions we have asked the service to take

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take. We will check to make sure that this action has been taken.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

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.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that 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.

A moderate impact means that 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.

A major impact means that 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.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

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

Outcome 02: Consent to care and treatment

What the outcome says

This is what people who use services should expect. People who use services: * Where they are able, give valid consent to the examination, care, treatment and support they receive. * Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed. * Can be confident that their human rights are respected and taken into account.

What we found

Our judgement

The provider is compliant with Outcome 02: Consent to care and treatment

Our findings

What people who use the service experienced and told us

We did not speak with any people who use the service as part of this inspection.

Other evidence

Thames provides nursing care to people with Huntington's disease, acquired brain injury and other physical disabilities. Due to the nature of the people's medical condition not everyone was able to communicate verbally. We asked the Registered Manager if anyone living at the home on the day of the inspection did not have the capacity to make their own decisions. We were told that everyone resident on the day had capacity to consent.

We saw that there were policies available for staff to use that gave information about how to determine whether or not a person had the capacity to give their consent to care, support and treatment.

The Registered Manager told us that where they determined people did not have capacity, relatives were asked to consent on behalf of the people who use the service. We saw evidence where a Best Interest Meeting had been held for one person in relation to their swallowing needs assessment. This involved various professionals including an Independent Mental Capacity Advocate (IMCA).

During our inspection we saw several examples of people being asked to consent to aspects of their care as we conducted our inspection. A care assistant told us some people would use signs such as a "thumbs up" if they agreed to care being provided.

We examined the care files of three people. We saw the care plans did not have a specific area to outline consent and were not countersigned. The provider may find it useful to have people who use the service countersign care plans where possible.

Our judgement

The registered care provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

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 did not speak with any people who use the service as part of this inspection.

Other evidence

Thames House is based in Rochdale and provides nursing care to people with Huntington's disease, acquired brain injury and other physical disabilities. On the day of inspection there were 19 people residing at Thames House.

We looked at the care records of three people who use the service. These provided staff with clear guidance on how to meet people's needs. The documentation included an initial pre-admission assessment which contained details about the person's medical needs and personal preferences. Care plans were in place that covered areas such as dietary needs. We saw a specific care plan written for the treatment of a pressure sore where this was needed. We also saw records of monitoring of food and drink intake and blood sugar monitoring.

There was evidence to show that people using the service were involved in the care planning process and that care, support and treatment was provided in accordance with their individual preferences. The care records we looked at showed that risk assessments were in place where areas of potential risks to peoples' general health and welfare were identified. Risk assessments included the Waterlow Score which gives an estimated risk for the development of a pressure sore and the Malnutrition Universal Screening Tool (MUST) which helps identify adults who are underweight and at risk of malnutrition, as well as those who are obese.

The staff we spoke with showed a good understanding of the needs of the people who

use the service. During the visit, we observed care being delivered in a way that supported people's care needs, welfare and safety. The people we saw were appropriately dressed and had been supported with their personal appearance.

We saw an audit that had been conducted by the Regional Manager which included the reviewing of 10 care plan files selected at random. We saw that actions had been assigned as a result of finding inaccuracies within the care records and these were being followed up.

Our judgement

The registered care provider was meeting this standard.

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

Outcome 08: Cleanliness and infection control

What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

What we found

Our judgement

The provider is non-compliant with Outcome 08: Cleanliness and infection control. We have judged that this has a moderate impact on people who use the service.

Our findings

What people who use the service experienced and told us

We did not speak with any people who use the service as part of this inspection.

Other evidence

Thames House was a purpose built home split into two areas, each with 10 en-suite bedrooms. The Pennine Unit was located on the ground floor and the Hollingworth Unit was situated on the first floor.

We saw there was an infection control policy in place that outlined areas such as hand washing, safe disposal of waste and the use of personal protective equipment. The Registered Manager confirmed the lead for infection prevention and control was the Training Manager. Staff we spoke with confirmed they had received training in infection control.

The service employed a Head Housekeeper who oversaw one domestic staff member and one laundry assistant. We were told by the Head Housekeeper there were checklists in place for the domestic staff to follow to clean the rooms and communal areas. We were informed that national guidance is followed in the use of colour coded mops and buckets to clean different areas to prevent the potential spread of infection.

During our tour of the building we saw there was a reception area, communal lounges, dining room areas, bathrooms and laundry facilities. We found that the majority of areas we observed were clean, well presented and the environment was generally well maintained and in a state of good repair. We looked at a number of rooms which had been personalised to peoples own preferences.

During our inspection, we looked at three mattresses on each unit. They consisted of, standard mattresses, foam mattresses and air mattresses. An assessment is made on each person and a mattress is supplied as required. We looked at one air mattress which we found to be clean. We saw two standard mattresses of which one was clean but one was heavily stained with urine on the mattress as was the base of the bed. There was a heavy odour of urine present in this room. We looked at three foam mattresses. On the outside surface they looked clean but worn, however, when we unzipped the covers we found the inside of the covers and the foam was heavily stained with bodily matter that had seeped through holes on the surface. There was a heavy, pungent odour given off from the mattresses. The Head Housekeeper confirmed that domestic staff did not check or clean the mattresses; this was allocated to the care staff. We spoke with a care assistant and senior carer who confirmed they changed the bedding on a daily basis, however, they said that they did not unzip mattress covers and check the condition of the mattresses. The care staff had a daily checklist of duties to perform. We saw that the checking of mattresses were not on the list. We also spoke with the Maintenance Manager who told us that all beds were checked on a monthly basis to ensure they were in a state of good repair. There was no system in place to check the mattresses regularly for cleanliness and to unzip those mattresses that need to be unzipped to make sure they were clean inside. The Registered Manager informed us that the soiled mattresses would be replaced as soon as possible.

The Training Manager had conducted an annual compliance audit in relation to cleanliness and infection prevention and control in November 2011. We saw that the overall results were mostly compliant.

We saw there were two hand gel dispensers for visitors. These were empty and did not contain any hand gel. The Registered Manager informed us that the gel had been ordered and they were awaiting delivery.

Our judgement

The registered care provider was not compliant with this standard. We judged that this had a moderate impact on people using the service and action was needed.

People were not always fully protected from the risk of infection because there was no system in place for the checking of the cleanliness of the mattresses.

Outcome 14: Supporting workers

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 competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us

We did not speak with any people who use the service as part of this inspection.

Other evidence

The Registered Manager and Unit Manager told us that staff received an induction when they first commenced employment. We spoke with the Unit Manager, the Head Housekeeper, a care assistant and senior carer who all told us they had received induction training when they first commenced employment and that they had received regular training updates.

The Registered Manager told us they aimed to carry out approximately four supervision sessions with each member of staff per year including an annual appraisal. We saw that the appraisals were up to date for the majority of staff. We saw there was a schedule in place for staff supervisions and these were being conducted.

The registered care provider had a staff learning and development plan in place. The Registered Manager had an electronic training record for monitoring staff training. We looked at the training record which showed that the majority of staff had received training in topics such as safeguarding, health and safety, infection control and manual handling. We saw some staff had also achieved or were working towards qualifications such as national vocational qualifications (NVQ) level 2 or above in health and social care. The Registered Manager told us that the majority of training was provided internally by the Training Manager.

Our judgement

The registered care provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Outcome 21: Records

What the outcome says

This is what people who use services should expect. People who use services can be confident that: * Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential. * Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement

The provider is compliant with Outcome 21: Records

Our findings

What people who use the service experienced and told us

We did not speak with any people who use the service as part of this inspection.

Other evidence

During our inspection we looked at a selection of records kept by the service such as care plans, Medication Administration Records (MARs) and staff files. We saw there was a policy for the retention and disposal of records.

We saw that each unit area was only accessible through key coded pads. Within each unit area all paper records were held securely in the office areas in lockable filing cabinets. Electronic records were only accessible through password protected computers.

Our judgement

The registered care provider was meeting this standard.

Records were kept securely for the appropriate period then securely destroyed.

Action we have asked the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 08: Cleanliness and infection control
	<p>How the regulation is not being met: The registered care provider was not compliant with this standard. We judged that this had a moderate impact on people using the service and action was needed.</p> <p>People were not always fully protected from the risk of infection because there was no system in place for the checking of the cleanliness of the mattresses.</p>	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 28 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

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.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. 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
Audience	The general public
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