

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

## Thames House

Thames Street, Rochdale, OL16 5NY

Tel: 01706751840

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

<b>Respecting and involving people who use services</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Cleanliness and infection control</b>	✗	Action needed
<b>Management of medicines</b>	✗	Action needed
<b>Requirements relating to workers</b>	✓	Met this standard
<b>Complaints</b>	✓	Met this standard

## Details about this location

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

## Contents

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

	Page
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
What we have told the provider to do	4
More information about the provider	4
<b>Our judgements for each standard inspected:</b>	
Respecting and involving people who use services	5
Care and welfare of people who use services	7
Cleanliness and infection control	8
Management of medicines	9
Requirements relating to workers	11
Complaints	12
<b>Information primarily for the provider:</b>	
Action we have told the provider to take	13
<b>About CQC Inspections</b>	15
<b>How we define our judgements</b>	16
<b>Glossary of terms we use in this report</b>	18
<b>Contact us</b>	20

## Summary of this inspection

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### Why we carried out this inspection

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

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 13 August 2013, observed how people were being cared for and talked with staff.

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### What people told us and what we found

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We were unable to speak with any of the people who were using the service as part of this inspection due to the nature of their medical conditions.

However, we saw that the people using the service looked happy and well cared for. We saw regular interaction between the staff and the people using the service.

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

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### What we have told the provider to do

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We have asked the provider to send us a report by 08 October 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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### More information about the provider

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

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

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

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

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### Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

The manager and staff at the home told us that the majority of people had been living at the home for a long time and there was a low turnover of residents. This was because the service specialised in looking after people with Huntington's disease. Thames House had received an award for "Six Steps to Success" which is a programme that helps staff provide better end of life care. We saw staff asking people if they would like assistance and then providing assistance in a helpful and kind manner.

People were referred to the service through various routes. Once they were referred a pre-assessment would be undertaken to ensure that the service was appropriate for them. We saw that appropriate information about the service was available in service user guides available in the entrance area as well as being made available to people who used the service and their representatives.

We saw there were activities in place for people at the home. On the day of inspection four people were away on a boat trip. We saw that one person who enjoyed producing artwork attended college to further their education in this area.

The care plans we reviewed contained information such as people's life history, family trees, social history as well as their hobbies. This was written with input from the people as well as their families and representatives.

We looked at a number of bedrooms which had been personalised to people's own preferences. All the rooms were single and contained en-suite facilities which enabled privacy and dignity when care was delivered. We saw that the home had bathrooms which included specialised sensory equipment such as lights and music to aide a more relaxing atmosphere. We saw there were plenty of choices on the menu and people could choose what they would like to eat.

The provider conducted annual survey questionnaires from staff and from people who

used the services as well as their representatives. We saw that the survey was about to go out for 2013 but we saw the results of the 2012 survey which were mainly positive and appropriate action had been taken to address any comments made.

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

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**Our judgement**

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The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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**Reasons for our judgement**

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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 of which 17 had Huntington's disease.

We looked at the care records of three people who used 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 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.

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

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**Our judgement**

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The provider was not meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed. However, people were not cared for in a clean, hygienic environment.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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**Reasons for our judgement**

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During our inspection, we looked at five mattresses across both units. They consisted of, standard mattresses and foam mattresses. An assessment was made on each person and a mattress was supplied as required. We saw two standard mattresses of which one was clean but the bed base was stained and the other had a protective cover on that was stained. We looked at three foam mattresses. On the outside surface they looked clean; however, when we unzipped the covers we found the inside of the covers and the foam for two to be 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 manager confirmed that staff should check and clean the mattresses on a regular basis; this information was recorded in a daily checklist of duties to perform by staff and also clearly stated in the instructions. The manager confirmed that staff had been trained in checking mattresses since our previous inspection, but told us she would address the issue again.

When we carried out our previous inspection in July 2012, we had found moderate concerns relating to similar issues; however, on a follow up review we were provided with documentation that showed the provider had created a specific audit to monitor the cleanliness of the mattresses on a weekly basis.

**People should be given the medicines they need when they need them, and in a safe way**

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## **Our judgement**

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The provider was not meeting this standard.

People were not always protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to ensure medicines were ordered in sufficient time.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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## **Reasons for our judgement**

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The provider had a medication policy in place to provide staff with guidance in the management of medicines. The provider used monitored dosage systems for administering medication. Medication was stored securely on the Hollingworth and Pennine Units in a medicines trolley that was kept in a locked room.

We looked at the medication records for six people, which included medication administration record (MAR) sheets that listed the medication taken by people, including dosage and frequency. The MAR sheets also included records of changes to prescriptions made by a General Practitioner (GP) or other healthcare professionals. The MAR sheets we looked at were complete, up to date and signed correctly.

Information was available to guide staff when they had to administer medicines which had been prescribed as a 'variable dose' or 'when required'. Creams and ointments were documented on topical medicines sheets which were kept in the peoples rooms.

A system was in place for the ordering and returning of medicines. However, we saw instances where two people had run out of medicines and the staff had not ordered these medicines until after the medication had finished. This meant that people were not able to receive their medication for a period of time which could potentially put them at harm.

Arrangements were in place to ensure that controlled drugs were securely stored. We saw that the information recorded in the controlled drugs log books on both units was accurate and reconciled correctly with the stock quantities.

The deputy manager carried out a monthly medication audit, which included checking key processes such as ordering and returning medicines, stock reconciliation and a review of completed MAR sheets for accuracy and completeness. We looked at a sample of recent audit records which showed that actions were being taken to address any issues found.

The manager told us the nursing staff were responsible for handling peoples' medication. The nursing staff we spoke with confirmed they had received training in medicines management. The manager told us that staff training records had been misplaced but all staff who handled medicines had received medication training and an update was due to be undertaken soon.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

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### Our judgement

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The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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The provider had a number of policies in place which provided staff with guidance relating to staff recruitment, conduct and disciplinary and grievance procedures.

The manager told us that during recruitment, they obtained at least two references and carried out full enhanced disclosure checks on all new recruits before they commenced employment. Staff did not commence employment until the provider had completed the relevant checks.

During the visit, we looked at four personnel files for recently recruited permanent staff and one bank nurse, which showed that identification and CRB checks had been carried out and at least two references had been obtained before staff had commenced employment. The records we looked at showed that references had been verified by telephone and writing to confirm their authenticity.

## Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

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### Our judgement

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The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

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### Reasons for our judgement

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The provider had a complaints policy in place which outlined the process for reporting and investigating complaints. People who use the service and their representatives were able to access information on how to raise complaints through the service user guide; we also saw a copy of the policy on display in the entrance area.

We saw that the manager was the main person responsible for dealing and responding to any formal complaints. The policy stated that all complaints would be acknowledged in two working days and responded to as soon as possible.

We saw there had been 14 complaints raised in the past 12 months. The manager told us they recorded all complaints and issues raised no matter how trivial. We saw some complaints were raised informally, such as visitor car parking issues, but had still been recorded. We saw that the complaints policy included a standardised template for documenting complaints. This meant that staff could document complaints information in a consistent manner.

This section is primarily information for the provider

✘ Action we have told the provider to take

## Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p><b>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010</b></p> <p><b>Cleanliness and infection control</b></p>
	<p><b>How the regulation was not being met:</b></p> <p>People were protected from the risk of infection because appropriate guidance had been followed. However, people were not cared for in a clean, hygienic environment.</p> <p>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010</p>
Accommodation for persons who require nursing or personal care	<p><b>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010</b></p> <p><b>Management of medicines</b></p>
	<p><b>How the regulation was not being met:</b></p> <p>People were not always protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to ensure medicines were ordered in sufficient time.</p> <p>Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010</p>

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

**This section is primarily information for the provider**

The provider's report should be sent to us by 08 October 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

## About CQC inspections

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

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

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

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

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

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

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

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

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

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

## How we define our judgements

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

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

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

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

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

## How we define our judgements (continued)

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

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

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

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

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

## Glossary of terms we use in this report

### Essential standard

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

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

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

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

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

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

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

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

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

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

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

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

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

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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