Hosanee & Company Limited

Thornbury House

Inspection report

39 Thornbury Avenue
Southampton
Hampshire
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Tel: 02380221165

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21 January 2016

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out this inspection on 20 and 21 January 2016. The inspection was unannounced. Thornberry house provides accommodation and support for up to six people with a learning disability or who have autism spectrum disorder. There were five people living at the home when we carried out the inspection.

There was a new manager in post who was in the process of becoming registered with CQC. 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.

We found people's safety was compromised in some areas. Fire alarm tests were being carried out monthly instead of weekly as recommend by fire safety regulations and the homes fire safety policy. The provider had not informed us of incidents of abuse where a person had had altercations with other people living at the home.

Relevant recruitment checks were conducted before staff started working at Thornberry House to make sure staff were of good character and had the necessary skills. However, there were unexplained gaps in staff employment histories. There were enough staff to meet people's needs.

People felt safe. Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse. People were supported to receive their medicines safely from suitably trained staff and promoted a medicines champion who carried out audits on medicines and records weekly.
The risks to people were minimized through risk assessments and staff were aware of how to keep people safe and information provided staff with clear guidelines to follow and were reviewed monthly.
Staff received regular support and received regular one to one sessions of supervision to discuss areas of development. Staff informed us they completed a wide range of training and felt it supported them in the job role. New staff completed an induction period before being permitted to work unsupervised.
Staff sought consent from people before providing care or support. The ability of people to make decisions was assessed in line with legal requirements to ensure their rights were protected and their liberty was not restricted unlawfully. Decisions were taken in the best interests of people.

People received varied and nutritious meals including a choice of fresh food and drinks. Staff were aware of people's likes and dislikes and offered alternatives if people did not want the menu choice of the day.

People were cared for with kindness, compassion and sensitivity. We observed positive interactions between people and staff. Care plans provided comprehensive information about how people wished to receive care and support. This helped ensure people received personalised care in a way that met their individual needs.
People were supported and encouraged to make choices and had access to a wide range of activities

tailored to their specific interests. 'Residents meetings' allowed people to provide feedback, which was used to improve the service. A complaints procedure was in place. There were appropriate management arrangements in place and staff and people felt supported by the manager.

We identified a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. You can see what action we have told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Safety checks were conducted regularly of gas and electrical equipment. However fire alarm tests were being carried out monthly rather than weekly.

Recruiting practices were not always safe; there were gaps on people's employment history.

Staff knew how to identify, prevent and report abuse and people's money was managed safely.

Risks were managed appropriately and medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff told us they felt supported and had regular sessions of supervision and received a wide range of training.

Staff sought consent from people before providing care and followed legislation designed to protect people's rights. People were supported to access health professionals and treatments.

Is the service caring?

Good

The service was caring.

People and their families felt staff treated them with kindness and compassion.

People were involved in planning their care and were encouraged to remain as independent as possible.

Is the service responsive?

Good

The service was responsive.

People received personalised care from staff that understood and were able to meet their needs. Care plans provided comprehensive information to guide staff and were reviewed regularly.

People had access to a range of activities which people could choose to attend.

The home had an complaints procedure in place.

Is the service well-led?

Requires Improvement

The service was not always well led.

There was an open and transparent culture in the home, although the provider had not notified CQC of incidents between people living at the home.

Staff spoke highly of the manager who was approachable and supportive. There was a whistle blowing policy in place and staff knew how to report concerns.

Thornbury House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 & 21 January 2016 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, we reviewed information we held about the home including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with two people living at the home, and one family member. We also spoke with the registered manager and four staff members. We looked at care plans and associated records for three people, six recruitment files, accidents and incidents records, policies and procedures, minutes of staff meetings and quality assurance records. We observed how staff interacted with people whilst supporting them with a range of activities in the home. We also spoke to a visiting health professional who was visiting the home.

We last inspected Brooke House on 08 November 2013, where no concerns were identified.

Requires Improvement

Is the service safe?

Our findings

People, we observed, were smiling and looked relaxed when staff spoke to them. One person who had limited communication said, "Yes" when asked if they felt safe. Another person told us, "I feel safe."

There were plans to deal with foreseeable emergencies. Staff were aware of the action to take in the event of a fire and fire safety equipment was maintained appropriately. People had personal evacuation plans, which included details of the support they would need if they had to be evacuated. Safety checks were conducted regularly of gas and electrical equipment. However, a staff member was carrying out fire alarm tests monthly and according to the home's fire policy this should be happening on a weekly basis. Guidance issued on fire safety for care homes states 'test fire detection and warning systems weekly following the manufacturer's or installer's instructions.' We spoke with the manager about this who informed us they would change it straight away and was also in the process of making up an emergency grab bag with people's emergency plans in one place so they would be easier to access in an emergency.

Recruitment processes were followed that meant staff were checked for suitably before being employed in the home. A staff member told us, "My interview was good and both references and DBS were applied for." Another staff member told us, "My interview went well, they send off for my CRB and done all the right checks." Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (Criminal records checks) to make sure people were suitable to work with vulnerable adults. However, there were a couple of unexplained gaps in people's employment history. We spoke with the manager who was aware from a recent audit of staff files and was going to carry out a risk assessment for the staff members involved. When taking on new staff members will make sure checks on staff are fully completed with gaps in employment records explained and staff are suitable for the role.

There were enough staff to meet the needs of people to keep them safe. We observed that staff were available to support people whenever they needed assistance. The manager kept the staffing levels under review and staffing was adjusted to meet people's needs. People and staff told us they felt the number of staff was sufficient to look after people's routine needs and support people individually to access community activities. One staff member told us, "I feel there are enough staff, and we have a really good team who will always cover for each other if we need to."

Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. People had safeguarding risk assessments on their files; an example of this was 'all staff to have DBS before staring work'. A staff member told us, "I would have no problem reporting any safeguarding concerns at all." Another staff member told us, "I have attended safeguarding training and if I had any concerns would report it straight away." Where people found it difficult to manage their money independently, the registered manager had systems in place to protect them from financial abuse.

People were supported to receive their medicines safely. All medicines were stored securely and appropriate arrangements were in place for obtaining, recording, administrating and disposing of prescribed medicines.

Medication administration records (MAR) confirmed people had received their medicines as prescribed. Training records showed staff were suitably trained and had been assessed as competent. The manager informed us they had introduced a system where after medicines had been given an hour later they were checked by another member of staff to check they had been administered correctly and recorded on the MAR chart correctly. The home had a medicines champion who carried out audits on medicines and MAR charts weekly. Medication care plans described how people liked to take their medicines; for one person it stated, 'I like my medicines placed in my hand, and I like to count them with staff observing in case I drop any.' A staff member told us, "I was unsure about medicines when I first started, but I was supported very well, and listened to that my concerns quickly disappeared."

Staff informed us risks and harm to people were minimized through individual risk assessments that identified potential risks and provided information for staff to help them avoid or reduce the risks of harm. Risk assessments covered support for when people went out in the community, participated in social and leisure activities, and leisure interests. For example, one person 'liked to hold onto the staff member's hand otherwise becomes anxious and may not go out and cross at pedestrian crossing or safe points.' For another person they 'must not stand during a bus trip due to the risk of falling, so the staff member to assess seats available before boarding the bus.'

Risk assessments were reviewed monthly. People also had risk assessments for personal care, finance, eating and drinking, keeping safe at home, falls and mobility. We saw a risk assessment for someone whose toiletries had to be locked away as they liked to play with the liquids. They will uncap them and pour them down the sink and play with them and also had to keep the plug for the sink locked away as they liked the flow of the water and could cause a flood in the home. To help the person they were encouraged to interact with games in the bath. In the summer time they enjoyed an inflatable pool in the garden and had a bubble tube lamp in their bedroom to look at.

Good

Is the service effective?

Our findings

People who used the service appeared happy with the care and support they received. Staff asked people's consent prior to supporting them. They encouraged them to make decisions and supported their choices.

Training records showed staff had completed a wide range of training relevant to their roles and responsibilities. Staff praised the range and quality of the training and told us they were supported to complete any additional training they requested. One staff member said, "I've had lots of training both from outside agencies and in house training, I really enjoyed the breakaway training and first aid training." They also told us, "I am going to be the falls and mobility champion, so I am going to complete some training on this soon, so I can put my role into action." Another staff member told us, "The training has been good and has opened my eyes and has all been relevant." However, the manger had identified that staff had not completed training around moving and handling of people and plans were in place for all staff to attend this training. When we spoke with staff they informed us that they didn't need to handle people or use any specialised equipment.

New staff to Thornberry House completed a comprehensive induction programme before they were permitted to work unsupervised. The manager informed us that any new staff coming to work at the home will be working towards the new care certificate through Southampton City Council. This is awarded to staff new to care work who complete a learning programme designed to enable them to provide safe and compassionate care.

People were supported by staff who had supervisions (one to one meeting) with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One staff member told us, "My supervisions are good, very helpful for me, as it makes me feel I have a voice and gives me confidence." We saw records that supervisions were taking place with the new manager, but records were missing of previous supervisions with staff, but when we spoke to staff they all informed us that these had happened regularly and they felt very supported.

People told us they liked the food and were able to make choices about what they had to eat, for some people this was done by pointing to pictures. One person told us, "The food is pretty nice." People met every week to agree the menu and choose their meals. If people did not want to eat the main meal option they could choose something else. People could choose when to eat and had a choice of snacks throughout the day. One person liked to help out with the Sunday lunch at the weekend. People's plan of care included information about their dietary needs, which included information as to their likes and dislikes. People were supported to eat and drink and maintain a balanced diet.

Staff had received training in the Mental capacity Act, 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Where people had been assessed as lacking capacity, best interest decisions about their care had been made and documented, following consultation with family members and other professionals, where relevant.

People can 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 are called the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS applications were being processed by the local authority for five people. Staff were aware of how to keep people safe and protect their rights.

Records showed people accessed a range of health care services which included doctors, chiropodists, opticians and dentists. There were appointment calendars at the front of people's files which showed when doctors and hospital appointments were due. When people had attended these appointments these were then written up in peoples records of what and been discussed and if any further action was required.

The home held information about the person's health needs, their medication, information as to their likes and dislikes and communication needs. In addition each person at the service had an hospital passport, which would go with the person should they need to access emergency or planned medical treatment, to assist health care staff in the provision of the person's care and support.

People had their own bedrooms and were free use of a lounge, dining room, kitchen and garden. This gave them the option of where they wanted to spend their time. People's rooms were personalised. One person, who really enjoyed football, had lots of posters and football items in their room. Another person, who really liked water and the sense of touch, had sensory items in their room as well as a large water filled bubble lamp. The home was clean but some areas of the home were worn and in need of updating and decorating. The provider had identified areas of improvements in the home and had plans in place.

Good

Is the service caring?

Our findings

People were cared for with kindness and compassion. One person told us, "Staff are nice and treat us well." A family member told us, "When I visit they always look well cared for and happy." A visiting health professional who visits the home once a week and also acts as an advocate for someone living at the home told us, "I feel that the person I visit is happy here. What I like about the home is the staff are really good with the guys and have a very good understanding of the people living here and are really focussed on giving the guys the best care possible."

Throughout the course of our inspection we observed staff treating people in a respectful and dignified manner. The atmosphere in the home was calm and friendly. Staff took their time and gave people encouragement whilst supporting them. Staff told us that privacy and dignity was always adhered to. One staff member said, "Dignity is taken very seriously, we always knock on doors and make sure doors are closed." They also told us, "If we are bathing someone, we use a flannel to cover them up and make sure the curtains are closed." Another staff member told us, "I always knock on doors, and make sure the blinds are closed." This was reinforced by dignity care plans which stated where people liked to get dressed and to ensure the curtains are closed and the door shut.

Staff had built up positive relationships with people. Staff spoke about their work with passion and spoke about people warmly. They also demonstrated a detailed knowledge of people as individuals and knew what their personal likes and dislikes were, showing how they have taken the time to get to know people in their care. Staff showed respect for people by addressing them using their chosen name, maintaining eye contact and ensuring they spoke to people at their level. A staff member told us, "I love working here it is so rewarding." Another staff member told us, "lovely place to work, feels like a family." We observed a staff member who had come on shift with a local premier football league calendar for a person living at the home, they told us, "I saw it in the sale and thought they would love this and can put it in their room, I can't wait to give it to them."

Staff also assisted us to communicate with people who could not express themselves verbally. People appeared to understand when staff spoke with them and often responded with smiles or sounds which indicated they were happy.

Staff understood the importance of promoting and maintaining people's independence. A staff member told us "We promote independence by giving choices, for example what they would like to wear and get them involved and encourage them to do things by themselves by offering praise."

Confidential information, such as care records, were kept securely and only acceded by staff authorised to view them. When staff discussed people's care and treatment they were discreet and ensured conversations could not be overheard.

Good

Is the service responsive?

Our findings

People received personalised care from staff who supported people to make choices. One person told us, "I went to day centre today." Staff encouraged people to make their own decisions and supported the person's choices.

Staff told us that care plans were detailed and provided information about how peoples care plans and support needs should be met. They contained information about people's medical and physical needs. One staff member said, "The new care plans were much better and easier to find as they are now in sections." Another staff member told us, "I really love the new care plans, they are set out a lot clearer and are easy to understand." Care plans were reviewed by their keyworker each month. A keyworker is a member of staff who is responsible for working with certain people, taking responsibility for planning that person's care and liaising with family members. A staff member told us, "I am a keyworker for a person living here, which involves me reviewing their care with them each month. At the last review we reviewed [the person's] care at day centre and they were very involved, I pitch at a level they can understand, and they are able to make choices and say what they like and don't like."

Care plans were personalised and included people's preferred method of communication and how they should be supported to make choices. For example, a care plan for communication for one person stated that they did not use Makaton but could understand a few basic signs. They 'are able to communicate when they are hungry, need the toilet, hot and in pain' etc.… with guidelines from the speech and language therapist. For another person it contained certain phrases on how they communicated the names of certain people and places. Makaton is a language programme using signs and symbols to help people to communicate. However, for one person their communication care plan stated that all staff should be formally trained in Makaton and staff should use Makaton to communicate with this person. When we spoke with the manager about this we found the person did not use Makaton. The manager was in the process of reviewing people's care plans and had an action plan with dates set as to when this would be completed.

Staff used a 'handover sheet' to communicate important information about people. This had been recently reviewed and updated and was detailed and allowed staff to record daily details of people's health, welfare and activities, that needed to be passed onto to other staff.

People were supported to participate in a range of social and leisure activities in line with their personal interests. A staff member told us, "The activities are getting better, the manager is keen for people to carry out more meaningful; activities." Most people living at the home went to a day centre twice a week. Another staff member told us, "We have lunch club once a week where we go to the pub for lunch and walk through the common and feed the ducks which people really enjoy."

An activities club visits the home once a week and provides arts and crafts and games. The home also has music therapy visit the home once a month. The home has a film night once a week where people choose the film they want to watch and have a bowl of popcorn, and one person likes to do some baking with the

manager at the weekend. One staff member told us, "We are playing magnetic darts tonight, with some crisps which people enjoy."

We saw records for one person that showed they liked to go to church every Sunday and then to the park afterwards. One person really loved football and had posters of football teams in their bedroom as well as other football decorations, on a Saturday they love to go to the pub with a member of staff and watch the football on the big screen. They also belong to the saint's mobility programme and play sports at their day centre each week.

Residents meetings were held weekly and were attended by all the people living at the home.
Minutes from a resident meeting in November showed that someone had been out to get some Christmas shopping for their family, and another person had baked some brownies. People also choose their food menus for the week at these meetings as well as discuss activities and appointments coming up.

The service had a complaints procedure which was also produced in an 'easy read' format. No complaints had been received in the last year.

Requires Improvement

Is the service well-led?

Our findings

The home had a new manager at the service who was in the process becoming registered with CQC. One staff member said, "The manager is very approachable." Another staff member told us, "The manager is very good at making life better for people living at the home." Another staff member told us, "I feel very supported and listened to." A health professional told us, "The manager has been here a short time, but is doing well and seems the right sort of person for the home".

Providers are required to notify CQC of significant events, including incidents of abuse or allegations of abuse. We use this information to monitor the service and ensure they respond appropriately to keep people safe. We identified that the previous manager had not sent us notifications about incidents of abuse that had occurred between people living at the home. The provider had not been supervising the previous manager and carrying out regular checks and audits to ensure statutory notification were being send into CQC as part of their registration.

The failure to notify CQC of incidents of abuse or allegations of abuse was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The new manager was aware of their responsibilities and had been notifying CQC of such incidents. The manager used a system of audits to monitor and assess the quality of the service provided. These included medicines, people's finances, falls and daily care notes. The manager had also audited the service and had clear action plans with target dates for when actions were to be completed by, an example of this was to create a new scheme around goals and action plans with people's keyworkers. The manager informed us that the provider has been made aware of the previous concerns and will be making more regular checks with the home and will be in regular contact with the manager of the service.

The home carried out quality surveys with people using the service and their families. However feedback had not been obtained for over a year. The most recent of these was in 2014 and showed that people were happy with the service. The manager was aware that the home was behind in sending the new survey out, but was planning to do this as part of their action plan. The manager was also in the process of setting up champions for the home as part of their action plan to include a champion for infection control, health and safety, medication, activities and events, falls and mobility and dignity.

Staff meetings were carried out once a month and minutes showed these had been used to reinforce the values, vision and purpose of the service. Concerns from staff were followed up and acted upon swiftly. One staff member told us, "Staff meetings are held once a month and I feel able to bring ideas to the meeting and can challenge people and they will listen." Another staff member told us, "I love the manager's vision and spirt and that they are very much about it being all about the people living here." The manager also held meetings with the team leaders once a fortnight.

Staff felt supported by the manager and the provider. A staff member told us, "New manager is doing really well, lots of good ideas." Another staff member told us the home was a "lovely place to work, good team all

bring in some good qualities and I feel supported by everyone including the owner." Another staff member told us, "The owner doesn't live local so doesn't come in much, but when you need him he's here."
There was an open and transparent culture within the home. Visitors were welcomed and there were good working relationships with external professionals. There was a whistle blowing policy in place and staff were aware of it. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. One staff member told us, "No problem reporting or whistle blowing at all." The provider had appropriate polices in place which were in the process of being reviewed by the manager.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered person did not notify us of allegations of abuse involving the people who used the service. Regulation 18 (1) and 18 (2) (e)