Inspection Report

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

Thackeray House

58 Addiscombe Road, Croydon, CR0 5PH Tel: 02086498800

Date of Inspection: 04 November 2013

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Barchester Healthcare Homes Limited
Registered Manager	Ms. Shirley Spencer
Overview of the service	Thackeray House is a purpose-built nursing home providing care to a maximum of thirty-nine residents. The home provides care for elderly residents and also offers a specific palliative care service. Communal space includes a large dining area, a pleasant conservatory and a quiet lounge. The latter two areas overlook a well maintained rear garden. The home is ideally situated as it is close to public transport, the tram passes the front door and it is a short walk from Croydon centre.
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'.

Summary of this inspection

Why we carried out this inspection

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.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 4 November 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

We looked at the personal care records for eleven people using the service and found that up to date individual care plans were in place which addressed their care and support needs and protected them from risks. A person using the service told us "I feel safe here. The staff always look after me even when they're busy."

We found that people were asked for their consent before they received any care or treatment and staff acted in accordance with their wishes. There were procedures in place to assess where people did not have the capacity to consent and the provider acted in accordance with legal requirements. A staff member told us "I always ask the person if it is alright to do something for them such as lifting or turning them."

We found that people were protected from the risks associated with the unsafe use and management of medicines as appropriate arrangements were in place for obtaining, storing, recording, administering and disposal of medicines.

We saw there were effective recruitment and selection procedures in place which ensured that people's individual needs and wishes were met by suitably skilled, trained and experienced staff.

People's personal records, staff records and other records related to the management of the service were in most respect accurate, up to date and fit for purpose. We found that staff were aware of the requirements to keep people's information confidential and the principles of the Data Protection Act 1998.

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

More information about the provider

Please see our website 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

Consent to care and treatment ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We found that the service had systems in place to gain and review consent to care and treatment from people who use the service or their advocates.

We looked at 11 individual care plans and found that consent had been obtained where appropriate. For example where pressure sores had been identified they were photographed with the consent of the person or their advocate for monitoring purposes. We found that advanced care planning included a doctor's individual assessment of the person's wishes and their capacity to consent as well as a record of the discussion with the person and/or their representative. We spoke with the manager who agreed that although the record was signed by a doctor it would be appropriate for the person or their advocate to sign at the time of discussion. The manager implemented an action plan immediately to review this. We saw there was a system in place to regularly review decisions to assess if a person had changed their mind or if their capacity to consent had changed.

We reviewed the provider's policy on consent to care and treatment which included reference to the Mental Capacity Act 2005. We spoke with staff and confirmed their understanding of the consent policy. One staff member told us "I enjoy looking after people. I treat (the person) as if they were my own relative." We asked staff what they would do if a person did not want to do something or refused treatment and found they understood the provider's policy which was in line with guidance. One staff member told us "I know most of the needs of the residents I look after. I would assess the person and whether they were able to agree to something at the time. I would check their records to see if a capacity assessment had been completed if I was unsure."

We spoke with seven people using the service. One person told us "I don't remember things well so my (relative) comes and the staff talk to them about things. I am happy with that." Another said "Yes they (the staff) always ask me if they can do this or that." We spoke with relatives of people using the service. One relative told us "Mum is not able to make her own decisions. We have had meetings with the doctor and manager to discuss

what is best for her."

We observed staff giving care to people and saw that they treated people with respect, explained what they were doing and asked if they were happy with their care.

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People's needs were assessed and their care and treatment was planned and delivered in line with their individual care plans. We looked at eleven care plans and saw that they contained all the information that staff would need to enable them to support people in the way that they preferred. This included how they liked their personal care delivered, assessments of continence, nutritional requirements and moving and handling assessments. We spoke with people using the service who told us "I feel that I am well looked after." Another said "Sometimes I have to wait a long time for the hoist." We spoke with relatives who told us "Staff are always sociable and available. They take an interest in mum." Another said "Staff take the time for little things such as applying mum's lipstick or favourite perfume which is really important to her."

We saw evidence that staff used a malnutrition universal screening tool (MUST) in line with national guidance to assess and monitor if people were not eating or drinking enough. We also found assessments for the risk of choking. We observed that staff spent time assisting people who were unable to feed themselves at mealtimes both in the dining room and in people's rooms.

There were systems in place to identify any potential risks for each person and evidence that this information was used to minimise risks. Regular assessments of factors likely to lead to pressure sores developing were monitored including regular skin inspections. We saw evidence that interventions such as pressure relieving devices and mattresses were used where necessary. We spoke to staff who had an understanding of what these risk factors were and how they could be minimised.

Each individual care plan contained the person's cultural, spiritual and social preferences as well as their hopes and wishes for the future. Information regarding people's wishes at the end of their life had been recorded. The care plans were reviewed and updated regularly to make sure that any changing needs or wishes were identified and addressed. We saw evidence that people's relatives were kept informed of any changes to their health or wellbeing. This was confirmed by five relatives that we spoke with.

We saw evidence that activities were taking place each afternoon and people were

encouraged to join in with these activities. During our inspection we observed an exercise to music session led by a skilled and competent person who encouraged people to join in and gave people a choice of music. We spoke with people using the service who told us "There are more things for us to do now. Things have improved recently." Another said "I would like to go out more." A relative told us "Mum enjoys joining in with the activities." Another relative said "Thackeray House has been putting on more activities recently." The manager told us that they had recognised during a review of the service that people would benefit from the opportunity for more external activities. We saw that plans were in place for excursions.

We reviewed the accident and incident log which showed there had been 23 incidents reported in the period May to November 2013. A procedure was in place to learn from incidents and minimise risks where possible. We noted that relatives had been informed in all cases.

We found procedures were in place to deal with foreseeable emergencies. We reviewed a maintenance schedule for checks on fire safety equipment and saw checks had been carried out. All staff we spoke with were familiar with the fire evacuation policy and told us the procedure they would follow in the event of a fire. We found there were personal evacuation plans for each person using the service accessible on each floor and at reception accessible to emergency personnel. A walkie-talkie communication system was used to ensure that staff could respond quickly to people's needs.

We found that care and treatment was planned and delivered in a way that was intended to ensure people's individual safety and welfare.

Management of medicines ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We saw that there were clear procedures in place for handling medicines including obtaining, safe storage, prescribing, dispensing, administration and disposal of medicines. We observed a medicine administration round with a staff member who was a registered nurse. We saw that medicines were stored appropriately in a locked room and where appropriate in a locked fridge within the room. We observed that the room was accessible by registered nursing staff only. Daily checks on the temperature of the fridge were recorded and monitored.

We looked at eleven medicine administration record (MAR) charts and saw there was a system for ensuring the person's prescription was reviewed regularly by a doctor. Effects of medicines were monitored and action was taken if a person had suffered side effects or adverse reaction. This ensured that people using the service received person-centred medicines appropriate for their condition and if their needs changed. We observed a policy in place for the administration of home remedies and medicines administered only when requested by the person (known as PRN medicines). Staff that we spoke to had comprehensive knowledge of how and when PRN medicines and home remedies were prescribed and administered. People using the service confirmed they were able to use their own preferred remedies (for example cough syrup) once agreed by the doctor. One person told us "If I need medicine for pain I can ask for it and get it quite quickly."

We observed that medicines were administered and recorded in accordance with their MAR chart. The time of each medicine administration was highlighted in a different colour. We saw that the medicines for each person were in a matching colour coded blister pack to help ensure the correct medicines were administered for the right person at the right time of day. A risk assessment to identified those people using the service who were able to take medicines themselves and those who needed assistance. We observed that people who needed assistance taking their medicines were given it. There was a policy in place for covert administration of medicines. A staff member told us the circumstances in which this procedure was implemented which included a clear understanding of requirements of the Mental Capacity Act 2005.

We found that controlled medicines (for example morphine) were kept in accordance with

strict Royal Pharmaceutical guidelines to prevent them from being misused or causing harm. We checked the procedures for three controlled medicines prescribed to people using the service. We observed that they were stored in a secure locked cupboard and were dispensed in line with guidance. Two competent staff members had checked and signed the MAR chart before the medicine was administered and a record had been made in the controlled medicine log.

We asked staff members how they ensured medicine stocks for each person were maintained to ensure they do not run out and they confirmed the process which was in accordance with the local policy. We also saw records which confirmed this process. We saw evidence of prescriptions that had been issued by a visiting doctor on the day of our inspection in response to a change in two people's needs. A staff member showed us how those medicines were obtained and delivered the same day by a local pharmacy.

All of these measures showed that people using the service were protected against the risks associated with medicines.

Requirements relating to workers ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

There were effective recruitment and selection procedures in place. We reviewed the employment files for five staff members including a registered nurse, care workers and housekeeping staff. Each file contained evidence that satisfied the requirements of schedule 3 of the Health and Social Care Act, 2008. This included application forms, employment history, evidence of qualifications, questions and answers from interviews, photographic evidence of the employee's identification and eligibility to work in the United Kingdom. We found that the qualification, skills and experience of each employee had been fully considered as part of the interview process.

We found that appropriate checks had been made before staff commenced employment. This included references from two previous employers, job acceptance letters and job descriptions. We saw evidence of professional registration with the Nursing and Midwifery Council where required. We found that staff had been made aware of local policies (including confidentiality, equality and diversity, health and safety and data protection) as part of their induction. Checks with the Criminal Records Bureau (now the Disclosure and Barring Service) had been carried out for all staff employed at the service.

People using the service told us "They seem to short of staff here. I have to wait a long time for the hoist." Another person said "Staff always treat me well." A relative told us "There are never enough staff. Sometimes my (relative) has to wait a long time if they need something but this had improved over the last few weeks." We spoke with the manager who told us that staff levels had recently been reassessed. We saw that measures had been put in place to ensure that enough competent and suitably skilled staff were available to ensure people's needs were met at all times. Two catering hostesses had been recruited (pending appropriate recruitment checks) to serve meals to people using the service to ensure that other staff spent more time caring for people's individual needs.

We found that there were clear procedures in place to monitor and review when staff are not well enough to work and we saw evidence of where this protocol had been applied.

Overall these measures meant that that people who use the service could be confident that only suitably skilled staff were employed by the service

Records ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

During our inspection we reviewed the personal care and support plans for 11 people. We saw that they contained detailed information and risk assessments to ensure that each person received care and support appropriate to their needs and wishes. We saw that these were kept in lockable filing cabinets on each of the two floors and were regularly reviewed and updated. We observed that medicine administration record charts were kept in a locked clinical area.

Staff records and other records relating to the management of the service were accurate and fit for purpose. We saw that staff files were kept securely and included relevant details of employment, induction and supervision. On-going staff training records were computerised. The manager told us that the training was accessed at the service or at home. We found that some staff had not completed the online training modules. This had been identified by the manager who had implemented an action plan to ensure all staff accessed the required training. We saw evidence that there had been a significant improvement in the last month.

We saw the confidentiality and data protection policy which contained appropriate references to the Data Protection Act 1998. Staff told us the policy had been drawn to their attention and they demonstrated an awareness of the importance of ensuring confidentiality and security of people's personal information. The manager and staff were aware of the need for the retention of records and their destruction after set periods of time and the provider's policy set out the requirements for this.

There were relevant and accurate records which we found were kept for the required periods of time. This included upkeep of the premises, purchasing and maintenance of equipment, electrical appliance testing, fire safety, gas safety, water safety and a legionella assessment.

These measures ensured that people using the service were protected from the risks of unsafe or inappropriate care.

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.

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.

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.

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

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)

(Registered) Provider

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'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

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