Drs Care Limited

The Thatched House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service
The Thatched House provides accommodation with personal care for people over age of 65, some of whom were living with dementia. The service is registered to accommodate up to 20 people in one adapted building. There were 18 people living in the home at the time of this inspection.

People's experience of using this service and what we found
Some areas of the home, including people's bedrooms, were not well maintained and hygienic, and systems for managing and preventing infections were not robust. This increased risks to people, had an impact on their comfort and did not support their dignity. Relatives were consistent in their views that the environment, including people's bedrooms and bathrooms, needed attention.

The provider's recruitment practice did not promote safety because suitable checks had not always been completed and documented. Systems for supporting and training staff were not consistent. Systems for monitoring the quality of the service and supporting improvements were not effective.

People told us they were happy at the home and relatives spoke highly of the care provided to people. Their comments included, "The care is very good" and, "Staff are all nice and kind, people are well looked after."

There were enough staff to provide safe care and people were protected from risks of abuse. Staff were trained to administer medicines to people and staff were knowledgeable about people's individual needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff supported people to access the health care services they needed and worked effectively with other agencies. People were supported to have enough to eat and drink and spoke highly of the food and the choices on offer. One person said, "Mealtimes are very enjoyable."

There was an open and inclusive culture where people and staff were encouraged to contribute their views and ideas. Staff were proud of their work at the home, one staff member told us, "It is a lovely place to work, people are very well cared for here."

People and their relatives spoke highly of the provider. One relative told us, "Communication is very good, they are on the ball with keeping us informed."

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 16 September 2021)

Why we inspected
We received concerns in relation to infection prevention and control, hygiene and maintenance standards at the home. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Following the inspection, the provider sent us information about the improvements that they had already put in place. These will be considered at a future inspection.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Thatched House on our website at www.cqc.org.uk.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to the management of risks, maintenance of the premises, recruitment procedures, record keeping and management oversight and governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect..

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.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below

The Thatched House

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
Two inspectors undertook this inspection.

Service and service type
The Thatched House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Thatched House is a care home without nursing care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with CQC to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We asked the local

authority for information they had about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with four people who used the service and six relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, the nominated individual and both day and night-time care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with a visiting health care professional. We spent time talking to people and observing how staff interacted with them.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at records from meetings, two care plans and staff rotas.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- We were not assured that the provider was preventing visitors from catching and spreading infections. For example, staff were not clear about what steps they should take when visitors arrived. There was not a clear and consistent system in place to manage risks from visitors or professionals in catching or spreading infections.
- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. Not all areas of the home were clean and hygienic. People's bedrooms and en-suite bathrooms were not all clean. Some people's bedsheets were soiled and stained and equipment in some bathrooms was dirty. Cleaning regimes were not thorough, and this put people at increased risk of contracting infections and did not support people's dignity.
- We were not assured that the provider's infection prevention and control policy was up to date. Staff were not aware of current government guidance at the time of the inspection. We have signposted the provider to resources to develop their approach.
- We were not assured that the provider was responding effectively to risks and signs of infection. For example, a bin was outside the front door with no lid and was overflowing with used masks, this was not in line with effective infection prevention and control procedures.

The provider failed to assess the risk of, and preventing, detecting and controlling the spread of infections. This is a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

Visiting in care homes

- People were being supported to have visits from their relatives in line with current government guidelines at the time of the inspection.
- Relatives told us they were now able to visit their loved one when they wanted to.

Staffing and recruitment

● Staff were not always recruited safely, and checks were not consistent to ensure that staff had the skills, competence and experience to meet people's needs. This placed people at potential risk of harm.

● The provider had not always completed suitable employment checks for new staff. This meant they could not be assured that staff were suitable to work with people. One staff member did not have a current Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

● The provider had not always obtained references to confirm staff conduct in previous employment concerned with provision of social care services. This meant they did not have all the information they needed to make safe recruitment decisions. There were no records of risk assessments completed by the provider to consider the gaps in employment checks.

● The provider told us they assessed the suitability of new staff through the induction process and by working alongside them to monitor their practice and keep people safe.

The provider failed to ensure new staff were of good character and failed to ensure recruitment procedures were operated effectively. This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were enough staff to care for people safely. The registered manager told us they assessed staffing levels according to the needs of people and made adjustments when needed.

● People told us they received the support they needed and did not have to wait long for attention. One person said, "There are always staff around to help." Relatives we spoke with confirmed there were usually enough staff, one relative said, "There always seems to be staff around, I have no concerns about that."

Assessing risk, safety monitoring and management;

● Risks to people were not always assessed and managed to ensure their safety.

● Staff had noticed how one person had difficulties with chewing and swallowing food and had been coughing when having a drink. A referral for a Speech and Language Therapist (SaLT) assessment had been requested. Although records identified these changes, there had not been an updated assessment to identify the level of choking risk for this person and to provide guidance for staff about how to support them with food and drink while waiting for the SaLT assessment.

● Staff told us the person continued to be provided with unmodified food and drinks and there was no care plan in place to provide any interim guidance to support the person safely. This meant there was an increased risk of choking. We asked the registered manager about this and they agreed to speak to the SaLT and undertake an interim assessment immediately to ensure the person's safety.

● Following the inspection, the registered manager sent a copy of the updated care plan with guidance for staff in how to support the person with eating and drinking.

●Risks to the environment had not been managed effectively. Systems for monitoring safety in people's bedrooms had not identified hazards that had an impact on people's safety and their dignity. One bedroom had a ripped carpet, this posed a trip hazard. In other rooms the threshold strip had been removed, the provider said this was because it posed a trip hazard to people but there had been a failure to recognise and assess risks posed by removing the threshold strip as this had caused a further trip hazard. There were handles missing from the chest of drawers and wardrobes in some people's bedrooms. This made it difficult to access people's belongings and posed a risk of injury when trying to open drawers.

The failure to identify, assess and manage risks to people was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Other risks to people had been identified and assessed. For example, a person needed support to move around including with the use of equipment. We observed staff supporting the person to move and they did so with a kind and confident approach.

Using medicines safely

● Medicines were managed safely. People received their medicines as prescribed and in the way they preferred.

● Only staff who were trained and assessed as competent were able to administer medicines to people.

● Medication Administration Record charts were completed accurately and there were systems in place to ensure people always had access to the medicines they needed.

● Some people needed medicines at specific times, staff were aware of this and records showed medicines were administered at the required times. Where people had PRN (as required) medicines there was clear guidance for staff about when this medicine should be administered. We observed staff checking with one person about whether they required their PRN medicine.

Learning lessons when things go wrong

● There were systems in place to record and monitor incidents and accidents. The registered manager checked incident reports as soon as possible after they were reported. They said they were usually made aware by staff when incidents or accidents had happened.

● Records showed that appropriate actions had been taken to ensure risks were reduced. For example, following a fall, one person's care plan was amended to ensure that staff moved their bed to the lowest setting and a mattress was placed next to the bed to reduce the risk of injury if the person fell out of bed.

Systems and processes to safeguard people from the risk of abuse

● People were protected from risks of abuse by staff who understood their responsibility for safeguarding people.

● Staff had received training in safeguarding and were able to describe how they would recognise signs of abuse. There were systems in place for reporting abuse and staff knew when to report any concerns. One staff member told us, "I would not hesitate to report anything that I thought was not right to the manager."

● The relatives we spoke with said they believed people were safe and happy at the home. One relative told us, "I have no concerns and if I did, I would tell the manager." Another relative said, "The staff are very good, and I would report anything untoward to the local authority, but I have never needed to do that."

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Adapting service, design, decoration to meet people's needs

- The decoration and design of the home did not support people's quality of life or promote their wellbeing.
- Some areas of the property were not in good repair. The flooring between the lounge and dining room was in poor condition. This made it difficult to keep clean and also posed a possible trip hazard. This was the main route to the dining room and an area of high use which increased the risk of accidents. The provider told us they had plans to improve this area of the home.
- Furniture and furnishings around the home were not always maintained to a hygienic and safe standard. This had an impact on people's safety and their dignity. Some people had bed linen of very poor quality on their beds, the sheets were very thin and threadbare, some were stained. We brought this to the attention of the provider who told us there was no reason for this because there were plenty of suitable bed sheets available and they asked staff to change some of the bed linen. Chairs were not always cleaned, for example, food debris was encrusted on the fabric of some armchairs in the dining area. The poor state of repair and lack of cleanliness did not provide a comfortable environment that supported people's well- being and dignity.
- Some parts of the garden were overgrown, including the pathway from the dining room to a seating area. This meant this part of the garden was not accessible to people. A relative told us "The garden needs attention, the other Sunday there was nowhere to sit because the chair was broken. The back area is difficult to use and overgrown." The provider told us that people were able to access other parts of the garden via the front pathway and they said they would arrange for all pathways to be cleared to improve access.
- Comments from relatives about the environment were consistent with what we saw. One relative told us, "It is looking very tired everywhere, it could do with a lick of paint and some repairs to cupboard door handles." Another relative said, "I'm shocked at how they have let it go downhill, it (the environment) has really deteriorated."
- There was a lack of dementia friendly signage and this did not support people people's well- being. We observed a person had difficulty orientating themselves in the building. They told us they were looking for their bedroom and said, "Where do I need to go?"

The provider failed to ensure the premises and equipment used were clean, safe and properly maintained. This is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- The service did not have a consistent approach to support and training for staff.

● One staff member had received training at their previous employment, but no checks had been completed to show that this training was suitable to meet the needs of people at The Thatched House. There was no record to show that the registered manager had assessed the staff member's competency or confirmed the training they had received was adequate. There was no record that they had received supervision. This meant the provider could not be assured that the staff member had the skills and knowledge they needed to deliver effective care.
● There was not a clear plan for staff training and development to identify gaps in knowledge or improve skills based around staff learning needs or the specific needs of people. This was an area of practice that needed to improve.
● There was a system for ensuring that all staff completed a comprehensive induction when they joined the service. Staff told us they had been able to shadow experienced staff when they started. One staff member said, "I got to know people and soon felt confident." The provider said that all staff had an induction and they were supervised until they were able to work unsupervised. Records did not confirm that all staff had completed a full induction, but the provider said this was a failure in recording and they were confident all staff had completed an induction to the service.
● People and their relatives told us they had confidence in the skills and knowledge of staff. One person said, "They do know what they are doing, they look after us very well." A relative said, "I think they are trained, they seem to know what to do."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● There was a holistic approach to assessing people's needs.
● People and relatives told us they had been included in assessments and reviews of their care. One relative said, "We have a meeting with the manager and talk through how things are progressing and what needs to change."
● Evidence based assessment tools were used to determine the level of need when risks were identified. For example, a tool was used to assess if people were at risk of developing a pressure sore.
●Care plans reflected risks identified. For example, an oral care assessment and care plan included guidance for staff in how to care for a person's dentures and the support they needed

Supporting people to eat and drink enough to maintain a balanced diet
● People were receiving the support they needed with eating and drinking. People told us they enjoyed the food on offer. People said, "The food is always good" and, "Everyone has a choice and mealtime is usually very enjoyable." People ate a home cooked meal at lunchtime. Some people had asked for different options and this had been provided. People were enjoying their meals and staff were on hand to support them when needed.
● Menus had been planned in advance and staff told us people's preferences were considered when developing menus. Fresh fruit and vegetables were included in menu planning to support a balanced diet. Food was being prepared and stored in line with good practice principles.
● Where people were assessed as being at risk of malnutrition their care plan included measures to reduce risks. For example, one person had their weight recorded regularly due to risks of malnutrition. When they were found to be losing weight a referral was made to the GP who prescribed food supplements to support the person's nutritional intake. Their care plan included encouraging nourishing drinks and snacks to further improve weight management and we observed staff were offering a high calorie snack with a drink during the morning. A relative told us how staff had noticed their relation did not eat well at lunch time, they said, "The staff brought them some cheese on toast later on to try and persuade them to eat a little, they are very kind and caring people."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

● Staff had developed positive working relationships with other services. A staff member told us, "We have good communication with the GP and district nurses." Records reflected the advice received from health and social care professionals.

● We spoke with a visiting health care professional who spoke highly of care provided at the home. They told us the provider was knowledgeable about people's needs and staff followed the advice and guidance they had provided.

● People and their relatives told us they were supported to access the health care services they needed. One person said, "They call the doctor if I need one. " A relative told us, "The staff are never dismissive about any concerns, they always check things out with the doctor."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA , whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● Staff understood their responsibilities with regard to MCA and told us how they sought consent from people. One staff member said, "We always ask and check with people, you can't force people against their will." Staff supported people, checking with them discreetly before providing care.

● Care records confirmed that issues of consent were considered and recorded in line with the MCA. For example, a care plan included clear guidance for staff in how to seek consent from someone and what to do if they did not consent to have personal care.

● Where people lacked capacity to consent to particular decisions records showed that appropriate applications had been made for DoLS authorisations. Systems were in place to ensure DoLS authorisations were monitored and staff were made aware of any conditions attached to authorisations.

Requires Improvement

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

- There was a lack of effective management systems to identify and manage risks to people. For example, there were numerous shortfalls in the cleanliness and upkeep of the premises. The provider did not have systems in place to identify risks associated with these shortfalls in standards. A cleaning schedule showed when bedrooms were due to be cleaned but there was no system for monitoring the quality of the cleaning or actions to address poor standards. This meant that risks to people were not always managed.
- Staff told us they were clear about their roles and responsibilities. However, the provider said they were disappointed that staff had not reported maintenance issues in people's bedrooms. This showed that there was not an effective system in place for identifying and reporting such issues or that staff had not been aware that this was their responsibility.
- There was a lack of systems to identify shortfalls and improve standards. For example, records were not always well maintained and accurate. The lack of audits of staff records meant opportunities to make improvements in recruitment systems had been missed.
- Reviews of care records had not identified a lack of personalised detail. Care plans did not provide specific guidance for staff in how to support people in the way they preferred. For example, a person needed support with the use of equipment to move, there was not specific guidance for staff about how to achieve the manoeuvre in the way that the person preferred and supported their needs. As staff were familiar with people and knew them well, there was no impact from the lack of detail in the care plan. However, for staff who were not familiar with people this meant they did not have all the information they needed to provide a personalised service.

There was a failure to establish effective quality assurance systems and to identify and manage risks. Records were not always accurate and complete, including for staff employed by the provider. This was a breach of Regulation17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Systems to support continuous learning and improvements in care were not robust. The provider had a complaints system and had responded to complaints and concerns that were raised. However, there was a failure to ensure lessons were learned and improvements were made. For example, a recent complaint identified concerns regarding cleanliness in some areas of the home including in people's bedrooms. A full response to the complaint had been provided. We found similar issues remained and this meant lessons

had not been learned and there had been a missed opportunity to make improvements to practice.

Systems did not support the continuous evaluation and improvement of the service. This was a breach of Regulation17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The provider was aware of their responsibilities under the duty of candour. They explained how they encouraged staff to be open and transparent when mistakes were made.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

● There was a positive culture at the home. People and relatives all spoke highly of the management of the home and the caring nature of staff. People told us, "The owners are lovely people" and, "I am very happy here, all the staff are kind and they really care about us." Relatives comments were consistently positive and included, "All the staff are respectful and kind, they have a very good attitude."

● Staff described an open culture where they felt included. One staff member said, "It is a very good place to work, the staff get along well together, and the manager is very open and works alongside us." Another staff member said, "People are well cared for here, the manager cares about people and the staff. We do a good job, and see how people improve, like putting on weight. It makes you feel good to see them getting better and that they are happy here."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

● People, their relatives and staff were involved with the service. One person told us, "They are always asking us about things." A relative said, "Communication is good, the manager keeps me informed and I feel very involved." Staff told us they had opportunities for involvement through individual meetings and staff meetings with the provider.

● Staff had developed positive working relationships with health and social care professionals. Records showed that staff involved other agencies when appropriate to provide people with the care they needed.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to assess the risk of, and preventing, detecting and controlling the spread of infections.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider failed to ensure the premises and equipment used were clean, safe and properly maintained

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There was a failure to establish effective quality assurance systems and to identify and manage risks. Records were not always accurate and complete, including for staff employed by the provider. Systems did not support the continuous evaluation and improvement of the service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider failed to ensure new staff were of good character and failed to ensure recruitment procedures were operated effectively.