

Thomas Owen Care Limited

Thomas Owen 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?

Good



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

This inspection took place on 6 January 2015 and was unannounced. At the last inspection on 10 & 14 July 2014 enforcement action was taken due to breaches in regulations which related to safeguarding, supporting staff and quality assurance. There were six other breaches in regulation which related to respecting and involving people, care and welfare, consent, nutrition, safety and suitability of the premises and complaints. The provider sent us an action plan which showed improvements would be made by the end of November 2014. At this inspection we found improvements had been made to meet the relevant requirements.

Thomas Owen House provides nursing care for up to 39 adults with mental health needs and/or a physical disability. There were 35 people living at the home when we visited. Accommodation is provided in single bedrooms, although there is one shared room for two people. There is a variety of communal lounge and dining areas, a hairdressing room, a kitchen, laundry and bathrooms. There are gardens to the rear of the property.

The home did not have a registered manager. The registered manager left following the inspection in July 2014. A new manager had been appointed in December 2014 who was in the process of applying for registration with the Care Quality Commission. A registered manager

Summary of findings

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 the change of management had resulted in improvements in the service which benefitted people who lived in the home. People told us they felt safe and we saw people had more freedom as staff promoted a positive approach to risk taking and used distraction and intervention techniques to manage any behaviour that challenged.

Staff understood the legal requirements relating to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). DoLS were in place for four people and the provider was complying with the conditions applied to the authorisation.

People told us they were involved in decisions about their care and felt their views were listened to. Staff engaged with people at every opportunity and we observed people were comfortable and relaxed around staff. Care plans had improved and focussed on people's individual needs. Some contained detailed information, although others needed updating.

Staff induction, training and supervision had improved and staff understood their roles and told us they felt

better supported. There were enough staff to meet people's needs and people told us they were able to participate in a wide variety of activities both in and outside the home. People said they enjoyed the food and now had a great choice at mealtimes.

Medicines were stored and administered to people safely, although we found the morning medicine round took over three hours which meant some people did not receive their medicines until late morning. We also found some controlled medicines had not been disposed of in a timely way and the competencies of staff in medicine administration had not been assessed.

We looked round the home and found the premises were clean and well maintained. Records we saw showed equipment was regularly serviced and environmental risk assessments had been completed.

Some quality assurance processes had been implemented, although they required further development to ensure that the improvements found at this inspection were sustained and enhanced to deliver high quality care to people.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe. People told us they felt safe. Risks were managed well which meant people were kept safe without their freedom being restricted. Staff levels were sufficient to meet people's needs and recruitment processes ensured staff were suitable and safe before they started working with people.

The premises and equipment were well maintained.

People received their medicines although there were sometimes delays in the times of administration, staff competencies had not been assessed and some medicines had not been disposed of in a timely way.

Requires Improvement



Is the service effective?

The service was effective. Staff were inducted, trained and supported to ensure they had the skills and knowledge to meet people's needs.

People's nutritional needs were met. People told us they enjoyed the food, which now included more choice.

The legal requirements relating to Deprivation of Liberty Safeguards (DoLS) were being met.

People were supported to access health care services to meet their individual needs.

Good



Is the service caring?

The service was caring. People were involved in decisions about their care and felt their views were listened to. We saw people were relaxed and comfortable around staff.

Staff treated people with dignity and respect and gave positive encouragement to promote people's independence.

Good



Is the service responsive?

The service was not consistently responsive. People were involved in planning and reviewing their care. Care records had improved since the last inspection, however, some required updating and others more detail.

People told us they were offered a wide range of activities which they enjoyed. We saw people were involved in deciding the activity programme.

People knew how to make a complaint and had been given a copy of the complaint process which staff had discussed with them. Complaints were recorded and dealt with.

Requires Improvement



Summary of findings

Is the service well-led?

The service was well-led though further improvements were required. The home had a new manager who was applying for registration with the Care Quality Commission.

Improvements had been made which meant requirements made at the last inspection had been met.

The culture had changed and was more open and some quality assurance systems had been implemented. However, these improvements need to be sustained and developed further to make sure people consistently receive high quality care.

Requires Improvement



Thomas Owen 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 6 January 2015 and was unannounced.

The inspection team consisted of two adult social care inspectors, a specialist professional advisor in mental health and an expert by experience with expertise in mental health. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the home. This included looking at information we had received about the home and statutory notifications we had received from the home. We also contacted the local authority contracts and safeguarding teams, the local clinical commissioning group (CCG) and Healthwatch. Healthwatch is an independent consumer champion that

gathers and represents the views of the public about health and social care services in England. At the time of our inspection the Local Authority had suspended placements at the home due to contractual breaches related to medicines.

We sent the provider a Provider Information Return (PIR) before the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider did not return a PIR, as they told us they had not received one, and we took this into account when we made the judgements in this report.

We used a number of different methods to help us understand the experiences of people who lived in the home. We spoke with nine people who were living in the home, four care staff, one nurse, the activity co-ordinator, the cook, the administrator, the manager and the area manager.

We looked at seven people's care records in detail, two staff files and the training matrix as well as records relating to the management of the service. We looked round the building and saw people's bedrooms, bathrooms and communal areas.

Is the service safe?

Our findings

Medicines, including controlled drugs, were stored securely in a locked clinical room. The clinical room had been refitted but the flooring in this room was heavily marked. The area manager advised it was going to be steam cleaned and said if that was not successful it would be replaced. Room and fridge temperatures were within the normal range and were monitored and recorded. This ensured the therapeutic properties of medicines were not adversely affected by extremes of temperature.

The manager told us all medicines were currently administered by staff, however they advised consideration would be given to self-administration if it was risk assessed as appropriate and safe for people. We reviewed two people's medicine administration records (MAR) and found these were well completed and showed medicines had been administered as prescribed. Explanations were recorded for any medicines not administered. The manager advised no medicines were administered covertly.

We saw the morning medicine round took over three hours to complete. When we spoke with the nurse in charge they told us this was not unusual as some people needed a lot of support to take their medicines. They said they knew which people had received their medicines later in the morning and made sure there was a sufficient gap before they received their next dose and we saw this was communicated well between staff. We discussed this with the manager who told us

they were in the process of changing to a new medication system which they felt would save staff time as all the medicines were packaged in a single pod. They said they felt this also had the potential for fewer errors.

The manager told us they had undertaken a review of people's prescribed medication in December 2014 and had written to three GP practices suggesting changes and the discontinuation of some medication. The manager felt if this was agreed by the GPs people would benefit from the discontinuation of unnecessary medicines.

The Local Authority told us they had carried out a contract monitoring visit to the home the week before our inspection and had found medicines received into the home had not been booked in until a week after they had

been delivered. This meant any discrepancies in the order were not identified promptly. The manager told us they had taken immediate action to address this and at the next delivery all medicines would be booked in immediately.

We found suitable arrangements were in place and records were completed for the disposal of all medicines. However, we found 15 Temazepam tablets, which had been discontinued in November 2014, had not been returned to the pharmacy for disposal. The manager told us they would arrange for their disposal immediately and following the inspection they confirmed this had been done.

The home had a medicines policy dated September 2013, which the area manager told us was going to be reviewed to ensure it fully reflected the National Institute for Health and Care Excellence (NICE) Guidelines for Managing Medicines in Care Homes dated 14 March 2014. We found a pharmaceutical reference book, The British National Formulary (BNF), available for staff was ten years out of date. This meant staff did not have access to up to date information and advice about medicines. Although the manager explained that staff had access to the manufacturer's product information leaflets and are able to contact the pharmacy for advice

The manager informed us that the registered nurses undertaking administration of medicines had not yet had their competencies reviewed and that this was going to be addressed by peer review of administration. We discussed with the manager that an external agent may be useful in providing this update to ensure clarity and objectivity as well as ensuring best practice. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We found improvements had been made to meet the requirement about safeguarding. People told us they felt safe in the home. One person said, "I like it here and I feel safe." Another person told us staff were very good and said if there was any disruption or disagreement staff stepped in immediately to make sure people were safe. We observed this during our visit and saw staff were quick to identify and manage potential areas of conflict between people.

Our discussions with the manager and staff showed the underlying philosophy of the home had changed since the last inspection and the amount of restriction placed on people had been reduced as much as possible. This meant there were more occasions when staff had to intervene to

Is the service safe?

keep people safe from harm however, we saw this was managed well by staff who acted promptly and appropriately to behaviours that challenged others. The manager confirmed that 'restraint' (as in the usually understood 'Control and Restraint' techniques often used in Mental Health settings) was not taught or used in the home and the aim was to de-escalate situations in a non-confrontational way. The manager said if people required staff intervention this would involve distraction techniques and that any intervention must be 'justified and reasonable'. Staff we spoke with understood this new approach and told us of training that was being rolled out to increase staff awareness in how to manage behaviour that challenged others.

At the last inspection we found people did not have keys to their rooms; bedroom doors were kept locked and could only be accessed with staff who held the keys. At this inspection we found discussions had taken place with people and following risk assessments some now had keys to their rooms. When we visited in July 2014 we found the use of alarms fitted to bedroom doors was not clear. At this visit, the area manager advised the door alarms were only used if individual risk assessments identified this was required as part of people's care needs. Although we saw door alarms were only activated on some people's bedroom doors, when we checked these people's care records it was not evident how this decision had been made or agreed. For example, either by consent or, where people lacked capacity, through best interest discussions. We discussed this with the manager who agreed this would be addressed straightaway.

We saw people's personal money was kept securely. The administrator advised some people looked after their own money and had secure facilities in their rooms. They showed us the systems in place for people who were unable to manage their own money. We saw accounts showed credits, debits and balances were correct and arrangements were in place to ensure people could access their money whenever they needed. This was confirmed by one person we spoke with who said they had a packet of cigarettes each day and a daily allowance and all spare money was saved for shopping. They said this was an arrangement they had agreed and were happy with.

The area manager told us all staff had received recent safeguarding training and this was confirmed by staff we spoke with and records we reviewed. Staff showed a good

understanding of safeguarding, were able to describe the signs which may indicate possible abuse and knew the reporting systems. They were also aware of other relevant agencies they could contact if their concerns were not addressed. We saw the safeguarding and whistleblowing policies had been reviewed since our last visit and now included a procedural flowchart for staff and a copy of the West Yorkshire Regional Safeguarding Procedures. We saw safeguarding incidents that had occurred since the last inspection were dealt with appropriately and had been investigated, recorded and reported to the Local Authority and the Care Quality Commission (CQC).

We found improvements had been made to meet the requirement about the safety and suitability of the premises. When we inspected in July 2014 we found there were no environmental risk assessments, some maintenance works were outstanding and there was no evidence of service certificates for some equipment.

At this inspection we found the premises were clean, tidy and well maintained. We saw bathrooms, that at the previous inspection had been used as storage rooms, had been cleared and were in use. We saw maintenance certificates were in place and up to date for all equipment and the premises. Works that had been identified previously in service inspection reports, such as a new safety belt to be fitted to the chair lift, had been completed. However, when we arrived at the home there was no 'signing in' book for visitors. This meant there was no record to show who was in the home at any one time which meant if there was an emergency where people had to be evacuated, such as a fire, staff would not know if everyone had been accounted for. The manager told us this would be addressed immediately.

We found there were sufficient staff to meet people's needs and keep them safe. We saw staff were available and responsive to people's needs and care provided was unhurried. Staff we spoke with felt staffing levels were sufficient to provide the care people needed. One staff member said, "There's more staff now and we have more time to spend with people." Staff worked a variety of shifts including some 'long days' (7.30am – 9.30pm) as well as shorter shifts of six hours. Staff told us although they found the long days 'very tiring' they felt the shift combinations they worked suited them and the home. We saw there was a two hour overlap of staff in the afternoon which afforded time for some extra activities with people. The manager

Is the service safe?

told us they had implemented an absence management process to monitor, review and support staffing levels. The manager told us they were in the process of recruiting two nurses, one for days and another for nights. Staff we spoke with and records we saw showed safe recruitment

practices were followed. We found recruitment checks, such as criminal record checks from the Disclosure and Barring Service (DBS) and references, were obtained before staff began work.

Is the service effective?

Our findings

We found improvements had been made to meet the requirement about supporting staff. When we inspected in July 2014 we found staff were not receiving the induction, training, supervision and appraisal they required to meet people's needs.

At this inspection, the area manager showed us the induction training programme provided to new staff by an external training provider. This was completed over a six day period and encompassed the Common Induction Standards including topics such as safeguarding, dementia care, confidentiality, privacy and dignity, equality and diversity, person-centred care, health and safety, moving and handling, infection control and basic life support. We saw evidence of this induction in the staff files we reviewed. We spoke with a newly recruited staff member who confirmed they had completed this induction training and said they felt it had prepared them thoroughly for their role as a support worker.

At the inspection in July 2014 we found some staff had not received refresher training in moving and handling or safeguarding. At this inspection, our discussions with staff and the records we reviewed confirmed staff were up to date with this training and had received refresher training in other areas such as fire safety and person centred care planning. Fifteen staff had completed training in managing behaviour that challenges and this training was ongoing. Staff we spoke with told us their training needs had been discussed at supervision and they felt access to training had improved since the last inspection. The area manager told us they had reviewed how training was provided to staff and were meeting with an external training provider, later in the month, who provided a comprehensive training package. They felt this would deliver higher quality training to staff than had been given previously.

Records we saw and discussions we had with staff confirmed regular supervision was now taking place. One staff member told us, "I have supervision with the manager and can discuss things. It's so much better, I feel supported now." The manager told us appraisals were planned for later this year.

We found improvements had been made to meet the requirement about people's nutritional needs. People we spoke with told us the food was good and said there was

lots of choice. Four people we spoke with said the food was a lot better than it had been before, although two people said their food was not warm enough. One person said, "I love the food." We met with the cook who told us that, following the last inspection, the menus had been reviewed in consultation with people who lived in the home. The cook said there were now more choices as there were ten additional dishes people could choose, as well as the two main choices provided at each meal. We saw the menus were displayed in the home so people knew what was available. The cook demonstrated a good understanding of people's individual likes and dislikes and told us they accessed specialist advice from the dietician and speech and language therapist (SALT) team. We saw evidence of this in one of the care records we reviewed which showed the involvement of the dietician for a person who was assessed as nutritionally at risk. We saw food and fluid charts were well completed and up to date, which they had not been when we inspected in July 2014. We saw a hot drinks dispenser had been provided so people could access drinks independently, although the area manager said the machine was 'temperamental' and needed looking at as it did not always work. Following the inspection we were informed that a replacement machine had been sourced.

We found improvements had been made to meet the requirement about consent. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. At the last inspection in July 2014 we found some people's liberty was being restricted in a way that amounted to a deprivation of liberty and the registered manager had not recognised this or applied for authorisation.

At this inspection the manager knew the requirements of the Mental Capacity Act (MCA) 2005 and DoLS and the correct procedures to follow to ensure people's rights were protected. The manager told us four people were subject to authorised deprivation of liberty. We reviewed these people's care records and found they clearly identified the rationale for the DoLS application and contained detailed care plans. However, we saw some entries were generalised for example, one entry stated 'ensure all staff are aware of restrictions' but there was no clear information as to what restrictions were in place and what staff should do. This was discussed with the manager, who agreed to review the care plans. We noted on the medical report of one DoLS information which had been recorded by a doctor

Is the service effective?

regarding the person's medical diagnosis was incorrect. We discussed this with the manager who took immediate action and followed this up with the Local Authority during the inspection.

Staff we spoke with confirmed they had received training in the MCA and DoLS. The area manager had attended a briefing update on the judgement issued by the Supreme Court in March 2014 in respect of DoLS. This judgement widened and clarified the definition of deprivation of liberty and therefore had implications for all adult health and social care providers. We saw records which showed information from the briefing was shared and discussed at

a meeting with senior staff and had resulted in people's capacity assessments being reviewed and updated. We saw detailed mental capacity assessments in people's care records. The area manager told us further in-depth training on MCA and DoLS was being planned for all staff this year.

People we spoke with told us their health needs were met and said they were supported to access health care services. While we were visiting one person attended a hospital appointment with a staff member. Care records we reviewed showed people had regular access to GPs, the tissue viability nurse, the community mental health team, opticians and other healthcare professionals.

Is the service caring?

Our findings

We found improvements had been made to meet the requirement about respecting and involving people. When we inspected in July 2014 we found some staff lacked compassion and empathy and did not engage with people.

At this inspection people we spoke with told us their views were listened to and they were involved in decisions about their care and their care plans. One person said about the staff, "They treat me with kindness and compassion." Another person said, "Staff are nice."

We observed staff were friendly and professional in their interactions with each other and with people who lived in the home. We saw staff spent time with people and tailored the care and support to meet people's individual needs. People were relaxed and smiling and there was humour in many of the conversations they had with staff and each other, which created a warm and happy atmosphere. We saw people were able to walk freely through the different communal areas and could access the office when staff were in there, which they had been unable to do at the previous inspection as the office door had been kept locked. We saw people responded positively to staff and were relaxed in their company.

We saw staff were attentive and respectful towards people. Explanations were given and people were involved in decisions about how care and support was provided. We saw where people's behaviour was having a negative impact on others staff intervened promptly and used distraction techniques calmly and sensitively. For example, one person was noted to be sexually disinhibited in conversation with both staff and visitors. We saw one staff member spent time with this person and was able to divert their conversation quite quickly.

People we spoke with told us their needs were being met and we saw people were encouraged and supported to be as independent as possible. For example, one person told us they felt it was time for them to move on from the home. They said they had their own fob to the front door so they could move freely in and out of the home and felt they would be able to manage in a supported living setting. We saw, after speaking with us, they discussed this with their keyworker who arranged for their social worker to visit so they could discuss this matter further. Another person's care plan detailed aspects of personal care the person could complete themselves and outlined how staff could positively encourage this person's independence in these tasks.

We saw people looked well cared for and were well groomed. We saw staff made sure people's privacy and dignity was maintained. For example, we saw one person's clothing needed adjusting and staff spoke quietly with the person and took them somewhere private to help them sort it out.

People told us they felt their views were listened to and acted on. We saw one person had been involved in a review of their care with their relatives, staff from the home and staff from the community mental health team. People told us residents meeting were held monthly and said they felt they had been able to contribute to the improvements that had been made. The records showed three meetings had been held since September 2014. We saw the provider had attended one of these meetings to discuss changes and improvements being made to the service. The minutes showed people's views were gathered in relation to activities and the named nurse system. However, we noted there was not any follow up recorded at subsequent meetings to show actions taken in response to issues raised.

Is the service responsive?

Our findings

We found improvements had been made to meet the requirement about people's care and welfare. When we inspected in July 2014 we found care plans were not up to date and contained scant information about people's needs, preferences and risks to their care.

At this inspection people told us their care needs were reviewed on a regular basis and if their care plans were updated they were able to contribute. One person, when asked about their care plan, said, "They read it to me and allowed me to add to it."

We found the care records were well organised, which meant information was easy to find, although we noted that some old information such as optician's letters from previous years needed archiving. We saw detailed pre-admission assessments had been carried out before people were admitted to the home. For example, we saw one person had been assessed by the manager who had visited them in their previous home and the person had also come to Thomas Owen House for visits before deciding to move in.

The manager told us they had implemented a named nurse and keyworker system. This meant each nurse had responsibility for overseeing and managing the care for a small number of people in the home, including maintaining their care records. Keyworkers worked with the named nurse in providing specific care and support to named people. Staff we spoke with were enthusiastic about these roles and were knowledgeable about the needs of people they supported.

Care plans we reviewed were well recorded, some were very detailed and clearly showed how people were involved in decisions about their care. For example, one person's care plan showed how they had been involved in a best interest discussion with their relative and staff regarding the management of their cigarettes. In contrast, other care plans lacked detail. . For example, one person's record stated they liked to have a bath regularly but did not give details of when, how often or if any equipment was required to support the person. Some care plans had not been reviewed in the last two months and this had been

flagged by the manager for review. The manager acknowledged reviews had fallen behind for some people and stated this would be followed up with the named nurse. The manager told us they were in the process of introducing a new software package that would streamline the care planning and recording processes. They said this electronic system was being introduced gradually with training planned for all staff in February 2015.

People told us they were happy with the range of activities available to them and said these included bowling, painting, arts and crafts, baking, support in using the kitchen, shopping, going out to concerts and the theatre. One person told us about a rock concert they had been to and another person had been out of the home all day pursuing their own interests. One person said, "I get a choice of what I want to do each day." Another person told us, "I go to shows and activities."

We spoke with the activity organiser who told us how people were involved in determining activities through the residents meetings and day to day discussions. We saw this staff member had a good rapport with people and while people were waiting for lunch they started an impromptu session of 'name that tune', which people joined in with and enjoyed.

We found improvements had been made to meet the requirement about complaints. We saw the complaints procedure was displayed in the home. The area manager told us a copy of the complaints procedure was given to everyone following the last inspection and staff had gone through it with people on an individual basis. We saw there had been one complaint and two compliments recorded since September 2014. Records showed the complaint had been investigated and dealt with and feedback had been given to the complainant.

We asked people if they had someone they could speak to if they were unhappy about anything or needed to make a complaint. . People told us they would feel comfortable making a complaint and would speak with their keyworker if they had any concerns. People said they also felt they could go to the manager as well. No-one raised any complaints with us.

Is the service well-led?

Our findings

The home does not have a registered manager. The registered manager left following the inspection in July 2014. A new manager was appointed on 14 December 2014 and was in the process of applying for registration with the Care Quality Commission when we carried out this inspection.

We sent the provider a Provider Information Return (PIR) before the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. They did not return a PIR and when we spoke with the registered provider, area manager and manager about this at the inspection they stated they had not received a PIR. Our records showed a PIR was emailed to the registered provider and manager on 12 November 2014 with a request for return by 10 December 2014.

We found improvements had been made in the management and leadership of the home. When the registered manager left, the area manager took over the management of the home until a new manager was appointed. There was a positive feeling of change around the home, and this was apparent from our discussions with the manager, staff and people who lived in the home. One person told us, "It's a lot better than it was before." Another person told us how they had been involved in interviewing new staff. Staff told us they felt supported by the new manager and improvements had been made in aspects of care as well as staff training and development. One staff member said, "We can now support residents, rather than just care for them." Another staff member said, "The previous manager wouldn't listen to staff or the residents and you couldn't speak out. We can now and everyone's much happier." A further staff member said, "The manager is approachable and listens to us." We found that staff were aware of their responsibilities and more confident in their roles and were keen to work in a less restrictive environment. Staff told us the atmosphere in the home was much calmer now due to the staff changes and people were more settled which was confirmed by our observations.

We saw minutes from recent staff meetings, which referred to actions and changes arising from the last inspection.

When we inspected in July 2014 we found there were no effective systems in place to monitor the quality of the service. At this inspection improvements had been made. All the care documentation had been reviewed and updated since our last inspection. Systems were in place to ensure any monitoring charts were completed correctly and monitored and reviewed by the nurses. We saw the home's quality assurance policy had been updated in September 2014 and monthly audit processes had been implemented in areas such as medicines, accidents and incidents. We discussed these with the area manager as we considered the audits needed more detail as although some actions were listed, there were no timescales for completion and it was not clear how the actions were followed up. For example, the accident and incident audits collated monthly information but there was a lack of thorough analysis to identify recurring themes such as frequency, times, staffing levels and triggers. We considered further development of these systems was required to ensure all aspects of service delivery were monitored and reviewed and any lessons learnt were used to ensure sustained and continuous improvement.

We saw records of nine meetings that had taken place since September 2014 between the registered provider and manager. These showed the registered provider monitoring and reviewing progress of the implementation of the action plan following the inspection in July 2014.

We found some policies and procedures had been reviewed and updated since our last inspection, such as safeguarding and complaints. However, other policies had not been updated and in some instances there was no policy guidance available for example, managing people's personal money.

We saw 30 surveys had been sent out to relatives in October 2014 and eight had been received back. The analysis showed 95% were happy with the quality of care. One relative had written the following comment, "I only visit (my relative) about once a month.but always find Thomas Owen House to be a lovely safe place with very friendly caring staff." Another relative stated, "This time last year (my relative) was a very sick person, we know they won't get any better but we know where they are its far better that we expected for them." However another relative commented, "Quality of care is fair, sometimes when asking to go to the toilet it takes a while, I don't think

Is the service well-led?

some of the staff understand (my relative).” It was not clear what action had been taken in response to the surveys or if relatives and people in the home had been given any feedback.

At the last inspection in July 2014 we found the registered manager had not been notifying the Care Quality Commission of deaths as legally required. At this inspection we found notifications were being made in accordance with requirements.

Although we found improvements had been made in addressing the requirements made at the last inspection, we considered more work was needed to ensure improvements were sustained, reviewed and developed further to ensure people received high quality care. While outcomes for people had improved, further development is required in creating and embedding a culture where people are empowered and enabled to maximise their full potential. We recommend that the home explores the relevant guidance on providing high quality care for people with complex mental health needs.

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 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines
Treatment of disease, disorder or injury	Service users were not protected against the risks associated with unsafe use and management of medicines as there were not appropriate arrangements for the safe administration and disposal of medicines. Regulation 13