Thomas House (St. Helens) Ltd

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## Inspection report

Thomas House Care Home
168 Prescot Road
St Helens
Merseyside
WA10 3TS

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27 September 2018

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12 November 2018

## Ratings

| Overall rating for this service | Good |
|---|---|

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

# Summary of findings

## Overall summary

This inspection was carried out on 27 September 2018 and was unannounced.

Thomas house is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection. The home is situated within the St Helens area. The home offers accommodation and support for up to 28 people. At the time of our visit there were 22 people living at Thomas house.

The home did not have a registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection, the service was rated good.

The registered provider had policies and procedures in place that were regularly reviewed and updated. We identified some disparity of information relating to the complaints policy. The Statement of Purpose held out of date information including details of a previous regulator. The registered provider stated they would immediately review and update these documents to ensure they held the correct information.

The registered provider continued to have safe recruitment processes in place. All staff had completed an induction at the start of their employment and undertaken shadow shifts with an experienced member of staff. Mandatory training was consistently completed along with refresher training updates as required in accordance with good practice guidelines. Staff received regular support through supervision and team meetings.

The registered provider had safeguarding policies and procedures in place. Staff felt confident and knew what they needed to do if they had any concerns. Staff had received training and were able to describe what abuse may look like. They thought any concerns they had would be listened to.

People had their needs assessed before they moved into the home and this information was used to create individual care plans that included clear guidance for staff to follow to meet people's needs. People's needs that related to age, disability, religion or other protected characteristics were considered throughout the assessment and care planning process. Care plans were reviewed and updated regularly.

Staff had developed positive relationships with people living at the home. People told us they had support from regular staff that respected their privacy and promoted their independence where possible. We observed positive interactions between people and staff that supported them throughout our inspection. Staff were caring and demonstrated kindness and patience. People's privacy and dignity was respected. A

variety of activities were available for people to participate in.

Medicines were ordered, stored, administered and disposed of in accordance with best practice guidelines. The registered provider had medicine policies and procedures in place. Medicine administration records (MARs) were fully completed and regularly audited for accuracy. Staff that administered medicines had all received training and had their competency regularly assessed.

People were supported by staff with their food and drink needs. When people had been identified as having specific assessed dietary needs staff had guidance available to support this. People spoke positively about the food and drink.

Quality assurance systems were in place that were consistently completed. Areas for development and improvement had been identified and action taken to complete these. Accidents and incidents were analysed to identify trends and patterns within the home. Health and safety checks, equipment testing and servicing and fire checks were regularly undertaken within the home.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 and report on what we find. We saw that the registered provider had guidance available for staff in relation to the MCA. Staff had undertaken training and demonstrated a basic understanding of this. The registered provider had made appropriate applications for the Deprivation of Liberty Safeguards (DoLS). Care records reviewed included mental capacity assessments and best interest meetings.

The registered provider had displayed their ratings from the previous inspection in line with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

| | |
|---|---|
| **Is the service safe?**<br>The service remains good.. | **Good** |
| **Is the service effective?**<br>The service remains good. | **Good** |
| **Is the service caring?**<br>The service remains good. | **Good** |
| **Is the service responsive?**<br>The service remains good. | **Good** |
| **Is the service well-led?**<br>The service has deteriorated to requires improvement.<br>The home did not have a registered manager in place.<br>The Statement of Purpose required review and update to ensure it held accurate information.<br>The quality audit systems were consistently completed. | **Requires Improvement** |

Care Quality Commission

# Thomas House (St Helens) Limited

**Detailed findings**

## Background to this inspection

We carried out the inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the registered provider was 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 was a comprehensive inspection carried out by two adult social care inspectors.

This inspection was unannounced on 27 September 2018.

As part of the inspection planning we reviewed the information the registered provider had given to the CQC since the last inspection. We looked at information provided by the local authority, safeguarding team and commissioning team. Feedback we received identified no concerns about the home.

We checked the information we held about the registered provider and the home. This included statutory notifications sent to us by the registered provider about incidents and events that had occurred at the home. A notification is information about important events which occur at the home that they are required to send us by law.

During the inspection we spoke with ten people living at the home, two relatives of people living at the home, two directors as representatives of the registered provider and three staff. A short observational framework [SOFI] was undertaken. We observed staff supporting people throughout our visit.

We looked at four care plan files, three staff recruitment and training files, medication administration records (MARs), complaints, policies and procedures as well as other records that related to the running of the home.

Good

# Is the service safe?

## Our findings

People told us they felt safe living at the home. One relative commented "My mum wouldn't be here without the support of the staff. That's what keeps me and her going." People's comments included "I use my call bell if I need staff to help me" and "Our son knows we are safe living here and that's a big reassurance."

The registered provider continued to follow safe recruitment practices and employed sufficient staff numbers to meet the needs of the people supported. Each recruitment file included an application form, interview notes, two references that included the most recent employer and a disclosure and barring check (DBS). The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. Two new staff members had commenced their induction and shadow shifts without a full DBS in place. We spoke to the registered provider about this and they offered an assurance that these staff would not lone work until a clear DBS was in place.

Accidents and incidents were fully recorded and documentation included details of the date, time, place and information about the event. A falls procedure form was completed when required. These documents were reviewed by the registered provider to identify any trends or patterns within the home. The staff had referred people to the falls team when required for professional support and guidance.

People had risk assessments in place where areas of risk had been identified. These included personal care, eating and drinking and moving and handling. When people required the assistance of equipment, individual risk assessments were in place that offered guidance to staff for safe handling practices. We observed staff supporting a person that required the use of a hoist. The two staff explained what they were doing throughout the whole process, they worked at the person's own pace and stopped for a short time when the person stated their back was hurting. This meant staff offered the correct level of intervention relevant to each person to mitigate any risk.

Regular health and safety checks continued to be undertaken at the home. All equipment continued to be regularly serviced to ensure it remained safe. All required safety certificates were in place. Fire safety checks were consistently completed and all people living at the home had a personal emergency evacuation plan (PEEPS) in place that described the level of staff intervention required to support them to evacuate the building in the event of an emergency.

People's medicines were ordered, stored, administered and returned in accordance with best practice guidelines. Controlled drugs were safely managed with two staff signing for each administration. We found stocks were correct and records were accurately completed. PRN 'as required' medicine protocols were in place that offered clear guidance to staff. Medicines that required storage at a cool temperature to maintain their efficiency were stored in a specified fridge. Room and fridge temperature checks were undertaken regularly by staff. People told us they received their medicines on time and were always offered a drink when taking them. Their comments included "Staff are very good giving medicines to us" and "Staff make sure I get my eye drops consistently as required." Staff that administered medicines had up-to-date training and

competency assessments in place.

The home continued to have effective systems in place to safeguard people from abuse. Staff training was up-to-date and staff demonstrated a good understanding of this area. There was a clear reporting process in place that staff fully understood. Staff thought they would be listened to.

All staff had completed infection control training and were able to describe the importance of following best practice guidelines. Staff used personal protective equipment (PPE) when undertaking personal care tasks to prevent the spread of infection. Observation hand hygiene audits were completed throughout the year by senior support staff. This information formed part of staff supervision discussions.

Thomas House was clean, warm and comfortable with no offensive odours present.

Good

# Is the service effective?

## Our findings

People and their relatives spoke positively about the staff team. Their comments included "The staff work really hard and know what they are doing", "The senior staff are very good and will do anything to help" and "I enjoy living here and the staff look after me very well."

All staff had undertaken an induction at the start of their employment. The induction staff undertook met the requirements of the Skills for Care, care certificate which is a nationally recognised qualification based on the minimum set of standards, that social care and health workers follow in their daily working life. The standards give staff a good basis from which they can further develop their knowledge and skills. Staff also completed shadow shifts with an experienced member of staff to gain a good understanding of people's individual needs. Mandatory training had been consistently completed and regular refresher training took place in accordance with good practice guidelines. Staff told us they received regular supervision and support.

People were supported to eat and drink in accordance with their assessed needs. Staff demonstrated a good understanding of people's individual dietary requirements, preferences and choices. People had been referred to the speech and language therapist or dietician promptly as required. Our observations throughout a mealtime indicated that this was a positive and enjoyable occasion. Tables were attractively laid with tablecloths, placemat, cutlery, condiments, linen napkins, glasses and a floral arrangement. People were offered a selection of soft drinks; a choice of main course and vegetables and a selection of desserts were available. People's comments included "I only eat fish generally and staff always make sure I have some variety", "Staff always ask if I've enjoyed my meal" and "The food is good, I enjoy it."

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 act requires that as far as possible people make their own decisions or are helped to do so when required. When they lack the mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Mental capacity assessments and best interest decisions were evidenced throughout the documentation reviewed.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Appropriate applications had been made and all required documentation was in place.

The home operated in accordance with the principles of the Mental Capacity Act 2005 (MCA). Discussions with people confirmed that their consent was sought in relation to care and treatment and records supported this. Comments from people included "Staff support me to choose my own clothes each day" and "I choose what time I get up and when I would like to go to bed, this is important to me."

Good

# Is the service caring?

## Our findings

Staff were observed to be kind, caring and patient throughout our inspection visit. People appeared relaxed and comfortable with the staff team and a positive rapport had been established. Comments from people included "Staff are nice", "Staff are nice and friendly", "We get treated with respect" and "Everyone is very friendly and supportive." The home had received a number of compliments that included 'Your staff impressed me by their dedication and genuinely caring attitude' and 'Thank you to all the staff for the excellent care shown to Mum during her stay.'

People's care plans included information about their specific communication needs. There was information about any sensory loss along with clear guidance for staff to follow for the management of this. One person had suffered some hearing loss and their plan guided staff to speak slowly and clearly while facing the person. Another person needed glasses to be worn at all times and the care plan included this.

Staff demonstrated a good knowledge and understanding of the people they supported who were living at the home. They understood people's histories, likes, dislikes and could hold comfortable conversations with them around topics that people were interested in.

People told us that staff were respectful and treated them with dignity. Examples included, staff addressing them by their preferred name, staff knocking on their bedroom door and waiting before entering their room and staff asking permission before starting a task such as bathing or supporting with continence needs.

Independence was promoted where possible. People told us that staff encouraged them to be as independent as possible, by letting them do whatever they could for themselves. One person said that although they could dress themselves staff supported them with zips and buttons as required.

People's records were stored securely in a locked office to maintain confidentiality. Daily records and other important documentation were completed in privacy to protect people's personal information.

Good

# Is the service responsive?

## Our findings

During our visit people engaged in activities of their choice. One person told us they had a newspaper delivered each day which they enjoyed reading throughout the day. People described a variety of ways of spending their time that included; watching television, sleeping, reading, walking to the local shop, going to church each Sunday and enjoying any visiting entertainers.

The registered provider had developed positive relationships with some local organisations and entertainers. These included 'Feather friends' and 'Dillon's reptiles' that regularly visited the home. Local school children visited at Christmas to sing carols with the residents.

We reviewed a photograph album from 2018 that included lots of photographs of activities undertaken throughout this year that had included; music and movement, fourth of July celebrations, birthday celebrations, Royal afternoon tea, a tea dance at the local town hall, Royal wedding celebrations, Queen's Birthday and a Grand National event.

People had their individual needs assessed prior to them moving into the home. Information gained through the assessment was used to develop the care plans and risk assessments that formed each person's care plan file. People's needs in relation to equality and diversity were considered during the assessment process and included within the care plans. These needs included age, disability, religion and other protected characteristics.

Care plans were specific to each person and held sufficient detail and guidance for staff to follow to fully understand and meet each person's individual needs and choices. All care plans and risk assessments were reviewed regularly and updated as and when any changes occurred. This meant staff had to the most up-to-date information available to support people.

We reviewed people's end of life care plans. Where people had expressed any preferences, these were clearly documented. Records clearly included when a person did not wish to be resuscitated in the event of their death. This information was readily available for staff and visiting healthcare professionals.

Daily records were completed by staff and included information about personal care, continence, activities, medicines and diet. Observational charts were consistently completed as well as food and fluid charts and other records required to meet individuals assessed needs.

The registered provider had a complaint policy and procedure in place. We asked the registered provider to review their policy and procedure to ensure it was consistent against other documentation that referred to the complaints procedure. We had found some disparity which may be confusing for people following the process. The registered provider told us they would immediately address this.

Requires Improvement

# Is the service well-led?

## Our findings

The registered manager had recently left the home. The registered provider was in the process of recruiting for a new manager that would register with the Care Quality Commission (CQC). A registered manager is a person who is registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run. CQC has a limiter to restrict the rating of well-led to requires improvement when a registered manager is not in post.

The registered provider had policies and procedures available that were mostly up to date and were regularly reviewed. The Statement of Purpose held out of date information including details about a previous regulator before the CQC. The registered provider stated they would update this immediately. We found some disparity of information that related to the procedure for reporting and investigating complaints. We explained the importance of information being accurate for people to ensure the process was clear and easy to follow. The registered provider agreed to review their documentation to ensure continuity.

Quality assurance systems were in place to assess and monitor all areas of the service. These included infection control, environmental cleanliness, hand hygiene observational audits, mattress audits, care plans and medication. The senior care staff and maintenance person had received training to undertake audits within the home as part of their responsibilities. Actions were identified and areas for development and improvement highlighted and undertaken. Analysis was in place for reviewing accidents and incidents and this was used to identify any trends and patterns within the home.

People and their relatives were regularly invited to give feedback about the home. This was through direct communication and questionnaires. People were regularly invited to feed back about a particular area within the home and had included food and drink and activities. The registered provider used this feedback to develop and improve the quality of care people received at the home.

Staff described being a close team and stated they worked well together. They said they were a very settled staff team with low staff turnover. Records confirmed this. They said the registered provider was approachable and they felt confident to raise any concerns they had. Staff meetings were held regularly and staff said their ideas and suggestions were encouraged and welcomed.

The registered provider had displayed their ratings from the previous inspection on their website and within the home in line with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Registered providers are required by law to inform the CQC of certain incidents and events that happen within the home. The registered provider had notified the CQC of all significant events which had occurred in line with their legal obligation.