

Thomas House (St. Helens) Ltd

# Thomas House (St Helens) Limited

## Inspection report

Thomas House Care Home  
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21 February 2016

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## Ratings

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

# Summary of findings

## Overall summary

This was an unannounced inspection carried out on the 21 February 2016.

Thomas House is a residential care home in St Helens. The service offers accommodation and support for up to 28 people. The building is arranged across two floors with lift access to the upper floor. The service has 24 ensuite bedrooms and two shared rooms without ensuite facilities. There were 25 people living at the service at the time of our visit.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The last inspection of Thomas House was carried out on 22 October 2013 and we found that the service was meeting the regulations we reviewed.

People we spoke with and their visiting relatives told us they were satisfied with the care and support they received at Thomas House. People told us they had developed good relationships with the staff and said they were treated with dignity, kindness and respect and they felt safe living at the home.

Before using the service the registered manager visited people to assess their support needs. Individualised care plans were developed with the person and where appropriate, with their relatives to agree how care and support would be provided.

Risks to people were identified, managed and reviewed and the staff understood how to keep people safe. There were sufficient numbers of suitably qualified staff to meet people's needs and promote people's safety. We saw that staff listened to people and encouraged them to make choices and decisions about their care. Staff sought people's consent before they provided care and support.

Some of the people who lived at the service did not have the ability to make decisions about some parts of their care and support. Staff had completed training and understood the requirements of the Mental Capacity Act 2005 (MCA). They knew the main principles of the Act and showed good knowledge of the Deprivation of Liberty Safeguards (DoLS) and when a DoLS may be required.

People who lived in the service said the food was good; people's nutritional needs had been assessed, and people's specific dietary needs had been provided for in accordance with their care plans.

People were supported to access healthcare professionals whenever they needed to. The service responded promptly if people required a GP or district nurse visit due to ill health or a routine medical appointment.

Staff recruitment procedures were robust and ensured that appropriate checks were carried out before new

staff commenced employment. There were sufficient qualified, skilled and experienced staff to meet people's needs. Staff received a thorough induction and on-going training to ensure they had up to date knowledge and skills to provide the right support and care to people. Members of staff also received regular supervision and annual appraisals.

Staff had received training in how to recognise and report abuse. All staff were clear about how to report concerns and were confident that any allegations made would be fully investigated to help ensure people were protected.

People who lived at the home and their relatives said they were confident that any issues or concerns they raised would be responded to appropriately by the registered manager or the registered provider.

We saw that there was an open and honest culture within the service and staff confirmed this. Staff said that the registered manager was approachable and caring. People and relatives made positive comments about the registered manager, which included "she is lovely" and "she really cares about the people living here".

There were effective systems in place to monitor the quality of the service people received. The views of people who used the service was obtained as part of monitoring the quality of the service. Audits were regularly undertaken and clearly described what actions were required to improve the service and who was responsible for ensuring the actions were implemented.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People's medicines were managed and administered safely.

People told us they felt safe. Staff had attended safeguarding training and had an understanding of abuse and how to protect people.

Recruitment procedures were in place to ensure only people of suitable skills and character worked at the service.

### Is the service effective?

Good ●

The service was effective.

Staff received training and support which enabled them to carry out their role effectively.

People were supported to make choices and decisions. Where people did not have the capacity to make decisions, they were made on their behalf in accordance with the law.

People were provided with a choice of food and drink. They said they had ample to eat.

### Is the service caring?

Good ●

The service was caring.

Staff were kind, caring and patient in their approach.

People's wishes were listened to and acted upon.

People were respected and treated with dignity. Staff took time to speak with people and understood people's individual needs.

### Is the service responsive?

Good ●

The service was responsive.

People's care and support needs were well documented and their assessed needs were met.

People were aware of how to make complaints and voice concerns about the service. There was a complaints policy and procedure in place.

**Is the service well-led?**

The service was well-led.

The service was managed well and staff felt valued and supported by the registered manager.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

A registered manager was in place, who had a good understanding of further improvements that were needed to improve the service that people received.

**Good** ●

# Thomas House (St Helens) Limited

## **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.

We visited the service on 21 February 2016 and our inspection was unannounced. The inspection team consisted of one adult social care inspector.

During our visit we spoke with four people who used the service, three family members and four staff. We also spoke with the Registered Manager. We looked at three people's care records which included care plans, daily records, medication records and observed how people were cared for.

The registered provider had records available that related to the management of staff and the service. We looked at these and they included staff files, training records, and minutes of meetings. We looked at four staff files which included recruitment records.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Before our inspection we reviewed the information we held about the service. We reviewed notifications of incidents that the provider had sent us since the last inspection and information we received from members of the public. We contacted the local authority, Healthwatch England and the NHS infection control team to gain their views of the service. No concerns were raised about the service.

Healthwatch England is the national consumer champion in health and care and they have statutory powers to ensure the voice of the consumer is strengthened and heard by those who commission, deliver and

regulate health and care services.

## Is the service safe?

### Our findings

People said they felt safe living at the service. One person said "I feel very safe living here. I know I am okay". A visiting relative said "I visit twice a week on different days and times and I have no worries".

Medication procedures had recently been reviewed and updated. Staff that administered medication had undertaken training on the new procedure. Medication administration records (MAR) had a picture of the person in place and confirmed people had received their medicines as prescribed. People's allergies were clearly recorded. Procedures were in place for the use of controlled drugs and appropriate records were kept of these medicines. We found that medicines were well organised and they were safely stored. The registered provider had an effective system for the management of returning medication which had not been used.

We found that the registered provider had ensured that all staff had received appropriate training, and where necessary carried out competency checks. Staff administering medication had been regularly checked to ensure that they maintained their competency to carry out this task. The registered provider had developed the medication management system with the support of relevant healthcare professionals. This demonstrated that the registered provider had been proactive in accessing relevant and appropriate advice and guidance from external authorities.

Staff recruitment was managed safely. We reviewed four staff recruitment files and found that they included a completed application form, interview records and robust staff recruitment checks. Examples of this were two valid references sought from previous employers and people's identity and right to work had been verified. Necessary vetting checks had been carried out through the Disclosure and Barring Service (DBS). The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults and they help employers make safer recruitment decisions. This ensured staff were suitable to work with vulnerable people.

Staff had received training in safeguarding adults and they demonstrated a good understanding of abuse. They described the different types of abuse and signs which indicate abuse may have taken place. They talked about the steps they would take to respond to allegations or suspicions of abuse. Staff were clear about their own responsibilities to raise a safeguarding concern with the local safeguarding team. The registered provider had a safeguarding policy and a copy of the local authority safeguarding policy and procedure was available to all staff.

Staff told us they felt the staffing levels were safe and they had time to provide people with the care and support they needed. Staff rotas for the previous month showed that there had been a consistent number of staff on duty over this period. Staff retention was high and staff turnover was low at the service which offered continuity to the people living at the service. The registered manager reported occasional use of agency staff to cover for staff sickness. Staff said that they were happy and felt supported working at the service. Staff responded to call bells and people's requests in a timely manner throughout the day.

Incidents and accidents were clearly recorded and reviewed regularly by the registered manager. Actions



were documented and evidence of review or referral to the falls prevention service was shown.

The environment was clean and hygienic. Staff had completed infection control training and they had access to information and guidance in relation to the prevention and control of the spread of infection. Personal protective equipment (PPE) including disposable gloves and aprons were located around the service and readily available to staff. Staff used PPE as required, for example when they assisted people with personal care.

There were health and safety inspection checks in place to ensure that people were safe. This included up to date inspection certificates for Portable Appliance Testing (PAT), Legionella, Gas and Electrical inspection certificates. Fire alarm safety testing, water temperatures, lifting hoists and the Nurse call / emergency system were checked regularly.

Individual personal emergency evacuation plans (PEEPS) were in place. A contingency plan was in place for staff to follow in the event of an emergency. An up to date fire risk assessment was in place to protect people for potential harm. Regular fire evacuations were undertaken. The registered provider ensured staff and people at the service were prepared for emergency situations.

Falls risks assessment were in the care plan files and these were reviewed regularly. We saw that referrals had been made to the falls prevention team following any changes or concerns raised. This meant that staff sought to reduce the risk of people falling.

## Is the service effective?

### Our findings

People living at the service said "I am well looked after and happy" and "Staff are lovely and do everything that I need". A visiting relative said "It is like visiting my Nan's house as it's so homely".

Staff worked positively with healthcare services to ensure people's health care needs were met. They supported people to access a variety of healthcare professionals including GP's, hospital appointments, district nurses, opticians and dental visits as required. Care records demonstrated that staff shared information effectively with professionals and involved them appropriately.

People were supported by staff who had the knowledge and skills required to meet their needs. Staff completed a comprehensive induction when they commenced employment. Training included fire safety, manual handling, health and safety, infection control, dignity and emergency aid. Staff role specific training included dementia and end of life care. All new staff undertook shadow shifts with experienced staff at the commencement of their employment. One member of staff said "I enjoy the mix of distance learning and classroom learning. I always learn something new even if I have completed the training before".

Staff said they felt supported by the registered manager. Staff received supervision and an annual appraisal from the registered manager. This gave them an opportunity to discuss their performance and identify any further training or skills development they required. There was a matrix system that recorded when supervisions, annual appraisals, and staff training was due.

We observed people being offered choice and support with food and drink throughout our visit. This meant people's personal choices were being respected. The dining room tables were set with appropriate equipment, napkins and condiments for each mealtime. The notice board clearly displayed the menu for the day. The lunch mealtime was unhurried and people received the support they needed to eat and drink. Meal times were observed as sociable and friendly. There were lots of positive interactions between staff and people at the service. People commented positively about the food and told us "The food is very nice", "I can always choose what I want at every meal and the food is tasty". People told us the cook would prepare a different meal if you didn't like what was on the menu.

We spoke with the kitchen staff, who had a good understanding of people's nutritional needs. They had a list of all the people who used the service, with their likes and dislikes as well as any allergies clearly recorded.

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 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make

sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. Training in the MCA and DoLS was included in the training programme that all staff were required to participate in. Some of the people who lived at the service did not have the ability to make decisions about some parts of their care and support. The registered manager had made a DoLS referral for a number of people who lived at the home. Staff were aware of which people were subject to a DoLS and the reasons why. Best interest meetings had taken place as required. We looked at care records and saw that Mental Capacity Act assessments had been completed and best interests decisions had been recorded.

It was clear through practice we observed that staff asked people for their consent before carrying out any activities and knew that they needed to assist people to make choices where possible. Care records demonstrated that people's consent and ability to make specific decisions had been recorded in their care plans. We spoke with staff members and asked how they would ensure that a person is treated with respect and dignity. Comments included, "If I went into the lounge or dining room and saw that someone needed assistance with personal care, I would discreetly accompany them to the bathroom and offer them reassurance all the time" and "I always ask permission from the person before I assist them to get washed or dressed".

## Is the service caring?

### Our findings

People who lived in the home and their visitors were very complimentary and positive about the care provided by the staff team. Comments included, "I am always treated with dignity and respect", "The girls (staff) are lovely, they are always helpful" and "[My relative] is always clean, well presented and well cared for".

The service had received compliments from visitors to the home and comments included 'Thank you to each and everyone of you for the way you looked after and cared for [my relative] while they were at Thomas House' and 'Thank you so much for all the kindness and care given not only to [my relative], but also to us whenever we visited. You always treated [my relative] with such dignity'. We saw that the registered provider had received many compliments from people's family members around the quality of the care provided by the staff at Thomas House.

Throughout the inspection, we observed members of staff caring and supporting people in a dignified and respectful way. We saw staff knocking on doors and waiting for a response before entering bedrooms or bathrooms. There was a good rapport between the staff and people who lived in the home. People received personal care in the privacy of their bedroom and bathrooms.

We saw that staff checked if people were comfortable, warm, or required a footstool for comfort. Staff knew people well and understood how to communicate with people to respond to their diverse needs in a caring and compassionate way. One person was a little confused and upset. A member of staff sat with the person, comforting and reassuring them. Compassion and understanding was demonstrated by the member of staff.

People were supported and encouraged to maintain relationships with their friends and family. One person told us that visitors were welcome and they could visit their family members when they wished. During our inspection a number of relatives visited the home. We saw that they were welcomed and offered drinks. We spoke with three relatives and some of the comments included, "[my relative] likes it here, considers it to be her home", "The staff are very friendly, and it's a very homely home" and "[my relative] is happy, settled and well cared for".

We looked at a number of people's bedrooms and found them to be comfortable, warm, well decorated, bright and individualised, with their own personal belongings, including photographs. We saw fresh flowers in one room and a magazine on the bed in another room. One relative said, "[my relatives] room is lovely, always clean and tidy".

Some people were in their bedrooms and we observed staff regularly checking on these people and asking if they required anything.

## Is the service responsive?

### Our findings

People who lived at the home told us, the staff were always attentive and ensured all their support and care needs were provided. People said, "It's lovely living here " and "If there are any concerns, staff phone straight away.", "The staff responded very promptly when [my relative] had a chest infection" and "The staff are very good".

We checked the care files of three people and found they contained an admission assessment. Care plans had been prepared from the assessment and they gave specific information and guidance for staff to deliver support to meet people's needs. Plans included information regarding people's likes and dislikes, their life histories, wishes and any preferences. Some of the preferences recorded included what time to go to bed and what time to get up. There was guidance about how to meet people's individual spiritual needs and details of people's hobbies and interests. We saw that people's care plans and risk assessments were reviewed regularly. Documents were updated promptly following any changes to people's needs.

People were observed undertaking a number of activities including reading books and magazines, as well as word searches. There were newspapers available which were being read by a number of people. One member of staff was offering hand massages to people which they said they thoroughly enjoyed. The activities co-ordinator arranged celebratory days through discussion with the people living at the home. People reflected positively on Valentines day when they had been treated to a special meal and hand made heart shaped biscuits. People told us that they were looking forward to St Patrick's day and St George's day when they have entertainment planned along with activities.

People who lived at the home and their relatives knew how to complain and they told us they would not hesitate to share concerns or make a complaint. There was a complaints policy and procedure in place. There was a complaints folder, with complaints recorded with the action taken and the outcome.

People and their relatives had been invited to complete feedback questionnaires. The service focused the questionnaires on the specific areas of infection control, celebrations in the home and privacy. They used this exercise as part of their quality assurance process and enabled people to have the opportunity to share their views and to have a voice in the development of the service. Comments included "I enjoy celebrating my birthday and having cake" and "I am satisfied with the privacy I am given, staff knock before entering my bedroom".

## Is the service well-led?

### Our findings

The service had a registered manager who has been registered with the Care Quality Commission for 5 years. People told us that they knew and liked the registered manager. Comments included, "The manager is good and always available" and "You can confide in her about anything".

Members of staff spoke positively of the registered manager and of the registered provider, "Both are available and approachable, I would go to either of them" and "I have worked here for a long time, it's a good team at the moment and everyone gets on well". A visitor said, "The manager is lovely and very approachable". We spoke with the registered manager and the registered provider, we found their first priority was to ensure that the people who lived at Thomas House received the best possible care.

The registered provider had effective quality assurance systems in place to make sure any areas for improvement were identified and addressed. The areas monitored by the registered manager included the regular review of care plans, medication records and health and safety checks within the home. The registered provider identified areas for improvement with timescales for this to be actioned, to promote the health and safety of people in the service. Staff working practices were observed to monitor the quality of the service being offered. This information was recorded and included within supervision discussions. This highlighted areas for future training and development. Staff administering medication were observed for competency and safe working practices. Reviews of daily records were regularly looked at to ensure they were appropriately completed.

Systems were in place to check that accidents and incidents were recorded and outcomes were clearly defined, to prevent or minimise re-occurrence. Care plans had all been updated to include more comprehensive information of likes and dislikes as well as a more detailed life history of the person. This demonstrated the registered providers commitment to continually improve the service.

The registered provider had a comprehensive set of policies and procedures for the service. Documents were made available to staff in order to assist them to follow legislation and best practice and ensured that staff had access to up to date information and guidance.

The registered manager had notified CQC promptly of significant events which had occurred at the service. This enabled us to decide if the service had acted appropriately to ensure people were protected against the risk of inappropriate and unsafe care.

All records for staff and people living at the service were stored safely and confidentiality was maintained.

All of the staff we spoke with were positive and motivated about the home and felt valued and supported. The registered provider had developed a culture within the service for open and honest feedback.