

Barchester Healthcare Homes Limited

St Thomas

Inspection report

St Thomas Close
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Hampshire
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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

St Thomas is a nursing home providing personal and nursing care for up to 72 older people, some of whom may be living with dementia. The service is provided in one adapted building across two floors. There are ensuite bedrooms across the ground and first floors, with shared living areas and access to a garden on the ground floor. At the time of our inspection there were 57 people using the service.

People's experience of using this service and what we found

People and their relatives told us they felt safe at St Thomas. Risks to people's health, safety and wellbeing had been assessed and measures were in place to manage these risks. Medicines were managed safely. We identified some areas where recording could be improved, and immediate action was taken. Incidents and concerns were reported and investigated appropriately, and actions taken in response. There were enough staff to support people safely on our inspection.

People had access to health services to meet their needs, and there was positive feedback from healthcare professionals about their relationship with the home. People had enough to eat and drink, they had choices and were supported with foods which met their needs. The staff team were skilled in supporting people, including people with dementia or communication needs, however at times staff were rushed.

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.

The home had a change in management team since the last inspection, and there was a positive, open and inclusive atmosphere. Staff fed back that they were encouraged to be proactive and that the senior staff and managers were good role models. There was a robust quality assurance process in place, which had identified themes and areas for improvement identified on this inspection. The registered manager had a credible strategy and clear plan for continuing and embedding improvements.

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 requires improvement (published 6 May 2020)

Why we inspected

This inspection was prompted by a review of the information we held about this service and to review whether the service had made the required improvements since the last inspection. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

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 requires improvement to good based on the findings of this inspection.

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

Follow up

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

St Thomas

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

This inspection was carried out by 3 inspectors.

Service and service type

St Thomas 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. St Thomas is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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 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 reviewed information we held about the service and we sought feedback from the local authority and other stakeholders to gain their views. We used all this information to plan our inspection.

During the inspection

We reviewed 4 people's care plans, numerous medicines administration records. We reviewed training records, policies and other records related to the running of the service.

We spoke with 7 people at the service and 2 people's relatives. We spoke with 10 staff, including the registered manager, deputy manager, operations manager, clinical development nurse and members of the care team, kitchen and maintenance staff. We made observations of staff interactions with people, including during mealtimes and in living areas.

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 requires improvement. The rating for this key question has remained 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.

Assessing risk, safety monitoring and management

- The chef was unclear about the number of people who required their meal to have modified textures. The chef advised allergens were put on menus for staff to use, however people may change their minds or have alternatives at mealtimes, so this was not robust.
- People's care plans clearly identified their allergies and modified textures required due to choking risks. Although this information was available in a folder in the kitchen, information displayed about people's needs and risks in the kitchen area was confused or incomplete. There appeared a reliance on staff identifying people's needs and risks when obtaining people's meal choices or supporting them at mealtimes. We did not see any evidence people received foods which were not an appropriate texture or in line with their requirements.

We recommend a robust system is implemented to ensure people's dietary risks and needs are clearly communicated and managed when preparing meals.

- People's individual risks were assessed, and detailed risk management plans were in place. These included risks related to people's skin, falls, choking, moving and handling and malnutrition. Staff understood people's risks and appeared to know people well. The care and support we observed reflected people's care plans.
- Risk assessments and care plans were reviewed following incidents, including any changes to how risks were managed. We identified 1 care plan, related to a person's risk of falls did not contain information on the equipment and approach considered following a fall, however, staff were able to describe what had been tried and what was implemented following the fall. The care plan was immediately updated following our feedback.
- The health and safety of the building was well managed, including fire and legionella risks. There was good oversight of the checks in place. We highlighted some minor issues within the building on our initial review of the environment, such as electrical equipment stored in a stairwell, which was a fire evacuation route, however these issues were immediately resolved.

Staffing and recruitment

- Recruitment checks were carried out including recording full employment history, reason for leaving past roles, and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. We identified 1 staff member did not have evidence of their conduct in 1 previous relevant role, and the procedure in place did not correctly reflect requirements related to references. This was raised with the manager who agreed to address the error and update the checklist for recruitment to reduce the risk of error in future.

- We observed there appeared to be enough staff at the site visits to keep people safe and respond to their needs. We observed 1 occasion where staff were not allocated to monitor a bedroom corridor for a short time when an event was taking place elsewhere, where people may have been unable to summon staff support. We fed this back to the manager.
- Staff deployment for mealtimes on the first floor, which accommodated people who required support to eat, could be improved as this was more rushed and task focussed with different staff supporting each course. We observed people reacting negatively, there was limited interaction by staff with people, such as describing what the person's meal was. This was raised with the registered manager, who agreed to address this with staff.
- Staff, people and relatives felt there were enough staff most of the time and there was a stable staff team in place. The home was actively recruiting to the staff team. There was a good example of changing how staff were deployed in the home to better support people's continence needs following feedback from a relative. The service used dependency assessments to understand people's needs and help calculate staffing levels. These assessments accurately reflected people's needs, and staffing was provided above the indicated staffing levels.
- An additional activities staff member had been recruited to support provision of activities in the home. Staff did not appear rushed during mealtimes in the dining area, however mealtimes on the first floor were more rushed.

Using medicines safely

- Some recording of medicines administration was lacking detail. For example, the time given to ensure people's time-specific medicine were given far enough apart. Recording of people's medicine patches was not consistent and there were no checks in place for people's medicine patches to ensure these remained in place between administration.
- There were no risk assessments for flammable creams. Some out of date records were present in people's medicines files, such as protocols for medicines which had been stopped or where the dosage changed.
- These issues were highlighted to the registered manager and immediately addressed. On the second site visit, these issues had been resolved and the records demonstrated staff were recording this information appropriately.
- Medicines were stored appropriately, and stocks were well managed. People received their medicines as prescribed and had protocols in place for 'as required' (PRN) medicines, which included indications for its use, including for people who were not able to tell staff if they needed the medicine.
- There was a detailed staff competency assessment for medicines management which included scenarios as well as observations and knowledge checks. Medicines errors were recorded and appropriately reviewed and acted upon.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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 responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

People were supported to have visitors from those who are important to them when they wished, in line with current guidance.

Systems and processes to safeguard people from the risk of abuse

- The safeguarding policy was up to date and appropriate. We saw concerns had been reported appropriately and investigations were carried out into any concerns.
- Staff we spoke with understood the principles of safeguarding and knew what potential signs of abuse to look for and how to report these. Staff were up to date with their training and information was available and circulated on reporting issues. Staff told us they felt confidence to raise concerns if they needed to.

Learning lessons when things go wrong

- There was good evidence of incident reporting, investigation, learning and actions taken. There had been a clear improvement in reporting and investigation of incidents with the current leadership team. Incidents were reviewed for themes and trends, and staff were supported with supervision and training if required.
- There was evidence learning from incidents being shared with staff. The home had focussed on nutrition and hydration following a theme identified related to falls, and demonstrated a reduction in incidents following this action. There was good oversight of incident reporting and actions, and where this was not in line with policy, had addressed this with staff involved.

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 requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's needs reflected their preferences, risks and needs and followed best practice and national guidance. For example, evidence-based tools were used for assessing people's nutritional and skin integrity risks.
- Most care plans were detailed and gave useful information for staff on how best to support people to meet their needs. We identified some aspects, such as a moving and handling plan, lacked some detail, in how to use the recommended hoist and sling, however this was addressed by the service immediately.
- Where people physically expressed their feelings through their emotional reactions, these were identified clearly in people's support plans and there was good recording of incidents, potential triggers and what actions worked best to support the person.

Staff support: induction, training, skills and experience

- On inspection, we observed there was some variability in staffs skill in meeting people's individual needs, however, staff in positions of influence and leadership demonstrated an excellent approach with people, particularly people with dementia. Most staff interactions with people were good. People and relatives told us they felt staff knew what they were doing, one relative said, "Staff seem to have the knack of calming [loved one] down and settling her."
- Staff had access to training and there had been a significant improvement in training compliance, which was very high. There was clear supervision, appraisal and management of performance of staff. There were clear expectations of staff and support was in place where required.
- Staff we spoke with had a good understanding of dementia, mental capacity and other key areas reflective of the needs of people living at St Thomas. Staff had good skills in communicating with people. Where people had communication challenges which impacted their engagement in group activities, the home had sensory activities and one-to-one activities to engage people. The activities co-ordinator had communication cards, and was supporting 1 person to use these to express their needs.

Supporting people to eat and drink enough to maintain a balanced diet

- The lunchtime experience in the dining room was very positive, there was a good atmosphere with people talking with each other. Staff introduced people to those they were eating with and told them a little about their interests to prompt conversation. Staff supporting people to eat in their bedrooms appeared more rushed.
- People's care plans identified their needs, preferences, allergies, modified textures and any other requirements related to their diet. People had a choice of food and drink, and the service supported people

to have an alcoholic drink with their meal if they wished. There were seasonings and sauces available on the table for people and they were offered seconds. Most people said they enjoyed the food.

Staff working with other agencies to provide consistent, effective, timely care

- The home supported "discharge to assess", where people were admitted on a temporary basis to be reviewed to understand their longer-term needs. There was a good admission process and relationship with local hospitals.
- People were supported to move into other settings or back to their own home, where appropriate. There was good co-ordination with other healthcare services, such as the GP and local mental health teams to meet people's needs. Professional guidance was clearly reflected in people's care plans.

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

- There had been improvements in the building decoration following the last inspection, such as improved contrast between furniture, floors, doors and handrails. There was enough space which was lively and others which were quieter for people, depending on their preference.
- The decor had been completed reflecting dementia friendly guidance and considering people's sensory impairments and falls risks, such as ensuring there was good lighting and using visual prompts to highlight slopes in the floor. Doors and areas which people were unable to access, for safety reasons, were made to blend in to prevent distress.

Supporting people to live healthier lives, access healthcare services and support

- There was good support for people to access health services, such as their GP, or dentist. People's physical and mental wellbeing was well planned for, considering their goals and aspirations.

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 the principles of mental capacity and the MCA. We saw staff asking people's consent to care and offering them choices, such as what they wanted to do, where they wanted to go and what they wanted to eat or drink. If people had communication difficulties, staff used objects or visual prompts to help people express their wishes.
- Most people had capacity assessments, where applicable, which were decision-specific, in line with the MCA, showed good evidence that people were supported to best enable them to make decisions, and the assessments were detailed. The relevant people were involved in making decisions and, if someone lacked

capacity, there was evidence of a best interest decision involving the relevant people.

- We identified 1 person's care plan had conflicting information around their capacity and their capacity had not been assessed for some decisions, where it would be indicated they may lack capacity. We highlighted this to the deputy manager who ensured this was immediately resolved. The capacity assessment completed demonstrated the person had capacity to make decisions, so did not impact on the care provided.
- Where people were assessed to lacked capacity to decide where they wished to live, appropriate DoLS applications had been made and any conditions were met.

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 requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There had been recent changes in the management team. The new management team had been proactive in addressing immediate concerns and areas for improvement and were working to improve culture amongst the staff team. Staff, people and their relatives fed back positively about the management team now in place and told us staff were "kind".
- Some staff fed back some of their colleagues were not as proactive or on-board with changes in the ways they were working, but the senior staff team and the management team were good and were supportive of a positive culture.
- There was clear promotion of the service's values with staff and professional challenge where values were not reflected. The registered manager, deputy and senior staff were role-modelling a positive, person-centred approach and promoting improvements. People knew the registered manager, 1 person said, "[Registered manager] is very helpful, she will always stop and talk and sort anything."
- People's outcomes, wellbeing and independence was well considered by staff and we observed improvements, such as encouraging people and relatives to participate in the running of the home, such as laying tables or helping with activities for others.

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

- The registered manager understood their duty to be open and honest when things went wrong, to apologise and to give an explanation. We saw people or their relatives had been appropriately informed when incidents occurred.

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

- Governance systems were robust and had identified themes highlighted on inspection. The provider had support staff overseeing and supporting embedding improvements in the home. Audits were largely robust and had identified areas of improvement, with actions taken where appropriate. Where we identified issues, the registered manager updated audits to include these to reduce the risk of similar issues re-occurring.
- There was good oversight of delegated tasks, such as management of health and safety in the home. There was also good oversight of the care delivered to ensure this reflected people's care plans. Records were of good quality and were up to date.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and staff were involved in how the service was run, and were invited to feedback their experiences. One staff member said, "[The management team are] encouraging us to be proactive, being open about our thoughts and concerns...this allows me to feel like I am always able to make suggestions."
- Residents and relatives were consulted on their views and were proactively involved with events and activities in the home.
- Where concerns or feedback was raised, this was taken seriously and acted upon. There was a clear line from people's feedback into the service improvement plan.

Continuous learning and improving care

- The management team had an open approach, were receptive to feedback and was focussed on continuous improvement.
- There was a clear, credible action plan for ongoing improvement which reflected our findings. The home has made clear improvements from the last inspection, such as a sustained focus on improving oral health and hygiene. Any issues identified on inspection were rectified swiftly and robustly by the management team, who also reviewed audits to ensure similar issues would be identified proactively in future.

Working in partnership with others

- We received positive feedback from other professionals about the home, with good engagement and communication. The provider had engaged with the local authority and commissioners following concerns being raised to obtain support and to provide evidence of improvements made.