

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?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

This was an unannounced inspection carried out on 7 March 2018. Our last inspection took place on 6 and 9 June 2017 when we found people received care which was not safe and well-led as there were continued breaches of regulation in relation to safe care and treatment, specifically in regard to the management of medicines. We rated the service overall inadequate and placed it into special measures. We carried out this inspection to check whether the necessary improvements had been made to the service. We saw some improvements had been made, although we continued to have concerns about the safe management of medicines.

Thomas Owen House is a care home which specialises in supporting people with mental health needs. It was registered with the Care Quality Commission in September 2010 to provide support for up to 35 people.

At the time of our inspection there was a registered manager in post. The registered manager told us they would be moving to a new 'sister' home operated by the same registered provider. Their successor, a nurse who had worked in the home for two years, was working through a handover period with the 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 management of medicines was not safe as storage arrangements were not sufficiently robust, people who regularly refused medicines did not have their health actively monitored, Some PRN protocols were not explicit and medication audits and nurses meeting minutes did not evidence actions identified had been followed up. Out of stock medicines were not always re-ordered in a timely way to replenish these items.

Complaints were responded to and the provider had recently carried out a survey. They were planning to share the results with people. . This meant there were opportunities to feedback about the service provided.

People were satisfied with the meals provided. Kitchen staff were aware of people's specific dietary requirements and records reflected these needs. People were complimentary about the staff who provided their care and support. We saw people were enabled to live as independently as possible and they enjoyed an activities programme which was a strength of the service. We saw staff respected people's routines as well as their privacy and dignity.

People felt safe living at Thomas Owen House. Recruitment processes were safe, although we recommended the registered provider adds a record of competency based questions to their interviews for nursing staff. Checks were made with the Nursing and Midwifery Council to ensure nursing staff were safe to practice.

Staffing levels were appropriate to meet the needs of people who lived at this service.

The recording of people's capacity was decision specific and staff demonstrated a clear understanding around offering people choice, consent to care and people refusing care. Deprivation of Liberty Safeguards had been applied for where required and authorisations granted by the local authority were all in date.

People were supported to receive timely access to healthcare services. People felt staff were suitably trained and training records demonstrated showed training had been booked where any gaps existed. The only exception was End of Life Care which clinical staff had not received. The compliance manager responded to this on the day of inspection. Staff were supported through supervision, appraisals and staff meetings.

People's equality, diversity and human rights were responded to by the registered provider as they were meeting their cultural and religious care needs. The registered provider worked in partnership with the local community.

Individual risks to people had been identified, assessed and reviewed. However, we found not all windows restrictors met safety standards, hot water temperatures had been increased without checking the temperature and slings used as part of moving transfers had not been thoroughly examined. Fire safety checks had been carried out.

Care plans were found to contain sufficient details regarding people's care needs and preferences. However, we made a recommendation to the registered provider to review the end of life care plan for one person. Staff knew people who lived in the home and people told us the staff were suitably skilled and caring in their role. We saw staff observed people's privacy and dignity.

A programme of audits was in place. We found actions were identified although these were not always taken forwards to forums such as supervision and team meetings. We discussed this with the operations manager, registered manager and the new home manager. The operations manager demonstrated their oversight of the service. The registered manager said they would introduce a safeguarding log as these records were not stored centrally at the time of the inspection.

We found three breaches of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we have told the provider to take at the end of this report.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

Medicines were not always safely managed. Some features of the premises were not sufficiently safe. Individual risks had been assessed.

Recruitment procedures were safe. Staffing levels were sufficient to meet people's needs.

People felt safe living at this home. Staff had received safeguarding training and knew how to report abuse.

Is the service effective?

Good 

The service was effective.

Mental capacity assessments and DoLS authorisations were in place. People were routinely given choices by staff.

Staff were appropriately supported through supervision and people told us staff were suitably skilled.

People were complimentary about the food provided. Staff supported people to provide timely access to healthcare.

Is the service caring?

Good 

The service was caring.

People were supported to live as independently as possible. Staff were seen to be caring in their interactions with people.

People's privacy and dignity was respected. People's individual routines were respected.

Is the service responsive?

Good 

The service was responsive.

Care plans contained information staff needed to provide effective care. These were regularly reviewed.

People were actively supported by staff to access the community either independently or with assistance. The activities provision was a strength of the service.

Complaints were recorded and responded to in line with the registered provider's complaints policy.

Is the service well-led?

The service was not always well-led.

Concerns identified at our previous inspections regarding medicine management had not seen sufficient improvements. Audits were missing robust action plans.

Meetings with people and staff had taken place. People had been asked for feedback through a survey.

A programme of audits was in place and the operations manager demonstrated oversight of the service.

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.

Our inspection the team consisted of two adult social care inspectors, a pharmacy inspector, a specialist advisor with a background in governance and an expert-by-experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. There were 33 people living in the home at the time of our inspection.

We spoke with 13 people who lived in the home and three healthcare professionals who were visiting at the time of our inspection. We also spoke with the operations manager, registered manager, compliance manager and five other members of staff. We observed care interactions in communal areas of the home. We spent some time looking at documents and records relating to people's care and the management of the service. We looked at two people's care plans in full and a further two care plans regarding specific areas of care.

Before our inspections we usually ask the provider to send us provider information return (PIR). 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. We did not ask the provider to complete a PIR prior to this inspection.

Before our inspection we reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. We also reviewed information we had received from third parties and other agencies, including the safeguarding and commissioning teams of the local authority as well as Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information was reviewed and used to assist with our inspection.

Is the service safe?

Our findings

People we spoke with told us they felt safe living at Thomas Owen House. One person said, "It's marvellous here and I feel safe because I have my wheelchair and they put the cot sides (bed rails) up in my bed, so I don't fall out." Another person told us they were able to go out independently and meet up with a friend. They said, "I have to sign in and out just to let them (staff) know where I am going so they know." A visiting health professional told us, "Incidents are managed well and I am happy people are safe."

The registered provider was found to be in breach of Regulation 12 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014 at the last inspection in June 2017 with regard to managing medicines safely. This was also seen at previous inspections in February 2016 and January 2015. At this inspection, we saw that some improvements had been made, however we found there were continuing shortfalls. At this inspection a CQC medicines inspector looked at the storage, ordering, administration and records of medicines and found that medicines were still not managed safely.

We found medicines were not always stored safely. In the medicine trolleys we found a box of tablets that had passed its expiry date. There were unlabelled inhalers that had no name or instructions, and liquid medicines that had a shortened expiry once open, with no date recorded. We could not be sure if the liquids were safe to use. Staff had recorded the medicines fridge temperature as above the maximum recommended for storing medicines for fifteen days prior to the inspection. There was no record that staff had taken any action to rectify the problem. We spoke to the registered manager who told us the issue had not been reported. Staff were unable to demonstrate they knew how to reset the thermometer to take accurate readings.

We inspected the medicines administration records (MARs) and medicines stocks for eight of the 33 people in the home at the time of the inspection. We found each person had a photograph in their file to help staff identify them during medicines administration. However, not all people had their allergy status recorded which meant there was a risk that staff may give a medicine the person was allergic to.

We saw some people continued to miss medicines prescribed by their doctor despite the home introducing protocols for refusal of medication. Medicines were offered three times before refusal was recorded on their chart but we observed that there were occasions when medicines were repeatedly missed due to the person sleeping. There was no evidence that staff had considered offering the night-time medicine earlier to improve compliance and the prescriber had not been contacted to review this medicine. One person had refused 81 medicines in the seventeen days prior to the inspection including medicine for diabetes, high blood pressure and high cholesterol. We examined audits for the previous two months and saw that this person had consistently refused their medicines. The registered manager told us the person's capacity to make decisions had been assessed and monitored. However, no evidence was seen at the inspection which assured staff the person's physical health was not affected by their refusal. Subsequently, the registered provider sent us information which demonstrated relevant health professionals regularly reviewed this person's health. The home had a diabetic action care plan in place, but this did not explain how to manage the effects of high blood glucose levels which could result from non-compliance.

We looked at the records for one person who was prescribed a thickener to adapt their drinks because they had difficulty swallowing. There were clear instructions in the kitchen for care staff who prepared drinks and staff recorded electronically when a thickened drink was given. However, the MAR had been signed regularly by nursing staff who told us they did not prepare or administer these drinks.

There were several people who had medicines administered in a patch. Application was recorded on the MAR, however staff did not record the position the patch was applied to the body. Patches can cause skin irritation if applied repeatedly in the same place and the home had no records to ensure that this was not happening.

One medicine record was handwritten by staff and did not have a second signature to ensure no error had been made. Some people were prescribed one or more medicines to be given "when required". Additional information to help staff give the medicine safely was not always available and others lacked detail, for example, a medicine to treat anxiety was prescribed and instructions were 'give to [name] only when agitated'. There were no instructions how much to give when a variable dosage had been prescribed.

This meant there was a continuing breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014.

The registered manager told us they would be moving to using electronic records for the administration of people's medicines and were in the process of identifying the most appropriate system for this.

Each of the care plans we reviewed contained a variety of risk assessments, including infection control, nutrition, falls, physical health, mental health and finance. We saw these were reviewed and updated at regular intervals and recorded the level of risk for each individual.

We saw care plans of people who used air mattresses to reduce their risk of pressure ulcers did not contain information on what the correct setting should be or how the setting should be determined. We looked at one person's air flow mattress and a staff member told us the mattress was set to five, stating five was firm air. We also noted there was a 'spanner' symbol lit on the machine which indicated maintenance was required. When we asked the staff member how the mattress setting was determined and what the 'spanner' meant, they were unable to provide an answer. Despite this, we found one person who required pressure care was improving in this respect. Prior to us leaving the home, the new manager told us they had been in touch with the local hospice who were going to provide training and information for staff on air flow mattresses.

At 11:30 we walked past a sluice with a sign on the door which stated 'Please keep sluice door locked at all times'. We found this was open and mentioned this to a member of staff. This meant people or visitors could access this area which should normally be kept locked.

We looked at the safety of the premises and saw some of the windows on the upper floor of the home did not have restrictors which complied with Health and Safety Executive (HSE) guidance. The HSE guidance states 'Windows that are large enough to allow people to fall out should be restrained sufficiently to prevent such falls. The opening should be restricted to 100 mm or less'. We highlighted our concerns to the registered manager and the maintenance person who assured us they would address this. Before we left the home the maintenance person told us the majority of windows now had restrictors fitted and all windows would be fitted with restrictors by 8 March 2018.

We checked the hot water temperature in one toilet area and found the water was very hot. We asked the

maintenance person if they had recently checked the water temperatures. They told us due to the recent cold weather they had turned the hot water temperatures up but had not checked the water temperatures were at the recommended level. This was addressed during our inspection.

We found three slings used to assist people to transfer had not been thoroughly examined to ensure these were safe to use. We discussed this with the registered manager who contacted us following our inspection and said 'The regulations state that visual inspection is required. Staff are trained to inspect each time a sling is used. We have commenced a log to record these observations. HSE guidance on 'Thorough examination of lifting equipment' states thorough examinations are not the same as routine maintenance. In addition, the guidance states lifting equipment should not be thoroughly examined by the same individual who performs routine maintenance as they would be responsible for assessing their own work.

We concluded this was a breach of regulation 15 (e)(Premises) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the registered provider had not carried out these checks of the premises and equipment as required.

One staff member said, "If anything breaks, they are good at replacing it." We saw evidence of the testing of electrical appliances, emergency lighting checks carried out and found call bells were tested on an annual basis. Gas safety and electrical wiring certificates were up to date. We found the living environment was clean and without malodours.

One person was accidentally locked in a bathroom by a member of staff, despite the person inside asking more than once, "Is it open?" As they were leaving the area, we pointed this out to the staff member who unlocked the door. We shared this with the registered manager who told us they would discuss this with the staff member.

We looked at the arrangements that were in place for managing accidents and incidents and preventing the risk of re-occurrence. A record was kept of accidents and incidents that occurred at the service, which included details of when and where they happened and any injuries sustained. We found investigations had been completed and action taken to minimise the risk of reoccurrence, for example by involving the falls team, involving the Care Home Liaison Team, involving GPs, co-writing an 'emergency care plan', arranging PRN medication and implementing a clear approach to behaviour modification techniques. Accident and incidents were audited by the registered manager and the operations manager to identify any patterns or trends which could be addressed, and subsequently reduce any apparent risks.

Staff we spoke with understood how to identify abuse and said they would report any safeguarding concerns to the registered manager. A staff member told us, "I believe safeguarding and complaints would be addressed by the manager, he would definitely act on these." We looked at records of finances for people to check the systems in place were robust and we saw safe systems were in place which meant people were protected from the risk of financial abuse.

There were 33 personal emergency evacuation plans on file which matched the number of people living in the home at the time of our inspection. We looked at four PEEPS and saw these had last been updated between April and November 2016. We recommended the registered manager update these as well as the grab sheet which listed 35 people and add the number of staff required to assist people in the event of an emergency evacuation.

At our last inspection the fire service had issued a warning notice and given the registered provider a set of actions to complete within specific timescales. We saw these actions had been completed and the warning

notice had been lifted in December 2017. We saw fire drills had taken place in August 2017 and January 2018.

We found staffing levels were sufficient to meet people's care needs. One person told us, "I have a buzzer at the side of my bed and I press it if I need to spend a penny and they are there within two minutes." Another person said, "I pressed the buzzer last night for some painkillers and they were pretty quick." Staff also said there were enough staff to provide care for people. One staff member commented, "There is always enough staff and everyone works hard."

The registered manager used a modified dependency tool which incorporated people's psychological needs to assess the number of staff required. This was reviewed on a regular basis. We looked at staff rotas which covered a two week period and found the staffing rotas described by the registered manager had been consistently met and often exceeded. During our inspection we saw the number of staff on shift enabled quick interventions when people presented with behaviours which may challenge others.

We asked the registered manager about agency staff usage which they described as "incredibly minimal". They said the only agency staff used recently was a nurse who was expected to become a full time member of staff in April 2018. This meant people were routinely supported by staff who were familiar with them and their care needs.

The registered manager told us they looked for learning outcomes to improve service delivery. They said outcomes from investigation of incidents which had taken place at Thomas Owen House and the registered provider's sister home were shared with staff. Before our inspection, the registered provider had made us aware of a specific incident and we found appropriate action had been taken by the operations manager to significantly reduce the risk of this happening again.

We looked at the recruitment records for three members of staff and found background checks had been carried out to ensure staff were safe to work with vulnerable adults. This included taking relevant references and carrying out checks with the Disclosure and Barring Service. The DBS is a national agency that holds information about criminal records which helps employers make safer recruitment decisions.

Interview records showed care staff had competency based questions they were expected to answer. However, there were no such questions for candidates applying for nursing positions. We discussed this with the registered manager who told us interviews for qualified staff were informal discussions which still covered previous experience and observations were made of their interactions with people living in the home whilst they were on site. Following our inspection, the registered manager contacted us to state 'The (interview) notes are brief notes on senior management's impressions of potential nurses, not full minutes of our 2-hour interview which includes experience, knowledge, competence and ethics. We recommend the registered provider creates a formal record of assessment through competency based questions to ensure candidates have sufficient skills, knowledge and experience.

At our last inspection we found not all staff had an up to date check of their suitability to practice with the Nursing Midwifery Council. At this inspection we saw these were all in place and a system had been introduced to ensure ongoing checks were carried out.

Is the service effective?

Our findings

People felt staff had the necessary skills to perform their roles effectively. One person said, "The staff do an honest job correctly. It's difficult working with people in here because there are accidents and scrapes, but they are alert to it." Another person said, "It's better than just a residential place because there are experts here who know what to do."

At our last inspection we found a breach of the regulations in respect of nutrition and hydration as records were unclear and kitchen staff did not have a sufficient understanding of people's dietary needs. At this inspection we saw improvements had been made and found this regulation was being met. Kitchen staff we spoke with were able to demonstrate knowledge and understanding of how to meet people's individual dietary needs, and records clearly showed who had specific dietary requirements.

Since our last inspection the registered provider had changed from purchasing wholesale food products and instead shopped at a local supermarket. Staff supported people to go shopping which helped develop people's living skills and enabled the service to be more reactive to what people wanted to have on the menu as well as providing fresh fruit and other items.

With the exception of one person, people told us they were happy with the food provided. Comments included, "The food is nice you can have seconds and what you want. We have tea, coffee and biscuits in the day" and "The food is good it was steak pie today and I had a salad for seconds." One staff member said, "People can choose from several food options. Some people shop for themselves. Some like takeaways." We observed the lunchtime experience and saw this was well managed. The service was flexible which meant people could sit down for lunch when they wanted. People who needed assistance with their meals were supported by staff who engaged in conversation with them and others.

The home had been awarded a 'Healthy Choice Award,' by Kirklees Council for being committed to good standards of food hygiene and healthy food options.

The registered manager told us staff who were new to the care sector completed the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. All new staff were supported through a programme of induction which included completing training and shadowing an experienced member of staff. The registered manager told us staff completed a knowledge check at the end of e-learning and they actively followed up on any concerns about staff understanding.

Care staff received a range of mandatory training in order to support people effectively which included, for example, safeguarding, fire safety, moving and handling, infection control. Nursing staff also received additional training in subjects such as medicine management, diabetes, stoma care, catheters and wound care. We saw training completion levels were generally high and where training was due, arrangements were usually in place to address.

The registered provider continued to promote staff development. All nursing staff were either completing or had completed NVQ level 5 in health and social care whilst care staff were expected to complete NVQ level 3 in the same subject.

We found staff had received regular supervision and appraisals since our last inspection. These were detailed records of each staff member's personal development and the examples of supervision for nursing staff we saw were focused on the safe management of medicines.

Thomas Owen House worked with a range of professionals which included community practice nurses, mental health social workers, care coordinators and the crisis team. The care home liaison team, acute wards and GPs. The registered manager told us they attended ward rounds at mental health hospitals to support people to return to Thomas Owen House.

People told us they were supported by staff to access healthcare services when they needed this. One person said, "I've not had a doctor, but they would get me one if I needed one."

We spoke with three visiting health professionals who spoke positively about staff providing people with timely access to healthcare services. One health professional said, "Staff understand people's needs and they phone if they have any concerns." Another health professional told us, "People have complex needs and these are well managed by the home."

There was evidence of healthcare professional visits in the care plans we looked at. These included hospital and GP appointments. Staff told us people were supported by a range of health care professionals, such as, the GP and district nurses. Staff we spoke with told us most people attended dental appointments when required. One staff member said, "People have access to healthcare, chiropody come in and people can choose to go to the dentist." Another staff member said, "People go to the dentist regularly. Some people are supported with their dentures."

The registered manager confirmed a personal trainer visited the home three times a week to support people to lead active lives. A treadmill and stepper were available in the home for people to use.

People living at Thomas Owen House had access to a gated garden area which meant they were able to safely spend time outdoors without leaving the premises. An indoor ventilated smoking room was also available for people to use.

We looked at how information was provided and shared with people. The Accessible Information Standard came into force in 2016 with the aim of ensuring people with disabilities, impairments or sensory loss get information they can understand and any communication support they need. The registered manager told us they were looking to arrange training for staff in how to communicate using British Sign Language to support a person living at the home who was deaf. They told us they had purchased a doorbell which lights up to alert this person when someone is at their door. A sign language befriender visits this person on a weekly basis.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care

homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The care plans we looked at contained appropriate and person specific mental capacity assessments which would ensure the rights of people who lacked the mental capacity to make decisions were respected. DoLS authorisations we looked at had been completed following a mental capacity assessment and had been submitted to the local authority. These had been approved and were still valid at the time of our visit.

We saw the registered manager had carried out quality of care spot checks twice a month. An example of a recent spot check showed a kitchen staff member was praised for involving people and supporting them around their mealtime choices.

One staff member told us, "We give people choice." We observed staff supported people to make choices throughout the day. One person told us, "They help me wash and dress. I have a shower on alternate days which is okay. A lady does it for me and that suits me okay." This meant people's personal preferences were respected. Two staff members we spoke with had a good understanding of MCA and DoLS.

Is the service caring?

Our findings

During our inspection we spoke with people who were complimentary about the staff who provided their care and support. People's comments included, "The staff are great and [name of staff member] looks after me. She is second to none", "The staff are good you can have a laugh and a joke with them", "It's one of the best places I've been. I get well fed and clean clothes", "My key worker is [name of staff member]. They are lovely and help me with everything" and "The staff are very nice and I can talk to them."

Staff were playing board games and quizzes with a number of people which they appeared to enjoy and there was warm and gentle banter between them. Staff were speaking with people referring to them by their first name. During our inspection there was a couple of occasions in the lounge area when people became agitated with each other. We observed staff immediately responded and dealt with these situations calmly and they were de-escalated without concern.

The registered manager said, "People get up when they want to and go to bed when they want to." People we spoke with confirmed their bed time routines were respected. People were able to choose how they wanted to spend their time and their routines were respected by staff. One person said, "I please myself what I do during the day I come down here in the dining room." Another person commented, "I can come and go as I want and the staff are there if I need them."

A third person said, "I could have more showers if I wanted and I get up when I want and go to bed when I want." One staff member said, "People are well looked after, it is not regimented."

The registered manager told us, "We try and see people for who they are today, not what their risk history says." We saw evidence of people being encouraged to live independently and develop their daily living skills. One person was encouraged to make refreshments by a staff member which meant they were supported to develop their independent living skills. Another person told us, "I sort myself out. I like a shower on a Sunday. It helps me with my skills and I can dress myself and I get clean clothes." People were supported by staff to go out shopping for food which demonstrated they were being supported to become more autonomous.

One person said, "My key worker is [name of staff], but I can speak to [registered manager], [name of nurse] or any of the staff if I need anything or want something changing." We spoke with one person about involvement in care planning and they told us a relative took responsibility for this.

Throughout our inspection we saw people were treated with dignity and respect. For example, we saw staff knocking on people's doors before asking them for permission to enter their rooms. People's rooms were kept locked or unlocked based on their personal preference which we saw had been recorded.

During our inspection we saw confidential information was stored securely. Staff we spoke with were aware of the importance of maintaining confidentiality.

We looked at whether people were supported by staff to meet their equality, diversity and human rights.

One person was assisted by a staff member to regularly attend a place of worship which meant they were able to maintain their religious beliefs. The registered manager told us people would be supported to have sexual relationships if they wanted and where people did not have capacity, assessment and best interests decisions would be made with the relevant people, relatives and professionals. We saw people who had cultural needs in respect of their dietary requirements were supported to ensure these needs were met. These examples meant people's equality, diversity and human rights were upheld and maintained by the staff at Thomas Owen House.

The registered manager confirmed several people were accessing advocacy services at the time of our inspection. Advocacy services help vulnerable people in making decisions about their lives by exploring choices and options as well as defending and promoting people's rights and responsibilities.

Is the service responsive?

Our findings

We saw one of the two care plans we looked at in detail contained, a 'temporary' care plan which had been put in place at the beginning of January 2018. This provided staff with some updated information regarding the person's current care needs. The second care plan we looked at also contained relevant and up to date information regarding the person's care and support needs. There were a range of care plans in place which included nutrition, diabetic management, behaviour management strategy, medication and hobbies and interests.

We saw people, where needed, had an end of life care plan in place. One care plan we looked at included contact details for the community palliative care team, repositioning records and observational charts. There was also a record of a local hospice visit which provided staff with information such as, signs and symptoms to look for, medications and support contact details. Although, this information was recorded, the care plan lacked some detail of how staff should support the person and what their wishes actually were. For example, one person's end of life care plan stated 'to facilitate any future plans'. We recommend the registered provider reviews this record.

We looked at how people were supported to avoid social isolation. One person told us, "I go out a lot with my friend, but they have trips to the cinema, bowling, snooker and they have karaoke and curry nights so there is plenty going on." A visiting health professional said, "People's well-being is managed well and they facilitate people going out."

On the morning of our inspection, a small group of people were engaged with a staff member hosting a 'Who am I?' quiz in the dining room. People in the lounge area were asked if they wanted to go online shopping, or whether they wanted a magazine or the TV channel changed. A music therapist visited the home at least once a fortnight and a singer also visited every two weeks.

Thomas Owen House had access to a minibus which meant they were able to transport people to a variety of locations away from the home. A staff member told us, "They have trips all over the place." People had been out to the cinema on the minibus on the morning of our inspection. The registered manager told us they arranged regular trips to a local snooker club which they had forged links with. We were told people who don't want to play snooker now go to socialise. The provision of non-alcoholic drinks had been arranged with the owner of the premises. One staff member said, "I try to get people out into the community. People enjoy going to the club and have friends there."

People we spoke with told us they would have no concerns in making a complaint if they were dissatisfied with the service they received. One person said, "I have nothing to complain about and I would let them know if anything was wrong." We saw information on display in the home which explained how complaints and concerns could be made.

We looked at the record of complaints which detailed a summary of complaints. This provided an overview of any received complaints or concerns and clearly showed the status and how these had been handled.

Since our last inspection, three complaints had been recorded which had been satisfactorily handled in a timely way. This meant there was a system in place to gather and act upon people's complaints and respond in a way which resolved the concern, in addition to minimising the risk of the same issue arising in the future.

We also saw five compliments had been received in the same period, one of which was from a professional commending the service provided.

The registered manager shared examples with us how technology was used to meet people's needs. For example, pressure sensors and door alarms were in place where required. As the layout of the building was dispersed and across two floors, staff used 'walkie talkies' to communicate with each other where they were in different parts of the building. We saw some of the care records we reviewed were stored electronically. During our inspection, we saw people were asked if they wanted to look at online shopping and the registered manager told us two people had been assisted to get Sky television installed. These examples showed technology was used to meet people's care and support needs.

Is the service well-led?

Our findings

At our last inspection in June 2017, we rated the well-led domain as inadequate as the management of medicines was found to be unsafe. This had been the case at the two previous inspections and as such, we took enforcement action. At this inspection, we found some improvements in the safe management of medicines, although we still had concerns about this not being managed robustly.

Regular medicine audits were performed in the home and the information was collected and presented by the compliance manager. The audits were thorough and gave a clear report of the issues and concerns. However, there was no evidence of analysis or any actions taken to mitigate the issues which had been found demonstrating they were not fully effective. For example, the compliance manager's monthly medication audit for December 2017 contained a summary of actions. The 'completed on/by' section referenced the actions were to be dealt with at the following nurses meeting and did not show the actions had subsequently been completed following the meeting. The nurses' meeting minutes were attached to the audit, however they were a summary of discussion areas and there was no specific action plan related to who was responsible for a specific action, when it would be completed by, together with sign off that it had been completed.

We looked at what the registered manager did to seek clinical staff's views about the service and they told us held monthly meetings with nursing staff. Minutes from the previous clinical staff meetings showed a wide range of topics were discussed. However, there was no specific action plan related to who was responsible for a specific action, when it would be completed by, together with sign off that it had been completed.

Whilst the breach of the regulations in respect of meeting people's nutritional and hydration needs had been remedied, we found aspects of the maintenance of premises and equipment was not safe.

We concluded this was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the registered provider had a continued breach of the regulations regarding the safe management of medicines and a new breach of the regulations was found.

The registered manager told us they would be moving to a new 'sister' home operated by the same registered provider which was scheduled to open in April 2018. Their successor, a nurse who had worked in the home for two years, was working through a handover period with the registered manager. The compliance manager monitored staff training on a chart. However, due to the complexity of this record, they told us they would review this to provide further clarity. We saw that end of life training was to be completed by end of March 2018 as per the registered provider's Care Quality Commission (CQC) action plan. This had been completed for care staff, however this had not been done for nursing staff. The compliance manager told us that they would send out the e-learning to clinical staff on the day of the inspection and they would have 30 days to complete this.

People we spoke with were complimentary about the registered manager. One person said, "[Registered manager] is super and I think everyone likes him. He is very approachable and he will do anything for you if

he can." Another person told us, "[Registered manager] s there all the time for me and if I'm wrong, he will also point it out to me and try to help." One staff member said, "The manager is doing a good job and the service is well managed." One health professional commented, "It is a really good service and the manager is really passionate and good." Another health professional said, "Management are responsive."

Staff spoke positively about working well as a team and getting the right support from management. One staff member said, "I definitely feel supported, it is a well-run service. I am happy, I can speak with colleagues and management and we support and help each other." Another staff member told us, "Even with the bad weather, staff made it to work."

The registered manager told us the registered provider had a visible presence at Thomas Owen House as they visited several times a week. The operations manager told us they were working from their CQC action plan following the last inspection. The operations manager carried out monthly visits and records confirmed remedial action was taken where issues were identified and actions were followed up. In February 2018, the operations manager reviewed support for staff through meeting and training, maintenance, people's care needs, activities, complaints and audits. We saw the operations manager responded to specific events. For example, they identified the need to update the medication policy and when new chemical products were purchased, new safety data sheets relating to the Control of Substances Hazardous to Health (COSHH) were placed on file.

Feedback was sought from people and relatives in an annual survey which had last been carried out from January 2018, when 15 people responded. The registered manager told us they were waiting for the relatives' survey to be returned before analysing the result, creating an action plan and sharing feedback with people and relatives.

The registered manager told us that they did not seek feedback from staff in an annual survey. However, the registered manager did seek staff's views about the service and they told us meetings were held approximately every two months. Minutes from previous staff meetings showed staff had discussed the introduction of a new manager; medicine management when people go out on trips, staff cover and the introduction of a drinks station. Staff were acknowledged for their hard work.

People we spoke with told us they had little interest in 'resident' meetings. We looked at the minutes from the previous meeting on 21 September 2017, where items discussed were menu choices, a request for an outdoor smoking cover and the introduction of a new member of staff. We also saw newsletters were circulated to people and their relatives which referred to Care Quality Commission (CQC) issues and actions, photographs of activities and events and the annual survey sent out and the new home manager.

The registered manager had informed the CQC of notifiable events in a timely way by submitting the required notifications and we saw the notifications log. This meant the registered provider was meeting the requirements of their registration.

The registered manager told us they received copies of mental health journals and took articles of interest, for example on personality disorders and put these on display in the staff room to ensure this was shared knowledge.

We saw the registered provider was working in partnership with a local university to support the nurse associate programme. This meant individuals training to become nurses gained valuable experience working at this service. The registered manager had created links with the local community as a local snooker club was attended by people and non-alcoholic drinks were served which meant this did not

impact on medicines people were taking and showed understanding where people had a history of alcohol abuse.

These examples demonstrated how this service engaged and worked in partnership with the local community.

The registered manager and provider carried out a number of quality assurance checks and audits to monitor and improve standards at the service. For example, these included audits of care records, falls, weight management and housekeeping.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment
Treatment of disease, disorder or injury	Aspects of the premises and equipment had not been suitably maintained.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Governance systems giving oversight of the safe management of medicines were not sufficiently robust.