

Thomas Owen Care Limited

Thomas Owen House

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

This was an unannounced inspection carried out on 6 and 9 June 2017. Our last inspection took place on 11 February 2016 when we gave the service an overall rating of 'Requires Improvement'. We found five breaches of the legal requirements in relation to the safe management of medicines, fit and proper persons employed, the assessment of mental capacity, lack of supervision for staff and good governance.

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 39 people.

At the time of our inspection there was a registered manager in post. 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.

At our two previous inspections, we found the registered provider had breached the regulations concerning the safe management of medicines. At this inspection we found medicines were still not safely managed as records showed people did not consistently receive their medicines as prescribed. Protocols for the use of 'as and when required' medicines were not always in place, room temperatures in the area where medicines were stored were found to be outside the recommended range and were not being recorded. Management oversight of medicines was insufficient as audits only checked stock held against recorded amounts.

The recording and understanding of people's dietary needs was not consistent and sufficiently detailed. People told us they liked the food served and were given choice around what they wanted to eat. People were able to help set up and clear away for lunch.

The registered provider had reported all notifiable events to us, with the exception of one incident. Most risks to people had been identified, assessed and reviewed. Fire safety checks had been carried out and the registered provider was on target to be compliant with a compliance notice issued by the fire service following an inspection requested by the registered provider.

Recruitment practices were found to be safer at this inspection as relevant background checks had been carried out. People and their relatives felt they were safe living at this service. Staffing levels were found to be sufficient as there were enough suitably qualified staff, appropriately deployed in the service.

Staff received appropriate support through their induction and training programme. Staff had received regular supervision and appraisals which were found to be effective. The staff team worked well together and felt they were well supported by the management team.

Care plans were found to be person-centred and easy to follow. These were kept up-to-date with regular reviews capturing relevant information. People's equality, diversity and human rights were maintained as

people were supported with, for example, their religious needs. The privacy and dignity of people living in the home was respected by the staff team.

Staff demonstrated a sound knowledge of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS). We saw sufficient recording of people's capacity and DoLS applications and authorisations were in place where needed.

Staff knew the people they cared for well and were able to describe their care needs and preferences. Interactions between staff and people were found to be positive through the inspection. People were supported to regularly access the local community for a variety of events. We saw evidence which showed people had access to a range of healthcare professionals.

Not all audits completed by the registered provider were sufficient in ensuring compliance with the regulations. Not all breaches identified at our last inspection had been rectified and a new breach of the regulations was found.

Meetings were taking place for people who lived in the home as well as staff. Results of surveys showed high levels of satisfaction. The registered provider had responded to people with feedback where people reported any dissatisfaction. Complaints were appropriately recorded and responded to.

We found a breach 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.

Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

The overall rating for this service is 'Inadequate' and the service is now in 'Special measures'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in 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?

Inadequate 

The service was not safe.

Medicines were not safely managed as we could not be sure people received their medicines as prescribed.

Most risks to people had been assessed and reviewed. Fire safety was appropriately managed.

People felt safe receiving this service. Staffing levels were found to be sufficient to meet people's needs.

Is the service effective?

Requires Improvement 

The service was not always effective.

People's dietary requirements were not always clearly recorded and understood by staff. Staff supported people to access a range of healthcare services.

MCA assessments and DoLS applications were in place. Staff had a good understand in both areas.

Staff received support through a programme of induction, regular training, supervision and appraisal.

Is the service caring?

Good 

The service was caring.

People and relatives provided positive feedback about the staff who cared for them. People's privacy and dignity was respected.

People's equality, diversity and human rights were maintained.

Is the service responsive?

Good 

The service was responsive.

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

People were regularly supported to access the community.

Complaints were acted on and responded to with written records maintained.

Is the service well-led?

Inadequate ●

The service was not well-led.

Findings from our previous inspections which resulted in a breach of the regulations had not been sufficiently acted on to ensure people received their medicines as prescribed.

An allegation of abuse had not been reported to the CQC, although all other notifiable events had been reported to us.

Some audits needed strengthening to ensure they were effective.

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6 and 9 June 2017 and was unannounced. On the first day of our inspection, three adult social care inspectors and an expert by experience visited the provider's premises. The second day of our inspection was carried out by two adult social care inspectors. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

On day one of our inspection there were 35 people living in the home and on day two this had reduced to 34 as one person had been admitted to hospital. We spoke with 11 people who used the service and one relative. We spoke with five members of staff, the deputy manager, registered manager, operations manager and the nominated individual. We spent time looking at documents and records that related to people's care and the management of the service. We looked at care records for four people.

Before the inspection the provider completed a 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.

Before our inspection, we reviewed all the information we held about the service, including previous inspection reports. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The local authority told us they had no concerns.

Is the service safe?

Our findings

At our last inspection in February 2016 we found medicines were not safely managed which was a continued breach of the same regulation from the previous inspection in January 2015. At this inspection we still had the same concerns. We looked at the storage, administration and recording of medicines as well as medication administration records (MARs) for 11 people.

A person prescribed Imodium once a day had no entry on their MAR to show they received this on 7 June 2017. The registered manager told us, "There should be something to mark he's refused it."

We found one person who was at risk of choking was prescribed thick and easy thickening powder to be mixed with drinks for use 'as directed'. On review of their MAR sheet, we found they had only had this once a day on seven occasions in a 25 day period. This meant staff had not maintained a complete and accurate record of the treatment people had received. The registered manager told us this should be with every drink although they were unable to evidence this had happened. They said, "That's a recording issue." Following our inspection the registered provider submitted daily notes for this person which covered a six week period. We found further examples of thick and easy being given. However, the recording on the daily notes and on the MAR did not always correspond.

We saw examples of repeated refusals of medicines and where people were recorded on their MAR as not having received their medicines as they were asleep. The registered provider's medication policy dated April 2017 stated 'If a resident is frequently missing medication (through refusal or being asleep) or it is being given later than prescribed, then this should be brought to the attention of the manager for review by GP'. There were no records on the MARs to indicate whether staff had returned to reoffer medicines initially refused.

We looked at one person's MAR and found they were prescribed alendronic acid. There were no instructions on the MAR for how and when to administer this medicine, although this was recorded on the box. We spoke with two members of staff responsible for administering this medicine who had a mixed understanding of how alendronic acid should be given. Alendronic acid should be administered to a person whilst they are standing or sitting up and 30 minutes before or after food. Other MARs we looked at recorded the instruction for administering medicines as use 'as directed'. The registered manager told us they would contact the pharmacy to ask them to add further instructions to the MAR.

The medication policy also stated all medicines prescribed for 'as and when use' known as PRN should have a protocol for their use. We found these instructions were not always in place to set out the reasons for giving when required medicines, the dosage, and the desired effect to enable staff to administer medicines safely. This meant systems to protect people from the unnecessary use of medicines were not sufficiently robust.

The registered provider's medication policy stated 'During hot weather, it may be necessary to check the temperature of the room where medication is stored as some medications react if become too warm'. We

found there were no records of the room temperature where medicines were stored. We checked the thermometer in the medication room and saw the temperature was initially over 27 degrees Celsius. We moved the thermometer as it was next to the back of the fridge. The temperature settled to 25.5 degrees Celsius which is outside the recommended range of 16-25 degrees Celsius. Some medicines may spoil and become unfit for use if they are not stored correctly. The registered manager told us they would purchase an air conditioning unit for this area. Fridge temperatures were recorded on a daily basis and found to be within the recommended range. However, we found a soft drink was inappropriately stored in the medicines fridge.

We looked at the recording of topical creams which was found to be irregular. Topical medication administration records (TMARs) were not consistently completed by staff who applied them. One person's TMAR for barrier cream had not been signed to say this had been administered. During our inspection, the deputy manager was unable to locate the body map for one person who was prescribed dermol cream. Following our inspection, the registered provider submitted body maps for people who were prescribed creams. However, the body maps stated, for example, 'use as directed' and 'apply as needed' which meant staff did not have clear instructions to show where creams should be applied.

This demonstrated a continued breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One member of staff commented regarding the safe management of medicines, "We're missing the mark along the way." The operations manager told us they would update their medicine audit to ensure each person's medicines were checked.

Staff responsible for administering medicines had their competency formally assessed within the last 12 months. At the time of our inspection, no one living at this service had been prescribed controlled drugs.

People we spoke with told us they felt safe living at this service. One relative we spoke with confirmed their family member was protected from harm. They said, "Yes, more than safe." Staff we spoke with had all received safeguarding training and knew how to protect people from abuse. Staff knew to report abuse and felt confident the management team would take appropriate action. One staff member said, "If there's something wrong that someone's doing, I would report that. I'd report any abuse. We have got a whistleblowing policy." 'Whistleblowing' is when a worker reports suspected wrongdoing at work.

We reviewed staffing levels and found there were sufficient numbers of suitably skilled and appropriately deployed staff. Three people living in the home had been assessed as needing one-to-one support. The deputy manager explained the service was staffed with a minimum of seven care staff per shift and a maximum of 10 as well as at least one member of nursing staff on every shift. They told us the actual number of care staff was determined based on whether activities were taking place outside the home.

The registered manager informed us they had trialled a staffing dependency tool, although they told us this was not found to be fit for purpose as this was used for an older persons accommodation. They said they would contact the local clinical commissioning group (CCG) for guidance on using the right tool for assessing people's dependency levels.

In December 2016 a satisfaction survey was completed by one person who responded to the question 'Enough staff?' 'Yes, because I am very independent and I know if I need anything they are always close by to talk to'. Staff we spoke with confirmed there were enough staff. We asked staff whether staffing levels were the same throughout the week. One staff member commented, "Weekends are just the same." We asked a

staff member if there was any agency staff usage and they responded, "Hardly any." A third staff member said, "Enough staff even when some staff are doing activities away from the home."

Prior to our inspection the registered manager had arranged for a fire inspection. As a result of this, certain actions needed to be taken for the service to become compliant. We checked records and saw the registered provider had either already completed or was on target to complete all actions by the identified deadline of July 2017. We saw the registered provider had a fire risk assessment which included the smoking room within the property. The registered manager had arranged for the purchase of fire resistant materials in this area. A weekly fire alarm test was carried out from different points in the building. Personal emergency evacuation plans were seen for each person living in the home. This information was stored in a central location accessible to staff.

Gas safety and electrical wiring certificates were found to be up-to-date. Monthly hot water checks showed temperatures were within an acceptable range. We also saw evidence of weekly lighting checks.

Most risks to people were appropriately assessed, managed and reviewed. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions. Risk assessments gave detailed guidance and were linked to care plans and the activity involved in care or support delivery. For example; falls, infection control, nutritional needs, moving and handling, door locks (where people chose not to use these) and use of bed rails.

We saw records of incidents and accidents which detailed the events including action taken. There was clear evidence this information was being analysed and used to identify learning outcomes through analysing trends. For example, one person who had several falls had been offered support from the occupational therapist and falls team, although they had refused this.

At our last inspection we found concerns regarding the recruitment practices followed as there was a lack of pre-employment checks.

We looked at the recruitment records for four members of staff and saw improvements had been made since our last inspection. We saw records of references and checks with the Disclosure and Barring Service (DBS). The DBS checks assist employers in making safer recruitment decisions by checking prospective care workers are not barred from working with vulnerable people. This meant the home had taken steps to reduce the risk of employing unsuitable staff.

The registered provider gave people who lived at Thomas Owen House an opportunity to be part of an interview panel for new staff and ask questions themselves. The registered manager explained that when agreeing the suitability of a candidate everyone's thoughts were taken into account. They said, "It's an equal vote on the panel."

Is the service effective?

Our findings

The recording of people's dietary needs was found not to be clear and staff understanding was not consistent.

On day two of our inspection, we spoke with a member of kitchen staff and found they were unclear about providing meals with higher calorie content for two people identified as at risk of losing weight. They asked us, "What do you mean, fortified?" They confirmed these two people received the same meals as other people living in the home. The care plan for one of these two people dated March 2017 stated 'Please remind the cook to fortify foods with milk, cream and butter'. We noted this person had maintained their weight. The same staff member did say they provided diabetic puddings and cakes made with different ingredients to help control people's blood sugar levels.

We looked at care plans for two people and saw one person identified as needing a soft diet on the kitchen whiteboard had a letter from the speech and language team which indicated they needed a texture 'C' food consistency. This information had not been transferred into their nutritional care plan and was not recorded on the whiteboard. Another person was recorded in the kitchen as needing their food 'very well mashed' although this was not recorded in their care plan.

We concluded this was a breach of regulation 14 (1) (Meeting nutritional and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed the lunchtime experience and saw people had a choice of where to eat. People took part in setting tables for lunch and clearing away afterwards. One staff member said, "We go round to people in their rooms to ask what they like. We have quite a variation in food." The registered manager had purchased moulds which meant pureed foods could be presented in a recognised form for people which resembled how the food would have looked.

People we spoke with were happy with the quality of the food they received. Comments included; "It's really good. I can't get enough of it" and "If I don't want something, they don't mind changing it." We observed people being provided with drinks at regular intervals. We observed one person was asked by a staff member whether they wanted a snack. We saw the staff member promptly provided this for the person to eat.

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. We saw the registered manager maintained a DoLS tracker which showed where people had either an DoLS application or authorisation in place.

At our last inspection we saw gaps in the recording of people's capacity and lack of evidence of consent to care. At this inspection we saw this documentation in each of the care plans we looked at. We found MCA assessments for consent to living at the home, consent to care, smoking as well as dietary needs. We found the consent to living in the home and consent to care assessments covered a number of areas and recommended these be split into individual, decision specific assessments to demonstrate the registered provider was working within the principles of the MCA.

Staff we spoke with knew how the Mental Capacity Act (2005) applied to their role and shared relevant examples of day to day choices they offered people. We observed staff routinely offering people choice throughout our inspection. One person told us, "I get up when I want. I just buzz for someone to get me up." One spot check carried out by the registered manager noted 'Particularly good to see consent gained at every opportunity. A professional survey response dated March 2017 stated; 'Staff at Thomas Owen House consult clients around care plans and respect choices and decisions in regards to the Mental Capacity Act'.

At our last inspection we found staff understanding of who had 'Do not attempt cardio-pulmonary resuscitation' instructions in place did not match care records. At this inspection we saw sufficient improvements had been made. Staff we spoke with were aware that at the time of our inspection, no one living in the home had a 'Do not attempt cardio-pulmonary resuscitation' instruction in place.

At our last inspection we found evidence of institutionalised practice as people regularly asked staff for cigarettes who told them to wait until specific times of the day. At this inspection, we found the registered manager had introduced mental capacity assessments specifically for smoking. The registered manager had also worked with staff to facilitate conversations with people about not smoking all their cigarettes at once and trying to divert their attention elsewhere. Where this approach was not successful, people were given a cigarette. The registered manager said, "It's a conversation each time." One person told us, "It used to be every hour [we could get cigarettes], but now we can have one when we want."

At our last inspection staff did not receive regular support through a programme of supervision and appraisals. At this inspection we saw improvements had been made.

Staff received an induction which included an introduction to the home, three days of completing e-learning and two weeks of shadowing experienced staff members. Staff we spoke with were satisfied with the induction they received.

We looked at the registered provider's staff training matrix which showed high completion levels. This included mandatory training which all staff were expected to undertake, as well as specialist training which was provided where this was needed to support people with specific needs. The registered provider actively encouraged staff to undertake national vocational qualifications (NVQs) and progress through higher levels of training. For example, nursing staff had all commenced a NVQ in leadership and management.

At the time of our inspection the registered provider had not arranged end of life training for staff. We recommended they look to add this to their training programme.

We looked at supervision records and saw this support had been regularly recorded. These routinely looked

at safeguarding, people living in the home, training needs, privacy and dignity issues as well as understanding of mental capacity and DoLS. One staff member who told us about their last supervision commented, "My last one was really beneficial to me." A second staff member said, "They support us to improve, identify what we are lacking and I can express what needs to be improved." Evidence of annual appraisals was also seen which showed detailed discussions around training completed, future training needs and future development. The registered provider's PIR stated 'We are working towards improving our supervision systems to link in with our training plan to more effectively monitor staff understanding of training, test competency and allow for reflection of practice'. We saw evidence these actions had been put in place to support staff to develop.

Staff told us they worked with a range of health professionals such as GPs, district nurses and opticians. Care records we looked at confirmed this and showed evidence of the involvement of speech and language therapists, the diabetic clinic as well as dieticians where this was needed. On the day of our inspection, one person was scheduled to see the dentist. A visiting health professional told us, "They are actually good. [Name of staff member] and [name of staff member] are on the ball. We have good teamwork."

We looked at one person's diabetes care plan which was found to be detailed and provided clear guidance for staff to follow. We spoke with staff who were able to identify how a person would present with low blood sugar levels and could describe appropriate action they would take in response. Other staff members were also able to confidently describe people's healthcare needs and how they would respond to ill-health.

One member of staff was qualified to take blood from people which meant people who routinely refused these requests had been more willing to consent to providing blood samples for testing. This meant people's healthcare needs could be more effectively monitored and supported. A visiting health professional said, "That's very hard actually. She can do it and the residents know her."

We saw exercise machines on each floor of the building which were designed to encourage people to stay fit and healthy.

Is the service caring?

Our findings

People we spoke with commented positively about living at Thomas Owen House and the care they received from staff. One person said, "I've been here a long time but I'm very happy." Another person told us, "It's a good place here." A third person commented, "I've become more independent and confident and that's due to Thomas Owen House." One relative told us, "I think it's very good. There's affection and lovingness. Give them five stars." Staff we spoke with felt people were well care for. One staff member said, "You should treat them how I'd want my family to be treated."

We observed occasions throughout the first day of our inspection when people started to become agitated with each other. Staff were quick to intervene and take action to divert people and calm them before these situations escalated. Staff were also seen to be prompt in responding to people's requests which meant they did not have to wait for assistance.

We observed staff talking to people and through these interactions, it was clear they had a good knowledge of their individual needs and personal preferences. We spoke with several members of staff and found they consistently demonstrated an excellent knowledge of people they cared for in the home. The information shared by staff matched what was recorded in those people's care plans. In response to a survey dated March 2017, one professional wrote 'I feel the staff engage well with the clients I represent and have a good understanding of their needs'.

Staff we spoke with said they knocked on people's doors before entering and would close doors and curtains before providing personal care. We observed staff calling at one person's room to see if they wanted to get up. Staff were seen to knock several times and got no response. They then knocked asking, "Are you ok". Still getting no reply, they then opened the door using a key at the same time as asking "Can we come in? We saw another person's care plan identified they preferred to have their door open at all times. These examples meant people's privacy and dignity was respected.

Between the two days of our inspection the general election took place. Before our inspection, a meeting had been held for people living in the home to openly discuss their political views. Staff were seen to be neutral in supporting this debate. By the time of the second day of our inspection the general election had taken place. People who wanted to vote had been supported by staff to exercise their democratic right to vote, including one person who had never voted before.

The registered manager told us one person was supported to take part in the choir at their local Church and two members of staff had taken another person to a religious festival. We spoke with the person who attended the choir and they confirmed this happened. We saw one person had a sexual needs care plan which showed how they had been supported by the registered provider and staff. The registered manager said, "Just because someone moves into a care home, it doesn't mean they lose their sexuality." We saw one person who was visually impaired had a coloured food plate purchased for them to help them at mealtimes. These examples meant people's equality, diversity and human rights were respected.

The registered provider's PIR stated 'We are going to further develop our quality monitoring service to audit the key principles outlined in our Statement of Purpose such as privacy, dignity, choice, independence, non-discrimination and fulfilment'.

The registered manager was in the process of arranging an advocate for one person in the home. They told us two people had a 'relevant person's representative' (RPR). The role of the RPR is to keep in contact with the person if they have a DoLS authorisation and make sure decisions are made in their best interests.

The registered manager told us people living at this service were supported to live as independently as possible. Two people who had capacity knew the code for the keypad and were able to enter and exit the premises as they wished. A volunteering programme was put in place for one person. One person was able to do their own washing and ironing and support and developing basic cooking skills had been provided. One person told us, "I'm encouraged to do as much as I can myself."

Staff's caring and committed approach was a key strength of the service, in spite of the shortfalls in all of the other domains and the weaknesses in the leadership and management of the home.

Is the service responsive?

Our findings

The registered manager told us, "We've done absolutely loads on care planning." One staff member said, "They are detailed and tell you about the person." We looked at four care plans and found these were easy to read and well written.

We looked at care plans and found examples of detailed strategies in place to support people. This meant staff had information which would enable them to recognise and respond to specific situations. Care plans were headed with care need, goal and action. People's personal preferences, such as whether they wanted to have a bath or shower were seen recorded.

Care plans covered a range of needs, such as; behavioural management, continence, social activities, physical health, moving and handling, medication and epilepsy. We asked a staff member about one person's epilepsy care plan and how they would respond if the person had a seizure. They said, "I'd make sure he's safe and call the nurse straightaway." We saw examples of mental health and mobility care plans which were detailed and provided clear guidance for staff to follow.

One person needed a wound care plan. The registered manager told us they would ask a member of staff to create this with a tissue viability nurse. We spoke with a member of staff responsible for applying dressings for this person and they were able to confidently describe how they did this as they had shadowed district nurses who had previously done this.

Evidence of people's involvement in care planning was seen. For example, separate recordings in one person's care plan noted their responses when asked about the use of bed rails. Care plans were found to be updated monthly.

Daily notes were found to be recorded in detail. We saw an example in one person's daily notes which recorded they had expressed a desire to participate in physical activity. The different weights the person had lifted were listed and a comment read 'Amazing to have him take part again'.

We saw people had Herbert protocol forms in their care plans. The Herbert Protocol is a national scheme being introduced by West Yorkshire Police and other agencies which encourages care staff to compile useful information which could be used in the event of a vulnerable person going missing.

We were made aware the registered provider subsidised the cost of trips to ensure people were able to take part in activities out in the community. On the first day of our inspection, a trip was taking place which one person said they wanted to join at the last moment. A staff member responded to the person, "I already have two wheelchair users in the minibus, but if you really want to go, I will make it happen." As they still wanted to go out, separate arrangements were made for this person to be taken out to enjoy this activity. We were made aware that a 'ladies night' would be taking place the same day. It was explained that this involved pampering.

The minibus was used to take people out to places of interest, for meals and for going to the snooker, cinema, museum and shopping. People were also supported to go out walking in the community. One relative said, "They seem to have enough activities inside and out."

Information on how to complain was seen on display in the home. We looked at records of complaints and saw the registered manager had taken action to resolve these concerns. We saw one compliment which stated 'Thank you for all the years you cared for him. You will like a family to him'.

Is the service well-led?

Our findings

In July 2014, we rated this service overall as inadequate. At our next inspection in January 2015, we saw improvements had been made and rated the service overall 'requires improvement'. However, at this inspection we found concerns regarding the safe management of medicines. At our last inspection in February 2016, we again found concerns with the safe management of medicines and took enforcement action against the registered provider. We rated the service overall 'requires improvement'. At this inspection, the registered provider had failed to take sufficient action for the third consecutive inspection in respect of the safe management of medicines.

We saw evidence of medicine audits which had been carried out on a monthly basis. However, these were focused on matching stock held against amount recorded on medicine administration records and did not consider wider medicine management issues, such as addressing gaps in recording, refusals, people asleep, recording of topical creams and lotions, use of body maps, PRN protocols as well as storage temperatures. In January 2017, a staff meeting was held which looked at missed signatures on MARs. However, the need to closely monitor this was not reflected in the audits we looked at. The registered manager provided us with a copy of their service action plan. It was noted a change in pharmacy supplier had been successful and electronic methods of stock control were being considered. However, no other areas of medicine management had been identified as needing action.

Following our inspection, the registered manager sent us a plan which recorded the actions they were going to take to manage the administration, storage and recording of medicines appropriately. However, we expected that following our previous inspection findings the registered provider would have had complete oversight of this process to ensure this was sufficiently robust.

We saw audits of complaints, housekeeping, infection control, wheelchairs, mattresses and cleaning schedules. We looked at weight audits and saw these focused on the number of people weighed and did not contain information about people's weight loss or gain. The infection control audit required an action plan to ensure continuous improvement in this area.

On day one of our inspection, we asked to see records of checks made with the Nursing Midwifery Council which holds information regarding fitness to practice of nurses in the UK. On day two of our inspection, the operations manager showed us records which confirmed all nurses employed at this service were fit to practice. However, the evidence provided showed these checks had been made between the first and second day of our inspection which meant we could not be sure these checks had been made before our inspection.

We found the registered manager had routinely informed the Care Quality Commission in response to notifiable events. However, one incident which occurred in November 2016 between two people living in this service had not been reported to us.

The whiteboard in the kitchen area contained information about people's dietary needs. We found this was

displayed where people living in the home or visitors could see this information. This meant sensitive information was not protected which we discussed with the registered manager. They told us they would look to cover this board to ensure it was only visible to staff.

We found the system of auditing and management oversight was insufficient in ensuring the necessary improvements needed for the service to become compliant with the regulations.

We concluded this was a continued breach of regulation 17 (1) (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager said they welcomed staff to see them if they had any concerns or queries. They said, "It's very much an open door policy." Staff we spoke with were satisfied with the support they received from the registered manager. One staff member said, "You can go to him if you need him." Another staff member told us, "The manager listens, he is good and fair and I am happy here." Another staff member commented about the management team, "Mostly approachable. They're quite amenable." One relative said, "I find them helpful and easy to communicate with." A history of staff spot checks taking place every two weeks was seen.

The registered manager was supported by a deputy manager who worked full time and staff told us the operations manager visited on a regular basis. The deputy manager told us this happened, "At least two to three times a month." One staff member commented, "She comes around and sees how we all are and talks to residents." The registered manager told us, "The owner and operations manager are really supportive."

We saw evidence of staff meetings in January and April 2017. These covered topics including; safeguarding, DoLS, person-centred care, use of social media and staffing levels. Other examples of meetings for domestic and night staff were seen. The nursing team had an away day in April 2017. We also saw evidence of 'resident' meetings which had taken place three times this year. The records of both staff and 'resident' meetings demonstrated they were encouraged to have their say in the running of the home.

High satisfaction levels seen in response to relative surveys sent out in December 2016. The key questions asked in the survey were focused on the same five key areas CQC inspects against. The lowest score indicated a 95% satisfaction rate. This information was analysed and a letter was sent to people and relatives in February 2017 providing feedback.

Thomas Owen House had recently been given a local authority healthy choice award. The healthy choice award is a way of acknowledging services that practice good standards of food hygiene and offer healthy options. The registered manager told us they would be recruiting for a catering manager as part of a strategy to move away from having set mealtimes and instead have a 12 hour restaurant service. They also said they planned to install a kitchenette for people to access and use themselves.

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 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs
Treatment of disease, disorder or injury	Records relating to the nutritional needs of service users were not always accurate and staff understanding was not clear.