

Review of compliance

<p>Thomas House (St Helens) Limited Thomas House (St Helens) Limited</p>	
<p>Region:</p>	<p>North West</p>
<p>Location address:</p>	<p>Thomas House Care Home 168 Prescott Road St Helens Merseyside WA10 3TS</p>
<p>Type of service:</p>	<p>Care home service without nursing</p>
<p>Date of Publication:</p>	<p>December 2011</p>
<p>Overview of the service:</p>	<p>Thomas House is a large residential property situated in a residential area of St Helens.</p> <p>It is registered with the Commission to provide accommodation for a maximum of 28 people.</p> <p>Accommodation is provided in single rooms with en suite facilities. Various</p>

	aids and adaptations are provided to support people maintain their independence.
--	--

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Thomas House (St Helens) Limited was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 14 November 2011, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

People living in the home told us they were cared for very well. Staff were helpful and kind. All the staff knew what they wanted and treated them well. They were supported to access other health and social care services they needed. Comments such as, "They're lovely", "Very good", "Always helpful" and "A bit of fun" were made. Staff were also described as "friendly and approachable" and "really nice".

People told us there were no rigid routines they were expected to follow such as the time they went to bed. They usually pleased themselves what they wanted to do. Staff took into account their views and respected their right to privacy and independence. They always knocked on their door and waited to be invited in. They could have visitors when they wanted and staff made them very welcome.

People said staff were respectful when they spoke to them. They responded to all requests for assistance in a timely manner. They said they got the help they needed and described staff as "excellent" and "very nice". One person told us, "I don't bother them much, but if I need help I can use my bell and they come."

People told us they were confident to raise issues of concern with the manager if ever the need arose. There were arrangements in place to safeguard people and staff had been trained in adult protection.

People said they lived in a clean and tidy environment. They told us they liked their

bedrooms and were able to furnish them with their own belongings and possessions. Some people said it would be nice to have a lock on their door. Staff always knocked before they came in, but they could not lock their bedroom doors.

People told us they had regular chats with the staff and had meetings. They could discuss anything they wanted with the manager. They were very pleased with all their care and support they received and were very happy living in the home.

What we found about the standards we reviewed and how well Thomas House (St Helens) Limited was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People who used the service were able to be involved in and influence decisions about their care and support. Their dignity and independence were respected.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People living in the home experienced care and support as they wanted and needed. Their physical, social and health care was promoted.

Outcome 07: People should be protected from abuse and staff should respect their human rights

The home has robust procedures and a good staff training programme in place which helps to ensure people are protected from abuse.

Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare

People who live at the home are provided with comfortable accommodation.

People's privacy and safety was not guaranteed as bedroom doors had no safe locks they could use fitted.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

People who used the service were cared for by staff that were trained, supervised and supported.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The service had quality monitoring systems in place to monitor the effectiveness and outcomes of service delivery.

Actions we have asked the service to take

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

We spoke to several people about their experience of being admitted to the home. One person told us her social worker and daughter had arranged her stay. She was able to ask questions about the home and she had information about the service to read.

One person told us her daughter had visited and looked around. Her daughter lived near and it was easy for her to visit. She had her own bedroom and the staff were very good. She was happy living in the home.

Another person told us she had come to stay for a short time but did not want to leave. Everyone was "caring and kind". She told us she had discussed what help she needed and the problems she had managing on a day to day basis.

People we spoke to thought staff listened to them and responded well to their needs. Staff always made a point of asking them if everything is to their satisfaction. If they need anything staff are more than willing to get it for them. They regularly chat with staff to discuss their individual preferences and make choices about their life in the home. The manager and staff were approachable. They had meetings and were given a satisfaction questionnaire to complete.

Another person told us she had been in the home for some time. She said staff were always there to help her. They helped her get dressed, have a bath and looked after her very well. She told us she liked to do her own thing and staff respected this. She said she was very happy.

We were also informed of practices in the home. For example there were no rigid routines for going to bed or getting up in a morning.

We spoke to relatives visiting. One relative told us the home was the best one around. She was happy with the choice she had made. She lived near which meant she could take her mother out and bring her home for visits.

Other evidence

During the visit we looked at personal records of people who lived in the home, referred to as pathway tracking. This is a method we use to look at how people are admitted to the home and how they are cared for. It helps us establish if people's admission is the right option for them and their care and support match their wishes and expectations.

We found pre admission assessment of needs for people had been completed. Essential information from all relevant sources such as health and social care and family was recorded. There was evidence people were supported to make informed choices about their care and support. People who lacked capacity to make the best choices, or access the right care had their interests protected by a named person, for example a relative. Care plans were being reviewed regularly and changes made where needed.

We looked at information people were given about the service. This provided information on people's rights, terms and conditions of residence, complaints procedure and other important information they would need to know about.

We looked at quality assurance surveys that had been completed. We found overall people were very satisfied with the service. They said, "I received an information pack. Everyone is friendly with one another and I was made to feel at home." One relative commented, "From the moment my mother arrived at Thomas House, the welcome and friendly atmosphere they create gave me confidence that she was in safe hands of a team of people who care."

We saw aids and adaptations around the home that supported people to maintain their independence. We discussed how the service maintained peoples' privacy due to there being no locks on bedroom doors.

We looked at a code of conduct and practice staff are given when they start work. They must, "Treat the residents with respect and sensitivity, recognising the value of each person. This will include the right to self determination as far as they are able."

Our judgement

People who used the service were able to be involved in and influence decisions about their care and support. Their dignity and independence were respected.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

People we spoke to said the staff were good and took account of the type of help they wanted. They said the help they got was what they needed and described staff as "excellent" and "very nice". One person told us, "I don't bother them much, but if I need help I can use my bell and they come." And "They will always help me get dressed. I can't walk about like I used to. They are very good."

We were told, if you are not well the doctor will come. The manager will send for him. They also had their eyes tested and the chiropodist visited. One person told us the district nurse visited.

People told us their relatives visit and staff made them welcome. They can have a drink and can go to their bedroom to be private if they wished. We spoke with relatives who were visiting. They told us they were more than happy with standards in the home. They said staff were very good at keeping them informed of any changes in their relatives needs. Staff were approachable and always made them feel welcome. One relative said, "The staff are very good with her. She always seems to be happy when we visit. She would tell us if she was troubled by anything. She enjoys her food and has a good relationship with the staff. I've no worries at all."

We observed good social interaction between staff and people living in the home. Staff we had contact with spoke respectfully to people. They appeared to know what people required. They communicated well and appropriately with them and responded to all requests for support in a timely manner.

We noticed people were dressed very well. Their clothes were ironed and matched.

Other evidence

We looked at care records. These showed peoples' capacity to make their wishes known either verbally or non-verbally. Staff following care plans would also know how best to support people in circumstances where they cannot say what they want.

Where people have health care needs this was recorded in their assessment. Staff were aware of the type of support people needed and any difficulties they may have.

People were given additional support when they required such as GP and other health professionals. District nurses attended the home to deal with any clinical need people may have such as pressure care. Routine checks including eye care and chiropody were also planned for.

We looked at care plans and found the standard of care planning was good and focused on the needs of people using the service. The plans linked to assessed needs and were generally person centred. Care plans were reviewed regularly. We discussed care plans with the manager and how small improvements could be made. For example, making sure care plans are more detailed and include who will take responsibility in meeting needs such as key worker, manager, relative or healthcare personnel. There was evidence in daily records staff followed care plans and responded to people's needs as required.

To make sure people living in the home were cared for safely, risk assessments were carried out. Staff were made aware of who may be at risk of falling, developing pressure sores or may not eat enough. We looked at plans of care in place to help avoid these situations happening.

Activities provided were varied and birthdays and other festive days were celebrated. Choices of activities were based on individual preferences. Staff set aside quality time to spend with people on a one to one basis.

We looked at compliments the service had received from relatives in a quality assurance survey. Comments included, "The staff are compassionate and very caring, and my mother is kept spotless clean and the food is excellent."

We looked at comments from people using the service in a quality assurance survey. "I receive excellent care without a doubt. I like to remain self caring but will ask the staff if I need help. My dignity is well kept." And, "When I drop things I struggle, but staff are happy to do this for me."

Our judgement

People living in the home experienced care and support as they wanted and needed. Their physical, social and health care was promoted.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

People living in the home told us the staff treated them very well and they were happy. They said they have never had any reason to raise issues of concern with the manager. The staff treated them very well and were polite and considerate. They were confident appropriate action would be taken if they did.

Visitors to the home told us they had never witnessed anything untoward that gave them concern. People were spoken to with respect.

We talked to staff. They told us they would raise any issue of concern with the manager and take the matter further if no action was taken. They were aware of the Whistleblowing policy and procedure to support and direct them in reporting concerns about the operation of the home. They told us they had training in safeguarding vulnerable adults.

Other evidence

The manager said they work closely with other agencies through local Protection of Vulnerable Adults frameworks. They make sure people who lack capacity are safeguarded and supported to live as independently as possible.

Care records showed us how people were assessed to make sure they are given the right support and represented in their best interest. This included for example consulting with relatives or social and health care professionals.

Recruitment processes within the home makes sure people are kept safe by employing people with a record of good character. As part of their contractual arrangements staff must not to accept gifts from people they care for, or be involved in any of their financial business.

Protection of vulnerable adult's policies and procedures were available for staff reference.

Our judgement

The home has robust procedures and a good staff training programme in place which helps to ensure people are protected from abuse.

Outcome 10: Safety and suitability of premises

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

* Are in safe, accessible surroundings that promote their wellbeing.

What we found

Our judgement

There are minor concerns with Outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us

We looked around the home and in some of the bedrooms. The home was clean and tidy. The standard of cleanliness was very good. Lounges, dining rooms and bedrooms were furnished and fitted to a good standard.

People had personalised their bedrooms with their possessions such as photographs, ornaments and pictures for the walls. We spoke to people about their comfort in the home. They told us they had everything they needed. It was homely and spacious. Staff kept it very clean.

Bedrooms did not have suitable locks on the doors. We discussed this with people using the service. Some people told us they did not mind. They said there had been an odd occasion when people went in their room without being invited. One person told us "It is about the only thing that is missing. Everything else is really good. I'm very comfortable here".

Other evidence

We discussed the issue of people not having the provision of a safety lock on their bedroom door as standard with the manager and the provider. This would make sure people had their privacy. The type used should ensure people were able to leave their locked room without a key, and once locked only staff with a master key could gain entry. Use of a key should be risk managed.

Our judgement

People who live at the home are provided with comfortable accommodation.

People's privacy and safety was not guaranteed as bedroom doors had no safe locks they could use fitted.

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

People told us staff were very good and got on with their work. They seemed to know what they were doing. They all helped them with various things such as getting dressed and helped them have a shower. Staff attended to them in the night if they required assistance. They also said staff helped them if they were not feeling well. People told us staff were kind to them. Comments such as, "They're lovely", "Very good", "Always helpful" and "A bit of fun" were made. Staff were also described as "friendly and approachable" and "really nice".

We spoke to visitors in the home. They told us staff were very caring. They were a good team and they all seemed to work well together. One relative said, "They are very good. We can talk to them about our concerns and they always make time to listen. Whatever she needs, they make sure she gets it". "I've never seen or heard anything that would make me question their integrity, they are very good, all of them". "They find time to sit and have a chat with her."

Staff we spoke to were friendly, pleasant, and professional in the course of their duties. We discussed training opportunities they were given. They told us there was always training on offer, and they were given time off to attend. They enjoyed the topics they covered. They also said that they received one to one supervision, which gave them the chance to discuss the care of the people living in the home in relation to welfare and safety. They said they discussed their training needs on a more personal level.

Staff told us they attended regular team meetings and could take part in discussions. The management team were very supportive. They could approach the manager for

advice with any problem they may have. She always made time to listen to them and helped where she could.

Other evidence

We looked at records of new staff. All staff had completed induction training. Further mandatory training was provided which linked to recognised standards for example fire awareness, health and safety and infection control.

We looked at the staff training records. We found all staff attended training. A high percentage of staff were qualified in National Vocational Qualification in care level 2 and 3.

Staff were supervised in their work and formal supervision given regularly.

Our judgement

People who used the service were cared for by staff that were trained, supervised and supported.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

People told us they liked living in the home. They made comments such as, "I love it here." And, "It's all right here, the staff are very good and we are looked after very well".

Staff said they could generally raise issues with the manager. They felt supported and were confident they would be listened to.

Other evidence

The manager said people were given plenty of opportunities to give feedback regarding their experience of living in the home. They had regular meetings and one to one chats with staff.

There is a suggestion box in the entrance to allow people who may not wish to comment face to face with a means to give their views. People living in the home, relatives and other interested parties such as health professionals are given questionnaires to complete. The results are used to improve service delivery with particular attention to peoples care.

We looked at a sample of responses from people. These included, "It's lovely", "I love it here", "It was explained to me how to make a complaint, I received an information pack." And "Everyone is very pleasant. I'm not afraid to ask questions. The general atmosphere is good and helpful".

Records showed people who lived in the home were consulted on matters regarding their care and support. People who could not relay their wishes were represented and their needs acknowledged.

We found Quality Assurance was carried out regularly on most aspects associated with the operation of the home. These included for example, audits of medication, care planning, health and safety, and nutrition. Records we looked at showed risk assessments had been carried out in relation to people's health, welfare and safety. Individual risks associated with the care and support of people was part of care planning processes and they were reviewed regularly.

The provider visited regularly to monitor the service and speak to people living in the home and staff working there.

The service has a current Investors In People award (IIP). This is an externally accredited quality award that looks at management of the home and staff development.

Our judgement

The service had quality monitoring systems in place to monitor the effectiveness and outcomes of service delivery.

Action we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 10: Safety and suitability of premises
	Why we have concerns: Bedroom doors did not have locks fitted. This meant people could not have the privacy they required.	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 28 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

Document purpose	Review of compliance report
Author	Care Quality Commission
Audience	The general public
Further copies from	03000 616161 / www.cqc.org.uk
Copyright	Copyright © (2010) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

Care Quality Commission

Website	www.cqc.org.uk
Telephone	03000 616161
Email address	enquiries@cqc.org.uk
Postal address	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA