

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## Thomas House (St Helens) Limited

Thomas House Care Home, 168 Prescott Road, St Helens, WA10 3TS

Tel: 01744608800

Date of Inspections: 28 January 2013  
23 January 2013

Date of Publication: February 2013

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Management of medicines</b>	✗ Action needed
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✗ Action needed

## Details about this location

Registered Provider	Thomas House (St Helens) Limited
Registered Manager	Mrs. Barbara Thornber
Overview of the service	<p>Thomas House is a large residential property situated in a residential area of St Helens.</p> <p>The service is registered with the Care Quality Commission to provide accommodation for 28 people.</p>
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

	Page
<hr/>	
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
What we have told the provider to do	4
More information about the provider	5
<hr/>	
<b>Our judgements for each standard inspected:</b>	
Respecting and involving people who use services	6
Care and welfare of people who use services	7
Management of medicines	8
Supporting workers	10
Assessing and monitoring the quality of service provision	11
<hr/>	
<b>Information primarily for the provider:</b>	
Action we have told the provider to take	13
<hr/>	
<b>About CQC Inspections</b>	14
<hr/>	
<b>How we define our judgements</b>	15
<hr/>	
<b>Glossary of terms we use in this report</b>	17
<hr/>	
<b>Contact us</b>	19

## Summary of this inspection

---

### Why we carried out this inspection

---

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

---

### How we carried out this inspection

---

We looked at the personal care or treatment records of people who use the service, reviewed information sent to us by other organisations, carried out a visit on 23 January 2013 and 28 January 2013 and observed how people were being cared for. We checked how people were cared for at each stage of their treatment and care, talked with people who use the service, talked with carers and / or family members and talked with staff.

---

### What people told us and what we found

---

During our visits to Thomas House Residential Home we observed some of the care and support provided to people who were using the service. We saw some positive interactions between members of staff and the people living at Thomas House.

We spoke with two health and social care professionals, who were visiting the home. Their feedback was positive. One person said, "I have always found them (service) approachable and professional. Always been helpful if we want to place someone."

People who lived in the home told us, "The staff are very good", "They (staff) are very decent people" and "its okay here, I get well treated."

Some of the comments from visiting relatives were, "The staff deal with (name) magnificently. The greatest asset here is the staff" and "Total success story with (name). We as a family are really pleased."

As part of our inspection we looked at the medication procedures. We saw some discrepancies with medication records and the administration process. This could potentially put people at risk. The manager was informed of this during feedback of our visit.

You can see our judgements on the front page of this report.

---

### What we have told the provider to do

---

We have asked the provider to send us a report by 12 March 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

We have referred our findings to Medicines Management Team (PCT) and Local Authority: Commissioning. We will check to make sure that action is taken to meet the essential

standards.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

---

### **More information about the provider**

---

Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

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

---

### Our judgement

---

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

---

### Reasons for our judgement

---

During our visit to Thomas House we spoke with some of the people who were living at the home. They told us they were well looked after and were happy with the care and support provided.

Some of the comments received were, "The staff are very good, they give you your place, with being older," "I had a visit from the social worker last week, to do an assessment", "I can go to bed and get up when I like" and "All of the staff are friendly and willing to help."

We observed staff being polite and respectful in their interactions with people. We saw that staff took time to sit and talk with people and responded promptly to people's requests for assistance.

We spoke with two of the care staff and asked them how they promoted privacy and dignity for people who used the service. Some of the comments were, "Privacy is really important, ensure curtains and doors are closed when providing personal care," "Always ask people if they need assistance, don't just do it" and "Give people the option of what they want to wear and ask if they would like some help with personal care."

Relatives of people using the service told us, "We were given plenty of information about the home. I was asked to contribute to the initial assessment and I have been asked to contribute to care plans" and "I visit nearly every day and I can see that the staff go out of their way."

The home had three cadets on placement from, 'The Skills for Health' (NHS initiative). The cadets were observed to be working alongside permanent care staff. Some of the comments from the cadets were, "I love coming here. They try their best to get people involved", "If people ask the staff for them to do something, it is done immediately" and "They (staff) are always promoting independence."

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

---

## Our judgement

---

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

---

## Reasons for our judgement

---

We looked at the care records of three people who used the service and we saw that they were up to date and contained a lot of information and detail, which supported staff to be able to deliver the care required. The care records also included assessments of need, risk assessments and guidance on how to manage those risks.

Some of the wording in one care plan, which described a person, was not appropriate or professional. This was shown to the manager who acknowledged that it was not appropriate and said, "We are changing the care record format and I will be responsible for re-writing care plans in a more dignified and appropriate way." The manager also commented that staff would be informed about the need to write all documentation in a professional, dignified and appropriate manner.

We were told by staff that continuity of care was supported by daily records and a formal handover meeting, which we observed on two occasions.

Some of the comments from relatives were, "The staff have really encouraged and motivated my mum", "They (staff) have encouraged (name) to take on life again" and "I know that (name) is safe and gets very well looked after."

The home was working effectively with outside agencies to support people and provide appropriate care. Care records showed co-ordination of care and treatment with professionals, including GP's and district nurses. One relative said, "The GP was contacted after night staff heard my relative coughing. I think that is excellent."

**People should be given the medicines they need when they need them, and in a safe way**

---

## **Our judgement**

---

The provider was not meeting this standard.

People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

---

## **Reasons for our judgement**

---

During our inspection of Thomas House, we checked the administration recording and storage of medication. We found some discrepancies. We saw errors on the medication administration records (MAR) for eight people living in the home. For example, one person's recorded number of tablets did not correspond with the actual amount of tablets.

Seven people had documentation in their files to indicate that they were receiving various external creams. In each case the creams were no longer being administered. We saw five MAR sheets with no recorded dates for when the medication had commenced. This means people's health and welfare was being placed at unnecessary risk because of poor recording.

We asked the registered manager to show us the most recent medication audit. We were shown the audit for December 2012. We found the audit was incorrect when it was compared with the medication records for the same period.

We (CQC) received information, identifying some medication concerns. St Helens contracts monitoring unit had recently carried out an inspection as part of their investigation. It had been alleged that medication was being left with people, without the staff member waiting to observe if the medication was actually taken. The investigation carried out by the monitoring unit found this allegation to be substantiated. We discussed this with the manager and we were informed that staff medication competency assessments had been carried out and staff administering medicines were aware of the correct procedures to follow.

During our inspection (23/01/2013) we observed a member of staff give a person a tablet at the dinner table and then left the person, without waiting to check if the tablet was taken. We observed the person to have the tablet in their hand for five minutes before taking it. In discussion with the provider and the manager it was acknowledged that medication administration was not in accordance with the home's policy.

We have been informed by the Local Authority contracts department that one further

medication issue had been referred to them from the PCT medication management nurse. Also the monitoring officer from the contracts unit had discovered another medication error, in between our first visit and our second visit. In each case the GP for each person was informed, which prompted visits from their GP's to ensure that people were not at risk.

On our second visit (28/01/2013) we were informed by the manager that the errors regarding the administration and recording of medication had been appropriately dealt with.

The issue regarding external creams, we were informed that the incorrect information had been removed from people's medication files. We were also informed that daily, weekly and monthly checks would be carried out. This was to ensure that medication procedures would be more robustly managed and to help ensure that people using the service were safe and protected from potential medication errors. The manager informed us that they were in the process of carrying out a medication audit. We did not see this audit.

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

---

## **Our judgement**

---

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

---

## **Reasons for our judgement**

---

We saw a training matrix which provided information about when staff required and had received relevant training. One our first visit we were informed that five carers were attending safeguarding training that afternoon, which was being provided by the council.

We spoke with two members of staff who informed us they had received training to help them carry out their job role. This included, equality and diversity training, health and safety, safeguarding of adults and manual handling. One person said, "I have just done a refresher for manual handling. It's always interesting. You get to use different equipment and track hoists." The staff spoken with had also achieved the national vocational qualification care (NVQ) in level 2 and the other person in level 3.

The provider had a system of supervision and appraisal to monitor performance and care staff to carry out their work. We saw supervision records for three staff which were up to date. We observed one member of staff have a formal supervision on our second visit.

Staff told us, "I have supervision every couple of months. They usually cover any concerns, progress, training issues and my development. The last one I had was in December" and "I find the supervisions useful, gives you the opportunity to speak about anything or any issues you have."

## Assessing and monitoring the quality of service provision

✘ Action needed

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

---

### Our judgement

---

The provider was not meeting this standard.

The provider had ineffective systems in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

---

### Reasons for our judgement

---

We observed records that demonstrated regular health and safety checks had been carried out to ensure the home was safe to live and work in. Accidents had been recorded and monitored to ensure people's safety and welfare.

We saw that staff training was ongoing and monitored to provide support workers with training to deliver care and support to meet people's needs.

We saw evidence of different audits that had taken place including care file audits, health and safety audits and fire safety checks. We saw that monthly medication audits had been carried out, although the most recent (December 2012) was not accurate. This error was being addressed by the manager and the local authority (contracts monitoring department) were also aware of the medication shortfalls and were continuing to monitor the medication procedures.

We obtained feedback from some visiting relatives and from completed quality assurance questionnaires. The feedback from people's relatives was positive about the quality of the service and how they were actively involved and included in the reviewing and monitoring process. They said they were kept informed and updated about all aspects of their relatives' support and care.

We saw comments received following the most recent survey / questionnaires (November 2012), of the twenty three surveys sent out, twelve had been returned. One of the comments was "I know I am able to speak to the manager informally. Perhaps it would be useful to discuss more formally with her". The manager said, "This has been addressed and I have held a meeting with the resident's advocate and future meetings will take place when necessary". Other comments were, "Thank you to the staff for their professionalism and caring attitudes" and "Thank you for your compassion and caring, not just to (name) but to all the other residents".

We saw no evidence of any complaints being received by the service; however the

complaints policy was more than seven years out of date. It gave an incorrect name and address for the Care Quality Commission (Regulator) and it also gave incorrect guidance about making a complaint and who would investigate a potential complaint. Correct information would give people the opportunity to be able to appropriately raise any concerns or complaints with the relevant organisation.

This section is primarily information for the provider

✕ **Action we have told the provider to take**

## Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<b>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Management of medicines</b>
	<b>How the regulation was not being met:</b> People using the service were not protected against the risks associated with the unsafe use and management of medicines.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<b>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Assessing and monitoring the quality of service provision</b>
	<b>How the regulation was not being met:</b> The provider was not ensuring that safe and appropriate care was being delivered. This was because some ineffective systems were in place.

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 by 12 March 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

---

**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

---

**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

---

**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

---

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

---

### **(Registered) Provider**

---

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

---

### **Regulations**

---

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

---

### **Responsive inspection**

---

This is carried out at any time in relation to identified concerns.

---

### **Routine inspection**

---

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

---

### **Themed inspection**

---

This is targeted to look at specific standards, sectors or types of care.

## Contact us

---

Phone: 03000 616161

---

---

Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

---

---

Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

---

---

Website: [www.cqc.org.uk](http://www.cqc.org.uk)

---

---

Copyright Copyright © (2011) 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.

---