

***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

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

Care and welfare of people who use services	✓	Met this standard
Management of medicines	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Thomas House (St Helens) Limited
Registered Manager	Mrs. Barbara Thornber
Overview of the service	Thomas House is a residential care home in St Helens. The service offers accommodation and support for up to 28 people. The building is arranged across two floors with lift access to the upper floor. Car parking is available at the front of the building.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Thomas House (St Helens) Limited had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Management of medicines
- Assessing and monitoring the quality of service provision

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, carried out a visit on 22 October 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff, reviewed information given to us by the provider and were accompanied by a pharmacist. We reviewed information sent to us by commissioners of services and talked with commissioners of services.

What people told us and what we found

We inspected Thomas House to determine whether the provider had complied with a warning notice for the administration of medication and compliance actions made at the previous inspection visit on 07 June 2013.

At the last inspection we found assessment and care planning documentation did not contain all the information staff required, which placed people at risk of unsafe or inappropriate care. As a result of this we had issued a compliance action. We found these concerns had been addressed and the care documentation we reviewed was reflective of people's care needs. We also found the provider had plans in place to improve the effectiveness of the quality assurance of care within the home.

We checked the medicines administration records for ten out of the 26 people living in the home and spoke with four of them about their medicines. Comments about the way medicines were managed in the home were positive and nobody raised any concerns. One person said "Staff are very, very kind", another said "no problems with my medicines I think they give them to me okay." A third person told us "staff are lovely they help me with my medicines and make sure I have enough." Overall we found improvements had been made since our last visit and medicines were safely handled.

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

More information about the provider

Please see our website 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

Care and welfare of people who use services

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We inspected this outcome as at the last inspection on 7th June 2013, we found assessment and care planning documentation did not contain all the information staff required, which placed people at risk of unsafe or inappropriate care. As a result of this we had issued a compliance action. This inspection was carried out to check whether the issues found previously had been addressed.

We spent time and talked with ten people during the course of the inspection. This included sitting with people in the lounge in the morning to observe the care and support people received. During the twenty-five minute period we spent in the lounge, five people were using the lounge to watch television or read the newspaper. One person was sleeping. During this period there was minimal staff presence or interaction. The manager told us this was usual at this time as staff members were either supporting people to get up or finish eating their breakfast in the dining room.

People told us they were satisfied with the care and support provided to them and that they were treated with dignity and respect. One person said, "The staff are very nice and caring here." Another person said "Staff are very, very kind." We spoke with four people about their medicines. Comments about the way medicines were managed in the home were positive and nobody raised any concerns. One person said "No problems with my medicines I think they give them to me okay." Another person told us "Staff are lovely they help me with my medicines and make sure I have enough."

We viewed the care records for four people. Each set of care records contained an assessment completed by the manager that aimed to identify the care needs of the person. The assessment and any other supporting information were used to develop the person's care plan and risk assessments. We saw evidence these were being reviewed monthly. We found assessment and care planning documentation contained all the information staff required, to safely provide people with appropriate care and support. At this inspection, we found care planning documentation was reflective of people's needs.

There was also evidence that people were receiving appropriate support with their healthcare needs.

At the last inspection the director of the home had shown us a blank copy of new care planning documentation that was to be implemented within the home, with the aim of making the care records clearer and more succinct. We asked the manager of the home about how this was progressing. The manager told us six people's care records had been transferred to the new paper work. Following the inspection, we were told the care records for the other 20 people living at Thomas House would be transferred to the new paper work by the end of 2013.

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

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to safely manage them.

Reasons for our judgement

At our previous inspection on 7th June 2013 we found appropriate arrangements for safely handling medicines were not in place. Following this visit we issued a warning notice requiring the service to improve. The provider sent us an action plan telling us how they would achieve this. During this visit we found the action plan had been followed and we saw improvements in all areas of medicines handling.

We looked at how medicines were handled and found clear arrangements for their obtaining, administering and disposal. We observed part of the morning medicines round and saw this was carried out in a safe and organised way. Medicines were given to people at a time that fitted into their normal daily routine and any medicines that needed to be given before food were properly organised. Adequate stocks of medicines were kept in the home and these were recorded and checked to help make sure they were correct.

We found appropriate arrangements for recording medicines. Records were clear and accurate and when medicines were refused or not required an appropriate record was made. Improvements in controlled drug (medicines that can be misused) recording had been made and an appropriate register was now being used. We sampled some medicines by checking their stocks against the records and found they added up correctly which showed medicines had been safely administered. We saw good improvements in the way medicines were recorded that helped make sure medicines could be fully accounted for.

We looked at the information kept about people's medicines. We found clear procedures for recording changes to people's medicines and when we checked their records and information we saw changes to treatment had been properly recorded and put in place. "When required" medicines and external medicines such as creams had information about why they had been prescribed and how to use them; the manager told us how these plans were being further developed to make them more person centred. Having detailed information about people's medicines helps makes sure they are safely administered.

At our last visit we found people were not safely supported when they were looking after their own medicines. At this visit we found significant improvements in the paperwork and

systems for supporting people. Care plans outlined the help people required and it was evident care workers were monitoring and reviewing people to help make sure they were safely self-medicating.

On the day of our visit we found medicines were safely kept. A lockable medicines room was used to store medicines and a fridge was used to store medicines that required cold storage. However the provider might find it useful to note that the temperature of the medicines room was occasionally higher than maximum level which had also contributed to the temperature of the medicines fridge being higher than the required level. This means there was risk that medicines might be spoiled and unsafe to use.

Since our last visit all care workers that handled medicines had been through a competency assessment and this had helped make sure they had the necessary skills and understanding about how to safely administer medicines.

Assessing and monitoring the quality of service provision

✓ Met this standard

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 meeting this standard.

The provider had a system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We inspected this outcome as at the last inspection on 7th June 2013, we found quality assurance arrangements had not been effective in ensuring issues with the quality of people's care and support were identified and addressed within suitable timescales. As a result of this we had issued a compliance action. This inspection was carried out to check whether improvements had been made.

At the previous inspection we looked at the systems and processes the home had in place to continuously monitor the quality of service provided. We found all risks associated to health and safety within the service had been reviewed in December 2012. These included areas such as fire, electrics, smoking and first aid. The home had a health and safety policy in place. Accidents and incidents were recorded and reviewed by the manager to look for trends and to ensure people's safety and welfare.

We had also found at the previous inspection in June 2013 that people who used the service and their relatives were routinely asked to give feedback about the service. Residents' meetings were not being held. Instead the manager spoke with people on a 1:1 basis to ensure they had the opportunity to express themselves and raise any concerns.

Although, audits had been in place in June 2013 for both medication and care plans, we had found these to be ineffective in identifying areas for concern and ensuring these were acted upon. Therefore at this inspection, we looked at how medicines were monitored and checked by managers to make sure they were being handled properly and that systems were safe. Some audit processes were in place and these had identified shortfalls in medicines handling and we saw actions had been taken to make the necessary improvements. We were told by the management team that these would continue and they were currently reviewing how often these would be carried out. Having effective audits of medicines helps make sure systems are safe and care workers are following safe practice.

The method by which care plans were audited had not been altered at the time of this inspection. However, this had been the subject of discussion and following the inspection clear plans were shared about how the management team intended to undertake this in

the future.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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.

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