

St. Thomas Complex Limited

# St Thomas Complex

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

St Thomas Complex is a care home providing accommodation and personal care to up to 52 people. The service provides support to older people including people who live with a dementia. At the time of our inspection there were 29 people using the service.

### People's experience of using this service and what we found

There were sufficient staff to support people safely. We have made a recommendation about ensuring staffing levels and staff deployment are kept under review on the lower ground floor of the home to ensure people are kept engaged and stimulated if they wish.

Staff had received safeguarding training and were clear on how and when to raise their concerns. Where appropriate, actions were taken to keep people safe. Staff contacted health professionals when people's health needs changed.

Staff followed effective processes to assess and provide the support people needed to take their medicines safely. We have made a recommendation about protocols for the use of 'when required' medicines, where prescribed.

People and relatives were very complimentary about the care provided by staff. They trusted the staff who supported them. They said staff were kind, caring and supportive of people and their families. Their comments included, "I can't recommend the place enough, I was rock bottom before [Name] came in, it is a God send", and "Staff are lovely, they are so lovely and friendly. They have time to talk with me."

Staff followed good infection control practices. A programme of refurbishment was taking place around the home.

Records provided guidance to ensure people received safe, person-centred care and support from all staff members. Staff spoke very positively about working at the home and the people they cared for. They said communication was effective to ensure they were kept up-to-date about any changes in people's care and support needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

A quality assurance system was in place, to assess the standards of care in the service. We have made a recommendation regarding the external governance of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 9 March 2018).

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Thomas Complex on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Recommendations

We have made a recommendation to keep staffing levels and staff deployment under review on the lower ground floor.

We have made a recommendation about the management of some medicines.

We have made a recommendation that regular visits to the service by the provider, or their representative should resume, to provide external checks of the service.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# St Thomas Complex

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by 1 inspector and 1 Expert-by-Experience. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

St Thomas Complex is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. St Thomas Complex is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 20 July 2023 and ended on 20 July 2023. We visited the service on 20 July 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

During the inspection we spoke with 7 people and 3 relatives about their experience of the care provided. We spoke with 10 members of staff including the registered manager, deputy manager, 5 support workers including 1 senior support worker, the activities coordinator, 1 domestic and 1 kitchen assistant.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 3 people's care records and multiple medicines records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including training information and policies and procedures were reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff were trained about how to safeguard people. They said they would raise any concerns and were confident the registered manager would respond appropriately. A person commented, "I'm very safe and comfortable here."
- People and relatives said people were kept safe. A relative told us, "[Name] is well looked after, their presentation is no problem, they are definitely safe."

Assessing risk, safety monitoring and management

- Systems to manage risks to people's health, safety and well-being were well-managed.
- Records were available that provided guidance, so all staff understood where people required support to reduce the risk of avoidable harm.
- Risk assessments were regularly reviewed to reflect people's changing needs. We discussed with the registered manager that Personal Evacuation plans should also be reviewed regularly to capture any changing need of the person. We were informed by the registered manager that this would be addressed immediately.
- Staff managed the safety of the living environment and equipment in it through checks and action to minimise risk.

Learning lessons when things go wrong

- People received safe care because staff learned from safety alerts and incidents.
- The registered manager managed people's safety well. Staff recognised incidents and reported them appropriately, and the management team investigated them, and shared lessons learned.
- The registered manager analysed incidents and near misses on a regular basis so that any trends could be identified, and appropriate action taken to minimise any future risk.

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 MCA 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 to receive care and treatment when this is in their best interests

and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

- Records showed mental capacity assessments and best interest decisions were mostly appropriately made and documented. A person told us, "There are no restrictions, I do have freedom".

#### Staffing and recruitment

- There were sufficient staff and staff were appropriately deployed to support people safely. We discussed our observations with the registered manager that staff deployment and staffing levels on the lower ground floor should be kept under review, as people became more dependent, and to ensure they were kept engaged and stimulated, if they chose. The registered manager told us that this would be addressed.

We recommend staffing levels and staff deployment are kept under review on the lower ground floor, so people are kept engaged and occupied, if they wish.

- Staff met people's needs promptly and were unhurried when assisting them. A person told us, "I don't need to use the call bell, staff are always about", and, "Staff have time to talk."
- There was a long-standing staff team but any new staff were recruited safely with all appropriate pre-employment checks carried out before they started work.

#### Using medicines safely

- Medicines were managed safely. Staff followed systems and processes to prescribe, administer, record and store medicines safely.
- People received supported from staff to make their own decisions about medicines wherever possible. A person commented, "I'm very rheumatic, I get my medicines on time, and they are reviewed."
- Medicines risk assessments and associated care plans were in place, including some guidance to follow where a person may experience pain, agitation or distress, but they did not provide guidance about when to administer 'when required' medicines, where prescribed.

We recommend ensuring protocols are in place, for the guidance of staff, about when to use 'when required' medicines, where prescribed, including for their use where a person may be in pain, or agitated and use as a last resort.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. A relative told us, "The cleanliness is satisfactory, it is always clean. [Name]'s room is very clean, the bed is always freshly made".
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or



managed.

- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- There were no restrictions to visiting and the provider followed guidance if an outbreak was to occur. A relative commented, "People can come whenever they want to, they [staff] welcome them, they know what the visitor's children want too", and, "We just turn up, we are so welcomed and offered tea."

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were listened to and engaged with to help promote positive outcomes for people. A relative commented, "It is personalised care, good communication and inclusion", and, "The staff are so caring to [Name]. When I am upset, they are there for me too."
- Records provided guidance for staff about people's care and support needs, to help provide person-centred care. A relative told us, "Staff know [Name]'s likes and dislikes, and what [Name] likes to drink."
- There was a friendly atmosphere and jovial interaction between people and staff as they engaged with people. A relative commented, "Staff are so friendly, when I come in it's like I'm visiting [Name] in their own home".
- People and relatives were very positive about staff kindness and support. Their comments included, "Staff are all nice to get on with", "The staff are lovely", "[Name] is relaxed I see a difference in them. It is a pleasure to come and see [Name]", and, "Staff are amazing, so individualised, they care. [Name] is always beautifully presented."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Quality assurance within the service was effective, with audits undertaken to ensure good governance.
- The registered manager had clear and effective oversight of the service. We discussed with the registered manager that the previous arrangements for external scrutiny of the service should resume, with the provider making visits into the service, to check governance. The registered manager told us these visits had stopped during the pandemic, but they would resume.

We recommend regular visits to the service by the provider, or their representative should resume, to provide external checks of the service.

- Management made regular checks on the quality of the service using a range of audits. Where improvements were identified these were acted on. We discussed with the registered manager that there should be more regular checks of medicines stock to ensure early detection of any omissions and that people were receiving medicines as prescribed. The registered manager told us this would be addressed immediately.

- The registered manager understood the duty of candour and the need to be open and honest. They reported incidents to CQC and other stakeholders where appropriate.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff and relatives told us communication was effective to ensure they were kept up-to date about people's changing needs and any changes introduced into the home. A relative commented, "The communication is excellent, they [staff] are on top of everything."
- Staff and relative said they were well-supported. They were very positive about the registered manager and said they were approachable. A relative told us, "There is nothing to complain about, but I would talk to the registered manager if I needed. They are very welcoming" ,and, "After Covid, the registered manager was proactive, she is always just amazing".
- People, relatives and staff were asked for their feedback to allow the provider find ways to improve the level of support provided to people. A relative commented, "We have had information about complaints, contacts" and, "We have been asked for feedback. I have done a survey."

Continuous learning and improving care; Working in partnership with others

- There was a programme of staff training to ensure staff were skilled and competent.
- Staff communicated with a range of professionals to ensure that people's needs were considered and understood so that they could access the support they needed.