

Thomas Owen Care Limited

Thomas Owen House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: Thomas Owen House is a care home which specialises in supporting people with mental health needs. It is registered to provide nursing care for up to 35 people. On day one of our inspection, 33 people were living in the home and on day two this was 34.

People's experience of using this service and what we found: The management of medicines was found to be safe, although we asked the registered manager to review the system for administering medicines when people were away from the home. They have done this following our inspection.

We saw improvements had been made with regards to the maintenance of premises and equipment. However, the fire risk assessment was not given a robust review. We asked the registered manager to update this and following our inspection, they have provided an updated version.

People told us they were safe living at Thomas Owen House and they had a choice of whether they wanted a key to their own door. There were sufficient numbers of suitably skilled staff who were deployed throughout the building. People living in the home were consulted about the recruitment of new staff.

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.

People felt well supported by the staff team and told us they had helped them to achieve positive outcomes in their lives. People felt in control of their care and we saw how they were included in the running of the home.

People praised the food served and told us they had numerous choices at mealtimes. Staff were supporting people to make smoothies during our inspection, which we saw they enjoyed.

Activities were a strength of the service as people were supported to live active lifestyles both inside and away from the home. The registered provider was having a gymnasium built on the premises and people told us they had regular visits from a personal trainer.

Care plans were sufficiently detailed and found to be regularly audited along with other aspects of the service. The registered provider demonstrated their oversight of the home. Complaints were appropriately managed.

Staff enjoyed working at this home and said it was well-led by the registered manager who created a happy environment for people to live and work in. Staff received regular formal support to help them carry out their roles effectively.

The registered manager had developed strong partnership links with other services and agencies to provide the best possible care.

We have made a recommendation regarding checking records of complaints to ensure any allegations of abuse are reported to the Care Quality Commission and local safeguarding authority.

Rating at last inspection (and update): The last rating for this service was Requires Improvement (published June 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected: To follow up on enforcement action we took at our last inspection and to review whether the action plan the registered provider submitted to us had been acted on.

Follow up: We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Thomas Owen House

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 Care Act 2014.

Inspection team

On day one, the inspection team was made up of two inspectors and an Expert by Experience. One of the inspectors was a pharmacy inspector and they looked at medication management. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspection continued on day two with one inspector.

Service and service type

Thomas Owen House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

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 Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our

inspection.

During the inspection

We spoke with 12 people who used the service and one visiting professional about their experience of the care provided. We spoke with nine members of staff including the registered manager, two compliance managers, nursing staff, support workers and the cook.

We reviewed a range of records. This included two people's care records in detail plus a further two care records for specific information as well as multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at medication management and the fire risk assessment and we also spoke with a professional who has experience of this care home.

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 the provider had failed to robustly assess the risks relating to the safe management of medicines and ensure the building and equipment was properly maintained. This was a breach of regulation 12 (Safe Care and Treatment) and regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found some improvement had been made and the provider was no longer in breach of regulations 12 and 15. However, some further improvements were still needed.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety.

Using medicines safely

- Records showed medication training for some nursing staff was not up-to-date. The registered manager dealt with this and after the inspection confirmed training had been completed. Nursing staff had an up-to-date medication competency assessment.
- We raised concerns about the management of medicines away from the home when people were on leave or out on trips. The registered provider reviewed this following our inspection and safer procedures were introduced.
- People confirmed they received their medication as prescribed. People's physical health was being monitored when they refused their medicines. GP's were also consulted to review whether changes could be made to people's medication regimes.
- Medication audits were completed and used to identify issues which we saw had been rectified.
- Relevant professionals were involved in agreeing the use of covert medicines where this was needed.

Assessing risk, safety monitoring and management

- The fire risk assessment had been updated in May 2019, although we found this was not a robust review. Key information had not been checked to ensure it was accurate. The registered manager sent us a more detailed risk assessment following our inspection.
- The room number where hot water temperatures had been checked was not clearly recorded. Details of which staff had attended fire drills was also missing. On day two of our inspection, we saw improvements had been made.
- Other areas of fire safety were well managed as staff received this training and were clear about their responsibilities. People had personal emergency evacuation plans.
- Appropriate action was taken to ensure people were protected from the risk of pressure care wounds. Airflow mattresses were checked by staff every week.
- Key safety checks were undertaken on the building such as to the electric, gas and water systems.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Thomas Owen House. One person said they approached staff about another person trying door handles in the home. Staff arranged to have a peep hole fitted in the person's door.
- Staff had received safeguarding training and were able to recognise abuse and knew how to report it. One staff member said, "We've got whistle blowing (to report poor or unsafe practice)."
- Staff were seen ensuring a person had their call bell next to them.

Staffing and recruitment

People told us there were sufficient numbers of staff to meet their needs at all times. We saw staff had a visible presence throughout the home. The registered manager had added an extra member of staff to a shift during the day to better support from visiting professionals.

The registered manager monitored staffing levels which were set based on people's dependency levels.

- We looked at recruitment and saw safe practices were routinely followed. Interview notes record feedback from people living in the home about the candidate which demonstrated their involvement.
- The registered manager said they were looking at using the DBS renewal service for all new staff which meant they would be able to check the status of staff on an annual basis.

Preventing and controlling infection

- The home was found to be clean and tidy. We observed domestic staff cleaning the home at different times of the day.
- Good quality recording showed how a recent outbreak of sickness at the home had been dealt with.

Learning lessons when things go wrong

- The registered manager used recent national media attention on poor care to remind staff about the importance of reporting allegations of abuse.
- The registered manager reviewed accident and incident records to check staff took appropriate action. They told us they wanted staff to record further information about what led to a specific event and what action was taken to reduce future risk.
- A window was fitted in the smoking room which to provide better monitor and support for people in this area which followed a recent incident.
- The registered manager told us they looked at inspection reports for other services to use these as learning opportunities.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection our rating for this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager was aware of changes to international diet standardisation guidance for people with swallowing difficulties. This had been passed to nurses and kitchen staff.
- The registered manager had researched people's eating habits and offered light bites at lunchtime and a big meal at teatime to promote better sleeping.

Staff support: induction, training, skills and experience

- The registered provider wanted all staff to have the Care Certificate which is a set of agreed standards for workers in health and social care. At the time of our inspection, 10 staff members were working towards this.
- Staff received ongoing formal support through refresher training. Training completion rates were found to be high and included topics specific to people's needs. For example, staff were given deaf awareness training and one staff member learned British Sign Language to meet one person's needs.
- Regular supervision and appraisal were taking place and staff confirmed these sessions were helpful for them.
- The registered manager had allocated staff 'champions' based on their interests. For example, champions had been allocated for wound therapy, dementia and safeguarding. This meant they were committed to best practice and sharing this with their colleagues.

Supporting people to eat and drink enough to maintain a balanced diet

- Without exception, people said they enjoyed all of the food on offer. They told us they were provided with a varied and nutritious diet. People were heard giving compliments to staff when they finished their meal.
- The registered manager had introduced new initiatives around presenting the mealtime experience. They were open to trying new ideas around mealtimes and seeing which worked best in promoting independence and meeting people's health needs.
- A large variety of hot and cold drinks were available along with a selection of fresh fruit. We saw people creating their own fresh fruit smoothie. People were laughing and enjoying experimenting with various fruits.
- Care records showed the involvement of dieticians and speech and language therapists where their input was needed. Kitchen staff were clear about their role in providing people with special dietary needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People said their health needs were looked after and they were provided with the support they needed.

This included help from district nurses, GPs, community psychiatric nurses, consultants and a specialist dentist for people living with a related phobia. We found the GP had visited on the day of our visit.

Adapting service, design, decoration to meet people's needs

- An unused space in the home had been turned into a sensory and quiet area by the registered manager. This provided somewhere for people to access a calm environment.
- A new office had been built for the registered manager to give them space to deal with their duties and to be able to hold private conversations.
- The registered provider had arranged for a gymnasium to be built on the premises which people said they were looking forward to. This was expected to be completed for September 2019.
- People explained how they had chosen their own decor and new blinds and curtains for their bedrooms.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People confirmed they were in full control of decision making in their daily lives.
- Mental capacity assessments covered a range of decision making and had been used to support DoLS applications.
- The registered manager used a tracker which helped ensure all DoLS authorisations remained valid and we found conditions stated by the local authority were being met.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection our rating for this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People consistently told us they were pleased with the care and support they received and how this helped improve their lives.
- A visiting professional told us they were always made to feel welcome. They said, "The care here is so good, the staff offer people such fantastic support."
- Our observations showed that staff treated people with kindness. People told us they were happy and well supported by a staff team that knew them well. They said staff, including the registered manager, were good at listening to them and meeting their needs.
- One person explained their anxiety levels had greatly improved since they shared some concerns with a member of staff.
- We spoke with several members of staff who were able to describe in details people's mental and physical ill health and strategies to help them cope with these conditions.
- Staff knew what action to take to respond appropriately to behaviours which may challenge others.
- A visiting professional told us, "The staff and managers do all they can to ensure people's rights are upheld."
- The registered provider was able to demonstrate a commitment to equality, diversity and human rights as seen in their workforce.
- Staff supported people to maintain their religious beliefs by helping them to access different places of worship. "On the day of our inspection, one person was being assisted to celebrate a religious event.
- People were supported to exercise their voting rights at recent local and European elections. The registered manager told us they took care to ensure balanced information was presented to people to help them decide who to vote for.

Supporting people to express their views and be involved in making decisions about their care

- Involved in the development of their care planning. This showed important information had been shared with people and their relatives and they had been involved in making choices and decisions about their care.
- People told us they attended regular resident meetings to discuss the running of the home.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy by knocking on doors and calling out before they entered their bedroom or toilet areas. We observed a staff member stood outside a closed bathroom door. They told us they were assisting a person to have a bath and said they didn't want to be intrusive and stand next to the person.

They regularly called out to the person to check on their safety.

- Staff supported people to access drinks, although the registered manager had introduced hydration stations where people could freely get their own drinks.
- One person was encouraged to complete their own risk assessment for accessing the community, which was based on how they were feeling.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection our rating for this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were personalised and gave key information about what people enjoy and action to take if they become agitated.
- Care plans contained sections which included mental health needs and behaviour management which meant staff had relevant information and guidance to follow.
- People had hospital passports which meant key information would be shared if people had an unplanned admission.
- Information contained in care plans matched that provided by staff who showed they knew people's assessed needs and how to meet them.
- Technology was readily used to meet the needs of the service. An electronic medication system was already being used and care plans were transferring to a new electronic format. Staff used 'walkie talkies' to assist with communication which helped if they needed to respond to an emergency.
- Two people said they used social media to keep in touch with friends and family.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People consistently told us they were pleased with opportunities given by Thomas Owen house to avoid social isolation.
- We saw a great deal of flexibility within the activities programme which was client led. On a daily basis, people were taken to places of interest.
- People had been supported to go to music events and to watch football matches.
- Staff displayed a full understanding of the physical and psychological benefits of activities on people's wellbeing. We saw how pet therapy had helped people break through mental 'barriers' which had improved their lives.

Meeting people's communication needs

- Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
- The registered manager understood their responsibilities to meet the Accessible Information Standard and we found people had 'easy read' communication care plans in their care records.

Improving care quality in response to complaints or concerns

- People told us they knew how to complain if they were unhappy with their care.
- Appropriate action had been taken in response to complaints received. Follow up action was evident either in person or in writing to ensure people were satisfied with the outcome.

End of life care and support

- Kirkwood Hospice told us they had close involvement with two people from Thomas Owen House who were receiving end of life care. A compliment dated April 2019 stated, 'Thomas Owen House are proactive at seeking appropriate advice and support when needed with regards to end of life symptom management and care'.
- End of life care plans had been completed, but we found these could be more detailed about people's wishes. The registered manager showed us they had guidance for this and would take action.

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 the provider had failed to demonstrate sufficient oversight relating to the safe management of medicines through its governance systems. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

- There was a welcoming, open and positive culture in the home that was encouraged by the registered manager. People said there was always a good atmosphere in the home.
- A staff member said, "We're a great team. Everyone goes above and beyond and I'm proud to say I work here."
- People told us they thought highly of the registered manager. Staff commented, "I love what [registered manager] has done. Her management skills are great and you can also talk to her with any concerns" and "I can honestly say that I am happy at work and I enjoy coming every day."

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

- We saw one incident which was recorded as a complaint which had not been passed to the Care Quality Commission as an allegation of abuse.

We recommend the registered provider thoroughly checks complaints to ensure this responsibility is fulfilled. All other notifications which the registered provider is expected to make had been received.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager said they felt supported by other members of the management team. The registered provider regularly completed visits to the home and was able to demonstrate their oversight through detailed visit reports.
- A service development plan was updated by the operations manager. This included, for example use of technology, training, catering and refurbishment.
- The registered manager was responsive to our findings during the inspection and created an action plan

which showed what they had done in response. They were able to show us a personal folder with new initiatives they were looking at for the home.

- Regular audits for medication, care plans, infection control, the living environment, accident and complaints were completed and actions followed up.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Evidence of regular meetings with people and relatives as well as staff was seen. This demonstrated inclusive conversation where people's equality, diversity and human rights were respected. People who attended these meetings were clear that change happened as a result of requests they made.
- Satisfaction surveys had been completed in the two months prior to our inspection. Feedback was seen to be positive, although we found the document was lengthy which the registered manager agreed with. They updated the survey form to reduce the high volume of questions.
- The analysis of these surveys still needed to be completed.

Working in partnership with others

- The registered manager had been in contact with a service rated as Outstanding by the Care Quality Commission. This was to see if they could use some ideas to develop their own home.
- A partner from a local end of life hospice stated, 'It is a pleasure to have a working partnership with the team at Thomas Owen House and I look forward to developing this partnership further in my new role'.
- The registered provider was part of the nurse associates programme run between two neighbouring universities. The registered manager had given a talk on this and the registered provider offered placements to support this programme for staff working to become qualified nurses.
- The registered manager was involved in piloting a new system for registering safeguarding incidents with the local authority. They were giving feedback and suggesting improvements where the new system could be better.