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 effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 29 and 31January 2018 and was unannounced. Which meant the provider and staff did not know we would be visiting.

St Thomas Complex is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. This home does not provide nursing care. At the time of our inspection there were 30 people living at the home.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

Staff had completed safeguarding training to ensure they were able to recognise the types of abuse and take appropriate action. Safeguarding concerns had been investigated. Where risks were identified they were assessed and managed to minimise the risk to people who used the service and others.

A robust recruitment process was in place with the service carrying out relevant checks to ensure staff were suitable to work with vulnerable people. Staff received relevant training to ensure they had the appropriate knowledge to carry out their role. Supervisions and appraisals were regularly held.

Medicines continued to be managed safely. Medicines records we viewed were accurate and up to date including records for the receipt, return and administration of medicines.

The service carried out monthly health and safety checks including fire safety to ensure people lived in a safe environment. Systems were in place to ensure people would remain safe in the event of an emergency including a continuity plan to ensure people would continue to receive care.

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

The service had developed good working relationships with external health care professionals visiting the service. We saw evidence in care plans of cooperation between care staff and healthcare professionals including, GPs and nurses.

People were supported to have a balanced diet. Kitchen staff had a sound understanding of people's dietary needs. People's cultural and religious needs were supported.

Staff were respectful and patient when supporting people. People and relatives told us staff were kind and caring. People were supported to make their own choices and to be as independent as possible. Staff we spoke with were able to describe people's personal preferences.

The service offered a range of activities. People were supported to maintain links to their local community. Care plans were person centred and gave clear information on how to support people in line with their preferences. People and relatives knew how to make a complaint. Relatives told us both the registered manager and deputy manager were approachable.

The service regularly sought feedback from people, relatives and staff in order to monitor and improve standards. The provider had effective quality assurance processes to monitor the quality and safety of the service provided. The registered manager ensured statutory notifications had been completed and sent to the CQC in accordance with legal requirements.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

St Thomas Complex

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 29 and 31January 2018 and was unannounced. The inspection team consisted of one adult social care inspector and an 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.

We reviewed other information we held about the service, including any statutory notifications we had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. We also contacted the local authority commissioners for the service and the local authority safeguarding team, the local Healthwatch and the clinical commissioning group (CCG). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed three people's care plans. We examined documents relating to recruitment, supervision and training records and various records about how the service was managed.

We spoke with nine people who used the service, five relatives, the registered manager, the deputy manager and four staff members.

We carried out an observation using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We undertook general observations of how staff interacted with people as they went about their work. We looked around the home, visited people's bedrooms with their permission and spent time with people in the

communal areas.

Good

Is the service safe?

Our findings

People we spoke with who lived at St Thomas Complex told us they felt safe living there. One person said, "Yes, very safe, they even check on me during the night." Another person told us, "It's very safe. I feel so secure knowing there are plenty of people around me. I used to have falls before but I have none here."

Relatives, people and staff we spoke with told us there were enough staff deployed to ensure people's needs were met. One person told us, "Mostly there is enough staff." One relative commented, "They are all very helpful, but always seem so busy."

We noted during certain times of the day call bells rang a longer time before being answered. We discussed staffing levels and the deployment of staff around the home with the registered manager. They advised staffing levels were calculated using a dependency tool which took into account people's needs. They concluded that they would review the deployment of staff during the identified times to see if any improvements could be made.

Safeguarding concerns were investigated and when required the local safeguarding authority were alerted. The service had a process of recording the information but did not review the data to determine any trends or patterns for future lessons learnt. We discussed the benefits of such monitoring and the registered manager advised that they would introduce a system.

Risk assessments were completed individually for people using the service based upon their needs, for example falls and choking. It clearly outlined actions for staff to take to ensure the person remained safe. We noted information regarding people's identified risks had been used to develop people's care plans. These were regularly reviewed. The provider also had general risk assessments for the environment and premises in place.

The provider continued to operate a safe and robust recruitment process. Pre-employment checks were conducted including obtaining full employment history, checks on identification, references from previous employers and Disclosure and Barring Service (DBS) checks. DBS checks help employers make safer recruitment decisions and help to prevent unsuitable people from working with vulnerable adults.

Medicines were safely managed and administered as prescribed. Medicines records we viewed were up to date and accurate. The service conducted regular audits, and any shortfalls were identified and actions put in place. Staff had completed training in the safe handling of medicines and their competency had been regularly reviewed.

The service had personal emergency evacuation plans (PEEPs) in place for each person which contained information on how staff should support the person in the need of evacuation in an emergency. A continuity plan was in place to ensure people would continue to receive care following an emergency.

Records relating to the maintenance of the building were up to date and monitored. The service conducted

regular fire drills. Monthly health and safety checks were conducted however we noted not all bedrails and profile beds were included. Before we ended our inspection the deputy manager conducted a physical check of the equipment and put documentation in place.

The service had infection control systems in place. These included regular cleaning of premises and equipment. We observed, when required, staff wore Personal Protective Equipment (PPE).

Accident and incidents were recorded, collated and analysed monthly. The registered manager reviewed the information to identify themes and trends.

Good

Is the service effective?

Our findings

At our last inspection we found training was not up to date and staff did not receive regular supervisions and appraisals.

Since the last inspection the service had reviewed its training systems. We saw training and development was up to date and monitored. Staff completed a range of training including safeguarding, moving and handling, health and safety, fire training, and mental capacity act. Additional training had also been sourced including dementia awareness and delirium training.

Staff were complimentary about the training. One staff member told us, "The training is really good here." Another staff member said, "It equips us for our work." Staff confirmed they regularly took part in supervisions and also had an annual appraisal. We saw from records, during supervision, staff were encouraged to reflect on their training and people's care.

Records showed people were assessed prior to them moving to St Thomas Complex. This ensured the home could meet the person's needs.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are 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 were being met.

The home continued to make timely applications for DoLS to the local authority and had a system in place to monitor expiry dates. Staff understood the importance of gaining people's consent when providing support, ensuring people were encouraged to make decisions about their care when they could and providing the support necessary for people to make decisions. Throughout our inspection we observed staff seeking consent before supporting people.

The deputy manager told us, "We always involve people's RPR when needed to support the person in decision making." A relevant person's representative (RPR) is a friend or family member who will ensure that the rights of a person being deprived of their liberty are protected.

People were supported to access healthcare professionals. Care records showed people had regular input

from a range of health care professionals, such as GPs, speech and language therapists (SALT), and community nurses. An external healthcare professional told us, "They [staff] have always made appropriate requests for us to come out and always listen to what I have to say."

Staff supported people to meet their nutritional needs. Lunchtime was a pleasant occasion and staff were readily available to support people. We observed staff enquiring if people wanted assistance and if they wanted more to drink or eat. The deputy manager told us staff used large pictures of plates which displayed the meals available to assist people in making a choice. One staff member told us, "It's not a problem if someone wants something else, Cook just does it."

We observed one person ask for fish as they believed it was 'fish and chips Friday'. The chef prepared some fish especially for them however whilst it was being prepared the person fell asleep and was supported to their room. An hour later the person asked staff again for some fish and the chef promptly delivered.

The chef was knowledgeable about people's dietary needs, likes and dislikes. They told us how they supported a person in line with their religious beliefs. They ensured the religious requirements in regard to the preparation and storage of food was maintained.

The home had a warm homely feel. One corridor wall had been decorated with a war years theme with items attached for people to interact with. Signage was available to support people living with dementia to locate bathrooms and toilets. People's rooms were personalised.

Good

Is the service caring?

Our findings

We observed interactions between staff and people living at St Thomas Complex. People we spoke with told us staff were kind and caring. One person said, "The staff are kind and listen." Another person commented, "The staff are kind and sit and chat to me, it helps pass the day." A third person said, "They chat and are so kind that they cheer me up. If I press my buzzer they come as soon as possible nothing is too much trouble."

External healthcare professionals we spoke with were complementary about the care and support given by staff. One external healthcare professional told us, "They [staff] do a good job." Another said, "I've only seen staff be kind to people, they are lovely."

Staff treated people with respect and dignity. Staff knocked on doors and sought permission before entering. One person told us, "Two women take me for my bath and treat me with dignity." Staff were able to described how to support people with dignity. One staff member told us, "I always talk people through personal care, they take the lead." The deputy manager told us that they had introduced a system of colour coded towels to assist staff to maintain people's dignity. Staff used the towels to maintain people's modesty placing towels on the upper or lower part of the body while provided support with personal care.

Staff encouraged people to be as independent as possible. We observed staff gently encouraging people as they mobilised, nothing was rushed. One person told us, "They try to keep me independent by making me move from my bed to my commode, it's tiring but I do it and they seem more pleased than I am." A relative told us, "They are helping her walk more."

Relatives told us they were always made welcome. We observed one relative bring in their family dog; this was well received by people sitting in the lounge. Records confirmed people and those important to them were involved in reviews regarding their care and support. One relative said, "I get regular updates on my [family member]."

Staff we spoke with had sound knowledge of people's likes and dislikes and how they wished to be supported. They were also able to tell us about people's clinical needs. The service used different formats to ensure staff had current up to date information about people's needs. For example information was recorded in a communication book and staff received a verbal briefing at handover meetings.

Documentation was available in large print. The service supported people whose first language was not English. With support from the person's friends they produced images unique to the person, and wording in their first language to enable them to communicate with staff. The registered manager also told us how one staff member had learnt a number of key words to assist in communication.

Advocacy information was available in the 'Resident's guide' which people received when they moved to St Thomas Complex. Copies were also available in people's rooms.

Good

Is the service responsive?

Our findings

The service continued to provide comprehensive care records. Care plans were thorough and well written. Each person had 'identified need' care plans that were unique to the person. These covered areas such as continence, medication, mobility, personal care and cultural needs. They contained relevant detail and clear directions to inform staff how to meet the specific needs of each person. These were written in a respectful manner. For example, within one person's mental health care plan it reported, "I have memory loss, I need gentle reminders and encouragement to make every day decisions."

Care plans were regularly reviewed. People and relatives told us they were invited to be involved with the reviews of their care records. One person told us they didn't wish to take part in a review and were happy that the staff knew what care they needed.

Guidance from external healthcare professionals was adopted into people's care plans. An external healthcare professional told us, "They [staff] listen to the advice I give and next time I call I can see they have implemented it."

The registered manager advised they were producing emergency health care plans (EHCP) for each person. We saw a number were already in place. An EHCP is a tool designed to make communication easier in the event of a healthcare emergency. For those who had chosen, people's wishes for end of life care were recorded with their care records.

People were supported to follow their interests and take part in activities. The activity coordinator was passionate about ensuring people had the opportunity to have access to a range of activities. Activities included; hair and nails, chair exercises, arts and crafts, reminiscence, pet therapy and clothing parties. They had recently completed training on Pool Activity Level (PAL). PAL is a tool that is used to identify people's level of ability so that activities can be designed for them at the right level of ability. They were using this tool to develop future activities for people.

People were supported to maintain links to their local community. The service worked in partnership with a local nursery with children visiting weekly. A hairdressing salon was available with a local hairdresser calling in. We saw people enjoying getting their hair done, with staff remarking on how lovely they looked. People were supported to use local shops and facilities.

People were supported to maintain their cultural and religious beliefs. A local church visited every week and people were supported to receive Holy Communion should they wish. We saw the registered manager had contacted the local Mosque in an effort to seek support for a person's religious needs.

The service had a complaints process called, "You said, we did." We saw one person had raised a concern about an odour in a room. The registered manager had revised cleaning routines to resolve the matter. People we spoke with told us they did not have any complaints but if they did would be happy to approach the registered manager.

Good

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in place. The home had a strong visible management team. The registered manager and deputy manager worked well together. Staff told us the management team were approachable and supportive. One staff member told us, "It's not a problem if I need to ask something." The registered manager delegated tasks to senior staff members supporting their development.

People and relatives we spoke with knew who the registered manager was and felt they could approach her. One person said, "Yes, [registered manager] always says hello." Another person commented, "If I have a problem I can speak to [registered manager]."

Staff told us they enjoyed working at St Thomas Complex. One staff member said, "I love it here, it's like a family." Another staff member told us, "We work well together."

The service continued to have effective systems in place for monitoring and assessing the service. Bi monthly audits were completed covering areas such as medication, infection control and health and safety. A corrective action plan was introduced if issues were identified. The registered manager also conducted routine observations throughout the home including night visits and mealtime experience checks.

The service regularly sought the views of people living at the home and their relatives. One person told us, "In the meetings we discussed staffing levels, the food menu, cleaning and cleanliness and laundry services." Relatives and Resident meetings were a relaxed occasion with afternoon tea being served. Subjects discussed included activities, menus, staff and living at the home. Surveys were also sent out for those who did not wish to attend meetings.

Staff had the opportunity to discuss the development of the home. Team meetings were regularly held and staff completed a staff employee satisfaction survey reporting on their experience of working at the home.

The registered manager had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities. We saw the service worked in partnership with a number of agencies, including the local authority, safeguarding teams and multidisciplinary teams, to ensure people received joined up care and support. The registered manager kept up-to-date with relevant changes, and had effective system to cascade the information to all staff.

People's personal information was held securely and was only accessible by staff members who required the information to perform their role.