

GN Care Homes Limited

# Thornton House Residential Home

## Inspection report

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Date of inspection visit:  
29 June 2021  
01 July 2021

Date of publication:  
02 August 2021

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Thornton House Residential Home is a care home providing nursing care. There were 21 people living at the service at the time of the inspection most of whom were older people living with dementia and other age-related conditions. The service can support up to 22 people.

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

There had been improvements made to the management and oversight of the service. A new registered manager and area manager had been deployed. Systems introduced to monitor and assess the quality and safety of the service had driven improvement.

Improvements had been made to the infection, protection and control practice at the service. Staff followed national guidance in relation to COVID-19, infection prevention and control and wore PPE appropriately. The service was clean and hygienic. People had benefited from changes to the environment and décor which also made the service easier to keep clean.

The recruitment of staff was safe and there were enough staff on duty to meet people's needs. People received their medicines when they needed them from trained staff. Risks to people's health and safety had been assessed and mitigated and equipment had been serviced and maintained.

Accidents and incidents were recorded and reviewed in order to minimise the risk of reoccurrence. Local safeguarding protocols were followed, and stakeholders had been informed when incidents had occurred. People and their relatives felt the service was safe.

Improvements had been made to the support provided to staff. Staff had completed training that the provider considered essential to their role and had the opportunity to discuss their training and development needs with their manager.

People's relatives spoke highly of the staff team who they described as kind and caring. They told us they were kept informed of their loved one's wellbeing and felt their loved ones were well care for.

People were supported to eat a balanced diet that met their assessed dietary 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.

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 and update

The last rating for this service was requires improvement (report published 24 November 2020) 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

We carried out an announced focused inspection of this service on 24 September 2020. At which breaches of legal requirement was found. The provider's action plan showed improvements to the infection prevention and control practices, staff training, maintenance and suitability of the premises and governance of the service.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection.

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

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Thornton House Residential Home

## **Detailed findings**

### Background to this 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

The inspection was carried out by one inspector.

#### Service and service type

Thornton House Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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. A registered manager 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

We gave one hour notice of the inspection because we needed to ensure that we took into account any precautions in place due to the management of the COVID-19 pandemic.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in their action plan following the last inspection. We used all this information to plan our inspection.

#### During the inspection

We reviewed a range of records which included people's care records and medication records. A variety of records relating to the management of the service, including audits, health and safety checks and recruitment records.

We spoke with the registered manager, area manager, nominated individual, a senior carer, three carers, the activities organiser and a cleaner.

#### After the inspection

We spoke with the relatives of three people about their views of the service. We continued to seek assurances from the registered manager who sent us copies of records including staff duty rotas, audit documentation and staff training.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection;

At the last inspection the provider had not ensured systems were robust enough to demonstrate that risks associated with infection control were safely managed. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Staff had received training in relation in how to use PPE and used it appropriately.
- Guidance relating to the isolation of people admitted to care homes and visiting care homes was followed. People, staff and visitors were tested and screened for COVID-19 in line with government guidelines. One relative told us when they visited, "We have to do a test and wear a mask and a plastic pinnie. The manager explained what was expected and we sign up every time we go". Another relative commented, "There's two or three of us visit at different times. I only go through the entrance and down the corridor to my relatives' room. They seem to have it sussed with the pandemic."
- The service was clean. People and their relatives were happy with the standard of hygiene maintained. A relative commented "My relative told me staff wash their clothes every day and clean their room."

Assessing risk, safety monitoring and management;

At the last two inspections we identified the provider not always ensured the premises and equipment were suitable for the intended purpose and maintained. This was a continued breach of Regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- Most of the areas of the service identified at the last inspection as being in a poor state of repair had been addressed by the provider. Repairs had been made to the structure of the building and some furniture and flooring had been replaced. There was a refurbishment plan in place detailing further repairs and improvements that would be made.
- Risks to individuals health and safety had been assessed and kept under review. Where risks had been identified, steps had been taken to reduce them. One person who has at risk of falls told us "I have a call bell and I'd use that if there was an emergency".

- Equipment and utilities were tested and serviced to ensure they continued to be safe to use. Regular fire safety checks were completed, and each person had personal emergency evacuation plan in place outlining the support they would need to evacuate the building.

#### Staffing and recruitment

- Identity and security checks were completed, before staff started work at the service.
- Sufficient numbers of safely recruited staff were deployed to meet the needs of people living in the home.

#### Systems and processes to safeguard people from the risk of abuse

- The registered manager had a good understanding of safeguarding and staff had completed training in this subject.
- Safeguarding referrals had been appropriately made to the local authority.
- People and their relatives felt the service was safe. One person told us "If there's a bit of a squabble, staff know how to handle it. They are very good at it. They hold your hand if you are in any sort of distress. They ask you if you want a drink. People are very comforted by the sound of their voice and being asked what they want. Staff are not pushy at all".

#### Using medicines safely

- People received their medicines safely from trained staff. One person told us, "I get my medicines each day at the same time. I can ask for something for pain if I need it."
- Medicines were recorded and stored appropriately.

#### Learning lessons when things go wrong

- Accidents and incidents had been recorded and investigated appropriately. One relative told us they had been informed of a recent incident involving their loved one and explained to us the steps the provider had taken to reduce the risk of this happening again.
- The registered manager monitored accidents for themes and trends and action had been taken to reduce the risk of reoccurrence.



# 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 requires improvement. At this inspection this key question improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At the last inspection the provider had not ensured staff received the training they needed to undertake their role. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Newly recruited staff followed a structured induction programme and were assessed as competent before they worked unsupervised.
- A new programme of training had been introduced and staff had completed training essential to their role.
- There was a system in place for staff to receive an annual appraisal of their performance and to meet with their manager to discuss their learning and development needs. One staff member told us, "We have supervision. I've just had one recently, it's usually every three months."
- Relatives spoke positively about the staff who they felt were kind and caring. One relative told us, "Staff are warm to us. My relative's face lights up when particular staff are on." The relative of a person living with dementia told us, "I know a few of the staff and I'm very happy with them. They are very friendly and get on well with my relative who seems to respond well to them; as much as they can."

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

- Recognisable images had been attached to the bedroom doors of those that wanted them. Redecoration had taken place which helped aid the orientation for people living with dementia and further improvements were planned.

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

- People's nutritional needs had been assessed their dietary needs and preferences were met. People told us, and we saw, they enjoyed the food and could request an alternative if they did not like the food on offer.
- People received the support they needed to eat and drink. The nutritional intake of people at risk of malnutrition was monitored and people's weight was recorded on a regular basis.
- People were supported to have meals with their loved ones. One relative told us, "My relative fancied fish and chips from the chip shop so I arranged with the home to take some in. When I arrived, the table was laid

out in the front room, it was lovely, like a date really; they went to so much effort it was lovely."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's physical, mental and social needs had been assessed before they moved into the service and kept under review. One person's relative told us, "They asked lots of questions about my relatives likes and dislikes."
- Referrals had been made to other agencies when required and people's relatives were kept informed of any change in their loved one's condition. Changes in people's needs were recorded in people's care plans and communicated to staff at daily 'flash' meetings and staff handovers.
- People's oral health care needs had been assessed and planned for. One relative commented "Whenever I see my relative in the home, their teeth look really, really clean. They never used to be when they were self-caring."
- People's preferences for their personal care were documented and met. One relative told us their loved one "Never looks dishevelled, their hair and nails are all done ok. On the whole, I'm content with their personal care, they know when they want a shower and they are having them."

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's needs had been assessed and planned for, and people's capacity to make decisions had been assessed. Where people had been assessed as lacking capacity to make decisions about where to live, an application for a DoLS had been submitted.
- Documentation confirmed the relevant people had been involved in best interest decision making.

# 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 the last inspection this key question was rated as requires inadequate. At this inspection, this key question has 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care;

At our last three inspections the provider had not ensured the governance of the service was robust enough to identify shortfalls and drive improvement to the quality and safety of the service. Systems were either not in place or robust enough to demonstrate safety was effectively managed. This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- New governance systems had been introduced to assess the quality and safety of the service people received and drive improvements.
- Action plans had been formulated and followed to address any shortfalls identified in the records, the environment and the quality of the service people received. However, we found some shortfalls that had not been identified by the provider or included on the action plans. The registered manager took immediate action to address these issues.
- A new registered manager and area manager had been deployed. The registered manager's office had moved from the attic to the ground floor; increasing management presence and oversight of the service. One staff member told us, "It's better since the manager moved downstairs. We see a lot more of them than we used to, and they are on hand to help if we have an emergency."
- Staff had access to clear guidance to follow when supporting people. These included techniques to use to help relax individuals living with dementia when they were becoming anxious.
- People and their relatives had been provided with the opportunity to give their views of the service through various channels including customer satisfaction surveys.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The atmosphere and culture amongst the staff team and within the service was positive. People were relaxed in the presence of staff. One person told us, "The staff are wonderful, absolutely wonderful; so kind

and exemplary to others. I think the world of them."

- People's relatives were kept informed of their loved one's care and changing needs. The relative of one person living with dementia told us, "Occasionally we go through the care plan, but not recently. I visit all the time, so they tell me anything they need to on the day. I'm very pleased with them." Another relative commented, "They're good, they tell me everything. It's peace of mind knowing my relative is being looked after."
- The service made referrals to external health and social care teams when people's needs changed. This helped to mitigate risk and improve outcomes for people.

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

- The registered manager was aware of their responsibilities around duty of candour legislation. There had been no specific incidents which required them to act on that duty.