

GN Care Homes Limited

Thornton House Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 11 January 2016. Breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches of Regulation 15 and 17 of the Health and Social Care Act 2008. We issued a warning notice in regards to Regulation 17 (Good Governance) and told the registered provider that they had to be compliant by 1 August 2016.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. 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

Thornton House Residential home is registered to provide accommodation and personal care for up to 22 older people. The service also offers a day-care facility and bathing service to people within the local community. The home is single room accommodation over two floors. Not all rooms have en-suite facilities. At the time of this inspection 21 people were living at the service.

There was a registered manager. 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.

We found that action had been taken to improve the overall safety and oversight of the service. However, we identified a further breach of Regulation.

We could not improve the rating for Safe or Well Led from "Requires Improvement" because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

You can see what action we told the provider to take at the back of the full version of the report.

The registered provider and the registered manager had implemented a series of audits in order to monitor and review the effectiveness of the service. This looked at key aspects such as care documentation, medicines, health and safety, cleanliness and infection control. Whilst, these audits were now in place, they were not fully effective in highlighting some of the concerns noted on inspection.

Staff did not follow the guidance made available to them on the use or monitoring of pressure relieving mattresses. This meant that people could be at risk of developing a pressure ulcer.

Not all safety checks on water and equipment had been carried out in a timely manner at the time of this

inspection. The registered provider confirmed following the inspection that these were now completed.

People told us that they felt safe and that they had no concerns about the care they received. They said that staff were kind, patient and knew them well. The registered manager had identified and informed the relevant agencies about any matters of concern within the service.

People said that the service was homely. They had no complaints about the standard of cleanliness or the building itself. Comment was made that some of the improvements such as the bathroom and lift were taking a long time to come to fruition. People said that they were kept comfortable and staff had the right equipment to be able to care for them safely.

People and their families knew who the registered manager was and felt that they could go to her with any concerns or complaints. They felt that she went over and above to ensure that people were kept comfortable as did all the staff. People and staff had the opportunity to share their views on the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We found that some action had been taken to improve safety.

Not all safety checks had been carried out in a timely manner which meant the safety of the environment and equipment was not always assured. We had confirmation following inspection that these were now complete.

Staff did not follow guidance to ensure that specialist equipment was correctly used which could place people at risk of harm.

People lived in an environment that was clean and staff took steps to prevent the spread of acquired infection.

People who required bed rails for their safety had the appropriate equipment to meet their needs.

Requires Improvement ●

Is the service well-led?

We found that some improvements had been made to how the service was led.

An audit system was in place that focused on key aspects of the service. However, these were not always robust as they did not highlight some of the issues we found

People, family members and staff had the opportunity to share any concerns and suggestions about the service.

The registered provider was transparent with people about the judgments made by CQC.

Requires Improvement ●

Thornton House Residential Home

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of Thornton House Residential Home on 7 October 2016. This inspection was done to check that improvements to meet legal requirements planned by the provider after our 11 January 2016 inspection had taken place.

We inspected the service against two of the five questions we ask about services: is the service safe and well led. This is because the service was not meeting some legal requirements in these areas.

The inspection was carried out by an adult social care inspector.

Prior to the inspection, we reviewed any information and notifications that we had received from the service. We also looked at information passed to us from the public and professionals. We consulted with the safeguarding team and the local authority commissioners who expressed no concerns.

During the inspection we talked to four people who used the service and two relatives. We spoke to three staff and looked at records relating to safeguarding, audits and maintenance. We looked at records relating to the running and management of the service including maintenance logs, safety certificates and complaints. We reviewed the care records of three people who used the service.

Is the service safe?

Our findings

We carried out this inspection to ensure that improvements had been made to the safety of the service.

People told us that they were kept safe and were well looked after. Comments included "I love it here, I feel protected" and "I am safe here, the staff see to that".

At the last inspection we found that the service was not visibly clean in some areas and not all fixtures/fittings could be cleaned due to their poor condition. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and we issued a requirement action. We found that improvements had been made.

At the last inspection we found that the registered provider had ensured that, where assessed as required, people had an air mattress to minimise the risk of developing a pressure area. However, staff were unclear as to how to determine the correct setting and as a consequence people were lying on mattresses set incorrectly.

On this inspection, we found that instructions were found in the person's room so staff could correctly assess what pressure each mattress should be set at. We asked staff and the registered manager about the correct setting and they told us that it was based on weight but also on touch and feel. The registered manager informed us that they had continued to mainly set the mattresses based on feel as when they followed the weight guidelines they felt too hard or soft.

We found that two people were placed on mattresses set at the incorrect setting for their weight. One person had a weight of 59kg recorded but the mattress set at 35kg, the other was set at 120kg but the person weighed 53kg. The registered manager could not find the user manual for the third mattress and so it could not be determined if this was set correctly. We reviewed the care plans and confirmed that no person had developed a pressure ulcer. However, a person could be at risk of further skin damage from lying or sitting on a mattress that was too hard or soft.

The compressors for the mattresses had not been tested to ensure they were safe and functioning. We asked that this be done as matter of priority. Following the inspection, the registered manager confirmed that the equipment had a Portable Appliance Test on the 10 October 2016 and were deemed in working order following a service on the 11 October 2016.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the registered provider had failed to prevent people from receiving unsafe care and treatment and prevent avoidable risk of harm.

On this inspection, we observed that the environment was cleaner. We were informed that one of the staff brought in their own steam cleaner to ensure that carpets had a deep clean as the service still did not have its own. Some of the carpets had been replaced and others were on order and due to be fitted shortly. Bed

rail covers and mattresses were clean. The registered provider had recently installed wall mounted hand wash and paper towels and these were stocked. There were ample supplies of gloves and aprons for staff to use at the point of care delivery to reduce the risk of spreading acquired infection.

Domestic support was provided each day but this was only until lunch time. Care staff were responsible for ensuring that the service was kept clean at all other times and also carried out laundry tasks. Staff said that this was currently manageable alongside other tasks.

At the last inspection not all staff on duty wore uniforms or name badges and so they were not easily identifiable. We were informed that the registered provider had now purchased uniforms but that these had arrived the week prior to this inspection.

Other improvements planned had still not taken place such as the installation of a passenger lift and refurbishment of one of the bathrooms. We were informed by the registered provider that the former was due to be installed at the end of October 2016 and the bathroom would be done once funds were available.

Previously, a number of people had bedrails in- situ and care plans indicated that these were for their own health and safety. Risk assessments carried out indicated that these were to be supplied with protective 'bumpers' to avoid the risk of entrapment but they were not supplied. On this inspection we saw that the recommended bumpers had been purchased and were in use.

Maintenance records were kept for utilities such as gas, electricity, temperature controls and the water supply. There were also regular checks in place for equipment such as the hoists, stair lift and bathing equipment in use. We found that some of servicing checks were out of date and the registered provider was aware of this: the risk assessment and checks for Legionella were out of date and should have been done in August 2016. Following the inspection, the registered provider informed us that this was completed on the 10 October 2016. The checks for lifting equipment and hoists were also due this month but no date had been arranged. Following the inspection, we were informed that these took place on the 11 October 2016.

New windows had been fitted in some areas of the building but on the first floor they were not supplied with adequate restrictors. The registered provider confirmed that these were fitted week beginning 17 October 2016.

Following the last inspection, we asked Cheshire Fire and Rescue for further assessment of the building and advice. They carried out an inspection of the premises and issued the registered provider with an enforcement notice. Concerns were highlighted in regards to appropriate procedures and safety drills, inadequate risk assessments, emergency lighting and staff training. This was reviewed on the 22 June 2016 and it was felt that the registered provider had demonstrated suitable and sufficient measures to satisfy the required of the notice.

Is the service well-led?

Our findings

People and their families were aware of who the registered manager was. Comments included: "She is always about and willing to help the staff out if things get really busy" and "I would have no problem going to her with a grumble or complaint".

Following the last inspection we issued a warning notice for a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014: Good Governance. This was because the registered provider had failed to ensure that they had systems in place to effectively monitor people's health and welfare. On this inspection, we found that the majority of improvements required had been made.

Previously, there had been no audit system in place around key aspects of the service such as the environment, infection control and care planning. This meant that some of the concerns raised on inspection had not been identified by the registered manager or registered provider.

The registered provider had recorded their visits to the service but these records lacked in detail. We found that improvement were still required in regards to these visits. The completed audit did not tell us what they had looked at, who they had consulted with or what (if any) actions had been recommended. The registered provider had been at the service the day prior to this inspection but had not identified the issues highlighted in this report.

On this inspection, we found that audits had been put in place in order to review the overall quality and safety of the service. An infection control audit was in place and a four weekly audit schedule reviewed aspects of the service such as the kitchen, bedrooms, risk assessments, training and safety certificates.

Care Plan audits were being carried out by the registered manager or the deputy manager and these highlighted gaps in information or where a support plan required updating. Actions were identified and signed off as completed at the next review.

There was a monthly audit of medication to ensure that medicines were administered correctly and that records accurately reflected which medication had been given. These showed a reduction since the start of the year in the number of missing signatures on the medication administration records (MAR). An omissions sheet was kept to log those occasions on which staff had failed to sign to say a medication had been given so that performance could be monitored. However, we found that staff were then retrospectively sign the MAR. We brought this to the attention of the registered manager as a false record should not be created.

Regular checks were kept of a person's weight and the information was reviewed by the deputy manager to ensure that, where appropriate, further assessment was taken where there was unexplained weight loss or significant gain.

Accidents and incidents were recorded and analysed. Remedial action was taken to minimise the risk of falls such as increased monitoring or the use of assistive technology equipment such as motion sensors or

pressure alert mats. The registered provider was making changes to the security of the premises to ensure that, where deemed appropriate and in a person's best interests; staff could ensure a person could not leave the building if deemed unsafe to do so alone.

A daily walk around was completed by the registered manager or one of the senior care staff. The purpose of this was to highlight any health and safety issues. An action log was kept of any observations made so that remedial steps could be taken. The registered manager had also undertaken an unannounced night visit in June 2016 in order to monitor the support provided at this time.

A cleaning matrix/check sheet was signed by the cleaner and if something was not up to standard the registered provider could trace back to who cleaned the equipment and seek to find out why it was not cleaned

A check list had also been put in place to ensure that the service had the correct information available should a person be transferring from another service or hospital. This was put in place as the result of learning from an incident earlier in the year.

The registered manager continued to have meetings with the staff and residents to discuss with them the running of the service and any issues that they had.

We reviewed the accident, incident and safeguarding reports and were confident that the registered manager had reported to the CQC any matters of relevance and concern.

The rating from the last report and a copy of the summary was available in the entrance hall for people who used the service and any visitors.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider had failed to prevent people from receiving unsafe care and treatment and to prevent avoidable risk of harm. 12 (1) (2) (a) (b) (d) (e)