

Indigo Care Services (2) Limited

Thornton Hall & Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Thornton Hall and lodge is a residential care home providing personal care to 72 people at the time of the inspection. The service is registered to support up to 96 people in one adapted building. There are two sides to the home, the Lodge which mainly supports people dementia, and the Hall which is mainly a residential unit.

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

We found some concerns with the management of medicines. Staff were not always following guidance regarding covert medication, meaning this was not always administered safely and some people did not receive time specific medicine at the correct time. During the inspection we saw some improvements to the administration of medicines.

Although governance systems had improved since the last inspection and more thorough audits were in place, we found there was still a lack of appropriate and effective planning to ensure sustained improvements were made in a timely way. We made a recommendation about this.

At this inspection we found there had been improvements with people's care plans. Most care plans we saw contained person-centred information and enough detail to ensure risks to people were managed safely. There were still some care plans that had not been reviewed since the last inspection, and the details in these were insufficient. The manager told us these would be reviewed immediately to ensure they met the same standard.

Some records were disorganised in the way they had been set up. Some people's care plans were blank, but information relating to their support needs and risks were found in other documents within the care record. Staff were able to view all these records, but some staff told us it could be confusing knowing where to look sometime. The manager told us this would be addressed with the care plan reviews.

There were enough staff to meet people's needs safely. We saw people had good relationships with the staff that supported them. A high proportion of agency staff continued to be used to fill gaps in the care staff rota, as was the case at the last inspection. Some people told us they would prefer more permanent staff, but they didn't feel the use of agency staff affected the quality of care they received. The manager used consistent agency staff where possible to ensure continuity of care.

People were treated with dignity and respect. Staff supported people to be as independent as possible and express their views about the service and their care.

Since the last inspection extra administrative hours had been agreed for the home to support with front of house and reception duties. We found this had a positive effect, especially with the door and phone calls being answered in a timelier way.

Safe recruitment procedures were followed and staff were appropriately trained.

At our last inspection the provider had failed to ensure appropriate checks were completed with agency staff prior to working the home. At this inspection we saw satisfactory improvements were made. The provider had put measures in place with an agency to provide more effective oversight of the agency staff and ensure they were providing high quality and safe care.

People told us they felt safe living at the service and risks to people's health and welfare had been appropriately assessed. Plans were in place to reduce risks to people.

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.

Staff understood their role and had confidence in the manager. Staff told us they worked well together as a team, and there was good morale amongst them.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was inadequate (published 31 July 2019).

This service has been in Special Measures since 30 July 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified a breach in relation to the management of medicines at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the safety of medicines management. We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Thornton Hall & Lodge

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

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

Service and service type

Thornton Hall and Lodge 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 did not have a manager registered with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided. There was a home manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. 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 six people who used the service and five relatives about their experience of the care provided. We spoke with 12 members of staff including the manager, deputy manager, improvement director, senior care workers, care workers activities coordinator and the chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included eight people's care records, elements of another four people's records and 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.

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 remains the same. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Using medicines safely

- Information to support staff to administer 'when required' medicines was not always available; and the information that was available did not always provide adequate detail to ensure people were given their medicines when needed.
- Medicines prescribed to be given at specified times, such as pain killers and medicines for anxiety were not always administered at the correct times.
- Information to support staff to administer medicines covertly, hidden in food or drink, was not being followed. This meant medicines were not being administered safely. During the inspection satisfactory improvements were seen.

We found no evidence that people had been harmed however, the provider had failed to ensure the safe administration of medicines. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we made a recommendation about the secure storage of prescribed creams. At this inspection we found the provider had made improvements.

- Prescribed creams were stored securely in the medicines trolley.

Staffing and recruitment

At our last inspection the provider had failed to ensure appropriate checks were completed with agency staff. This was a breach of regulation 19 (Fit and proper persons Employed) 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 19.

- Safe recruitment processes were followed for all staff. The manager had worked closely with an agency to ensure more robust procedures were in place for the management of agency staff.
- There were enough staff to meet people's needs safely. Comments from people included, "There's enough staff, the minute you buzz for them, they come," and "There's always staff walking around."
- Since the last inspection the provider had increased administrative hours and created a second deputy manager post. During inspection staff told us these extra hours had a positive effect in the home.

- As was the case at the last inspection a high number of agency staff were used to fill gaps in the care staff rota. The manager used consistent agency staff to provide a continuity of care, but some people told us they felt there were too many "unfamiliar faces". People told us agency staff did not impact on the quality of care they received. Improvements were seen at this inspection in relation to checks being completed to ensure agency staff were suitably skilled and trained before working in the home. The provider had recently implemented changes to try and improve recruitment of permanent staff.

Learning lessons when things go wrong

At our last inspection the provider had failed to effectively learn lessons when things went wrong. This was a 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.

- A system was in place to monitor any incidents or accidents which occurred. This allowed for any patterns or trends to be identified so that action could be taken to prevent recurrence.

Assessing risk, safety monitoring and management

- People's care plans contained a wide range of risk assessments. There were clear improvements in most people's assessments, however, some assessments needed more person specific information.
- Risks within the environment were considered and assessed. Equipment was regularly checked to ensure it was safe to use. Plans ensured that people's needs would continue to be met in the event of an emergency.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe at the home. Comments from people and relatives included, "I feel safe because of all the people around me; the staff," and "[The person] is safe because someone is always checking on her; [the person] is well looked after here."
- Staff were clear on the potential signs of abuse and how to raise any concerns they might have.
- Records showed that any potential safeguarding allegations had been reported, recorded and investigated in a timely manner.

Preventing and controlling infection

- The home was clean throughout. One person said "They're [Staff] meticulous in how they clean things, very thorough."
- We saw staff using appropriate Personal Protective Equipment (PPE) to reduce the risk of the spread of infection.

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 inadequate. At this inspection this key question has improved to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff were appropriately trained and supervised. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement has been made at this inspection and the provider is no longer in breach of Regulation 18. However, the provider needs to ensure training is appropriately reviewed to ensure improvements are sustained.

- Training completion rates had improved since the last inspection. Most people told us they felt staff were well trained. One person said "Yes, staff are well trained; they know their business."
- Before the inspection, we received some concerns regarding the practice of some agency staff in relation to lifting and handling, and concerns regarding the level of training they received. During the inspection, we found the provider had taken steps to meet with the agency and ensure appropriate training was in place. The provider had also put measures in place to ensure staff practice was reviewed.
- Staff we spoke with told us they had received an appropriate induction and felt well supported by the manager.

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.

At our last inspection the provider had failed to act in accordance with the Mental Capacity Act. This was a breach of Regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement has been made at this inspection and the provider was no longer in breach of Regulation 11.

- Consent to care and treatment was sought and recorded in line with the principles of the MCA 2005. When people were unable to provide consent, the best interest process was followed.
- DoLS were applied for appropriately to keep people safe from harm.

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

- Feedback from healthcare professionals was more positive than at the last inspection. Most professional told us staff were well informed about people's health care needs and they followed any advice given.
- However, there were still some concerns raised regarding communication with the manager, as they struggled to make contact via phone. We found the recent addition of extra administrative hours had improved this.
- Although we found people were referred to appropriate healthcare services when needed, some relatives told us they weren't always kept well informed about health concerns with people, and they did not always receive updates about actions taken to support people when they were unwell.

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

- People's needs were assessed before admission to the home, using nationally recognised tools. Most of these were much improved from the last inspection and most assessments were sufficiently detailed. This ensured people's needs could be met effectively.
- Some people and relatives told us they weren't always involved in the planning of people's care. One relative told us they had asked to be a part of this but were told they were not allowed. we discussed this with the manager who advised us there had been incorrect information given by staff to people regarding their involvement in planning people's care. The manager was in the process of arranging reviews with people and their relatives to address this.

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

- People's nutritional and hydration needs and how they were to be met were recorded in their care plans.
- Most people told us they were happy with the food. Comments from people and their relatives included, "The food is very good," and "If I don't like something, I can switch it."

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

- Bathrooms were adapted to ensure they could be accessed by all people.
- Equipment was in use to support people to move around the home independently.

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 requires improvement. At this inspection this key question has now improved to good. 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 and their relatives told us they were well looked after. Comments included, "I'm well looked after, staff are nice and pleasant," "Staff approach is great now" and "Staff are kind, always there to help me, right there if you need anything."
- Staff respected people's choices as to where and how they spent their time. They recognised some people liked time alone and respected this.
- Staff showed concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way. People's right to privacy and confidentiality was respected.

Respecting and promoting people's privacy, dignity and independence

- People told us staff protected their dignity and privacy. One person said, "They [staff] will knock on the door before entering my room and will shut the door when needed."
- People told us that staff encouraged them to be as independent as they could be, and records reflected this.
- People looked at ease and comfortable in the presence of staff. Conversations we heard between people and staff were characterised by respect and warmth.

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

- There has been some confusion with relatives being able to access care records. This had led to some people being told they had to apply to the provider to be able to see the records. During the inspection, we found this had been cleared up and people had been informed of the correct process for accessing records.
- Regular care reviews were held with people and where appropriate their relatives. This ensured people's views were regularly considered.
- People told us they were able to make day to day choices about their care.
- Resident and relatives' meetings took place. We saw feedback from these meetings was actioned.

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 requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

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

At our last inspection, the provider failed to ensure care plans accurately reflected people's needs. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement has been made at this inspection and the provider was no longer in breach of Regulation 17. However, improvements were still needed with some care plans.

- Most people's care plans had improved since the last inspection. We found those that had been reviewed contained sufficient information to support people effectively and safely in line with their preferences.
- However, there were still some care plans that had not been reviewed since the last inspection and some needed development because people's preferences for care were not always well documented. We found in these cases staff were able to tell us how they supported people in line with their preferences. The manager told us the review of all care plans would be completed within the next month. We saw an action plan that confirmed this.
- Information in some people's records was recorded differently. In some cases, care plans were blank, but there was information on how to support people available in the initial assessment. The manager told us this was because the provider had changed the way they wanted care plans completing. This was due to be addressed during people's care plan reviews. We saw examples of how care plans will be written and found these to be adequate.

Improving care quality in response to complaints or concerns

At the last inspection the provider had failed to ensure all complaints were recorded and responded to and failed to ensure improvements to the quality of care were made. This was a breach of Regulation 16 (Receiving and Acting on Complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement has been made at this inspection and the provider was no longer in breach of Regulation 16.

- A complaints system was in place and displayed in the service. We checked the complaints log and all complaints had been recorded. The manager had appropriate processes in place to ensure all complaints

were responded to.

- We saw improvements to care had been made as a result of concerns raised. However, this wasn't always effectively recorded.

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

- We received mixed feedback from people and relatives about activities. Some people felt although there was a good choice of activities, they wanted more of them. One person said "I wish they had more activities." A relative told us "I'd like to see more interaction with the residents and staff."
- There were planned activities available every day. One person said, "They always have activities on."
- The improvement director told us about a new initiative to improve activities for people. The home had partnered 'OOMPH!' to support with improving people's wellbeing by improving activity choices.

End of life care and support

- The service was not supporting anyone on end of life care at the time of the inspection.
- Care files we looked at showed discussions had been attempted with people regarding advanced care planning. These plans were reviewed and discussed with relatives when appropriate.

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

- People's communication needs were assessed, and appropriate support detailed in care plans.
- Where people had difficulties with communication, information could be made available in different formats.

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 inadequate. At this inspection this key question has now improved to requires improvement. Whilst we saw some improvements since the last inspection, there were still elements of the service management and leadership that was inconsistent.

At our last inspection the provider had failed to ensure there were effective systems in place to monitor and improve the quality of the service. This was a 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. However, further improvements were still required to embed systems to drive consistent improvement.

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

- The manager completed checks and audits which identified most of the concerns found at this inspection.
- Care plan documents were still inconsistently completed, although we saw an improvement in these since the last inspection and we were assured people were able to be cared for safely.
- Regional managers supported the oversight of the quality of care. Audits completed were very thorough, however there was a lack of clear action planning to ensure concerns were appropriately addressed in a timely way.

We recommend the provider seek advice and guidance regarding quality improvement to ensure improvements are made in a timely way and are sustained.

- The manager was aware of their role and responsibilities, including what events they needed to notify CQC about. They had submitted notifications in line with legal requirements and displayed the rating of the last inspection.

Working in partnership with others

- There was evidence the manager worked closely with healthcare professionals and people were supported to access support appropriately. However, some feedback from healthcare professional prior to the inspection indicated that communication with the management team and staff could be improved. We found the provider had increased administrative hours to address this.

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 provider met the regulatory requirements to be open and transparent with people using the service when things went wrong.

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

- Resident and relatives' meetings had taken place. It was clear people's feedback was taken on board. There was a 'You Said, We Did' board in the home informing people and visitors of action taken after feedback was received.
- Some relatives told us they felt the communication between them and the staff had improved since the last inspection, and that this was a positive move in the right direction.
- There were regular staff meetings and staff told us they felt supported in their roles.

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

- Relatives we spoke with felt there was a good, positive atmosphere. One relative said "I'm always welcomed in the home. I always get a positive vibe when I enter."
- Everyone we spoke with felt the management team were approachable.

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 provider failed to ensure the safe administration of medicines.