GGS Care Home Limited

Thornton Lodge Care Home

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

We carried out an unannounced inspection of Thornton Lodge on 26 March 2018.

Thornton Lodge 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 home is registered with CQC for 34 older people, including care for people living with dementia.

Thornton Lodge is situated in Salford, Manchester and close to local amenities with good access to public transport and motorway networks. At the time of our inspection there were 30 people living at the home.

At the previous inspection in July 2017 we identified six breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 in regard to person-centred care, dignity and respect, safe care and treatment, premises and equipment, good governance and staffing. We served a warning notice for regulation 12; safe care and treatment and regulation 17; good governance. The home was rated inadequate overall and in the key question safe and well-led. The home was also rated as requires improvement in effective, caring and responsive.

As a result of the findings at our inspection in July 2017, the home was placed in special measures and kept under review. Following the inspection and enforcement action taken, the provider sent an action plan to show what they would do and by when to meet the regulatory requirements and improve the overall rating.

The inspection in March 2018 was undertaken to determine the improvements that were needed had been made. Although we found the provider had made significant improvements in several areas, we did find continuing breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to; Regulation 12; safe care and treatment, Regulation 17; good governance and Regulation 18; staffing. We also identified a breach of Regulation 11; need for consent. You can see what action we told the provider to take at the back of the full version of this report.

At the time of our inspection, there was a manager in post who had not yet been registered with the CQC, however we saw evidence that this application had been submitted and their application was on going. 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.

Although people and their relatives were positive about the management of safety concerns, we identified continued concerns with the management of risks. We found discrepancies in the care records and the documentation could not be relied upon to determine people's needs were being met in line with their requirements.

There was a system in place to manage people that had specialist dietary needs but records needed strengthening to determine the foods provided were in line with their assessment.

The home had a system in place to determine the required staffing levels and although we observed staffing levels had increased since our last visit. We noted staffing levels were still not consistently maintained at weekends to the same ratio as within the weekdays.

The home had suitable safeguarding procedures in place and staff demonstrated they knew how to safeguard people and follow the alert process.

The environment had improved since our last inspection and there was an identified action plan for works required. Funding had been secured but there was no identified timeframe for completion. The home was clean and had recently been awarded 96% on the infection control audit.

We found people's food preferences were catered for and people were provided sufficient quantities of quality food to eat. We observed the meal time experience which was relaxed and staff took the time to sit and chat with people.

Staff told us they felt supported but we found gaps in staff training which meant they had not been appropriately equipped to meet the needs of the role and people they supported.

The service was not complying with the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS). Decision specific Mental Capacity assessments had not been completed and there was limited information contained in people's records to determine their needs.

We observed appropriate displays of affection between staff and people and staff comforting people timely when they showed distress. People were treated with dignity, respect and were given privacy at the times they needed it.

People's independence was promoted and people were encouraged by staff to do as much for themselves as possible. Activities were provided and opportunities for social inclusion.

The home was engaged in the 'Six Steps' End of Life Care Programme. This meant that for people who we were nearing the end of their life, they could choose to remain at the home to be cared for in familiar surroundings by people they know and could trust.

Systems and process for audit, quality assurance and acting on feedback from people who used the service were not operated effectively.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe

Identified risks did not consistently have control measures in place to guide staff. There was ambiguity between the records and documentation was unable to be relied upon to determine people's needs had been met.

Recruitment of staff was safe and there was a system in place to determine staffing numbers.

Medicines were managed safely.

Is the service effective?

Requires Improvement

The service was not consistently effective

There were gaps in staff training records and mandatory training had not been completed in line with organisational policy.

Capacity assessments had not been completed in line with the requirements of the Mental Capacity Act 2005.

The dining experience was positive and we saw people's nutritional needs were being assessed and provided as per individual people's requirements.

Is the service caring?

Good

The service was caring

Staff were kind and compassionate and treated people with dignity and respect.

Staff demonstrated they knew people's preferences. Staff respected people's wishes and provided care and support in line with those wishes.

Staff supported people in a way that promoted their independence.

Is the service responsive?

Requires Improvement

The service was not consistently responsive

Suitable bathing and shower facilities were not available to respond to people's individual preferences.

The home had an effective complaints procedure in place, with all complaints being investigated and outcomes documented.

The home was part of the six steps end of life programme and care was reviewed in conjunction with relevant professionals.

Is the service well-led?

Requires Improvement

Not all aspects of the service were well-led

Progress had been made around completion of audit and quality assurance but gaps in recording were still evident.

Relatives spoke positively of the manager, staff and the care provided at the home.

The quality of the service had improved but there were further improvements required to achieve regulatory compliance.

Thornton Lodge Care Home

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.'

The unannounced inspection took place at Thornton Lodge on 26 March 2018.

The inspection team consisted of three adult social care inspectors from the Care Quality Commission (CQC) and an Expert by Experience (ExE). An Expert by Experience is a person who has experience of using or caring for someone who uses health and/or social care services.

Before commencing the inspection we looked at any information we held about the service. This included any notifications that had been received, any complaints, whistleblowing or safeguarding information sent to CQC and the local authority. We also spoke with the Local Authority to ascertain progress made since our last inspection.

We had not asked the provider to complete the provider information (PIR) return. This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make.

During the course of the inspection we spoke to the provider, manager, nurse and four staff members. We also spoke to 12 people who lived at the home and four visiting relatives.

We looked around the home and viewed a variety of documentation and records. This included; three staff files, six care files, nine Medication Administration Record (MAR) charts, policies and procedures and audit documentation.

Requires Improvement

Is the service safe?

Our findings

We checked the progress the provider had made following our inspection in July 2017 when we identified three breaches of the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to Regulation 12: safe care and treatment, Regulation 15: premises and equipment and Regulation 18: staffing.

At this inspection, we identified significant improvements had been made to improve the rating from inadequate to requires improvement. However, we found a continued breach of Regulation 12: safe care and treatment which meant the provider had not attained regulatory compliance.

All the people we spoke to told us they were safe living at Thornton Lodge. Comments included; "I really feel safe, more so after my recent falling incident, tried walking to my toilet and eventually there was someone to help me. The staff handled it very well." "Everybody is living well with each other, if I had a concern, I would tell someone." "Occasionally one of the people who are confused will come in to my room and use the toilet, staff told me they are confused, I can't blame them, staff always handle the situation." "I feel safe, don't get me wrong, I lost a few of my clothing items but staff told, they will get me to come and see if my stuff is in their 'lost and found' items." A relative said; "The home is safer than when my husband was at home with me, I couldn't cope with his changing condition, I was told I am welcome to say it if I was not happy about anything."

We found since our last inspection, all staff had been given passwords to access caresys which is an electronic care system containing risk assessments and care plans. However, there were still two systems in operation at the home as risk assessments and care plans were also being printed and kept in a file. We ascertained staff had received caresys training but found staff were not using it. There was only one computer upstairs and one downstairs for care staff which meant computer access was limited to ensure contemporaneous records were maintained. The provider indicated they were looking at mobile devices for staff members but there was no identified timeframe for implementation of this.

During the inspection, we identified a glitch in the caresys system as information updated on the computer was not feeding through to the printed care plan. This was despite the entry preceding that of the printed copy. This meant the provider could not be assured that staff had access to the most up to date treatment plan.

We identified one person that didn't have a risk assessment and care plan in place following admission to the home. Another person was identified as being diabetic but didn't have a diabetic care plan or guidance as to how frequently blood monitoring should be completed. There was also conflicting information held for this person with their medicine administration record (MAR) as one record indicated the person required weekly blood monitoring and another record indicated that it was monthly. There was no guidance to determine what would be considered an adverse reading for this person or procedures to follow in these circumstances.

Although we found some improvements since our last inspection regarding the management of people's dietary needs, we identified two people whose records could not be relied upon to determine the consistency of the foods they had received. There was ambiguity between the handover record, caresys, the care plan in the care files and the speech and language therapy (SaLT) recommendations. One person had a SaLT recommendation dated 16 March 2018 that indicated the person required normal fluids and fork mash diet. The handover documentation and caresys was consistent with this requirement. However, the care plan in the care file printed 20 March 2018 documented the person required puree diet and syrup thick fluids.

We saw the food and fluid records between 20 March and 24 March documented foods that were not consistent with their assessed needs. We showed the records to the manager who insisted the foods provided would have been pureed and staff had not documented this accurately. However, although pureeing the foods would not have exposed the person to the significant risk of harm, the confusion between the care records meant the person was not receiving a diet in line with their assessed needs.

We looked to see whether the provider had maintained oversight of accidents and incidents since the pilot for safer care homes in Salford (Haelo) had ceased in December 2017. We found an overarching analysis to determine themes or trends had not been undertaken to maintain continued oversight since Haelo had finished. Whilst undertaking the site visit, we saw the administrator had commenced this piece of work and we will determine whether this has been maintained and embedded in to practice at future inspections.

During a walk round of the home, we noted the radiators in the quiet room and hairdressing salon did not have covers in place. The Health and Safety Executive's (HSE) guidance on managing the risks from hot water and surfaces in health and social care, states the risk of burns from hot surfaces may be reduced by amongst other things, providing radiator covers and covering exposed pipework. This meant the provider had not appropriately mitigated environmental risks.

The failures identified above demonstrate that safe care and treatment was not consistently provided to people who used the service. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.

At our last inspection, we identified issues with the overall décor and maintenance of the home. At this inspection, we saw works had commenced to address these concerns and an electrician was on site to provide estimates to commence work to change sensor lighting to normal lighting. We saw a two year refurbishment plan had been devised, which covered the period 2018 to 2020. During the next 12 months it was intended to replace the lighting in the corridors and communal areas, redecorate all corridors, replace flooring in hallways, refurbish the bathroom and toilets and redecorate the lounges. A budget had been allocated for all of these tasks.

We looked at the processes in place to maintain a safe environment for people who used the service, their visitors and staff. Fire risk assessments were evident along with a record of fire systems, emergency lighting and fire alarm checks. Contingency plans were in place detailing steps to follow in the event of emergencies or failures of utility services and equipment, including alternative accommodation. Records also showed arrangements were in place to check, maintain and service fittings and equipment, including hoists, slings and fire fighting equipment. We observed PAT testing and emergency lighting checks were out of date, however the electrician was on site at the time of the inspection to address this.

We looked at the systems in place to ensure safe infection control practices were maintained. Overall the premises were clean throughout and free from any offensive odours. We saw bathrooms and toilets

contained hand washing guidance, liquid soap and paper towels. Personal protective equipment such as gloves and aprons were available throughout the home. Cleaning products were stored safely and Control of Substances Hazardous to Health (COSHH) forms were in place for all the cleaning products in use.

We noted the food safety certificate dated 10 January 2018 had awarded a rating of three. However, the manager was able to identify they had used the report as an action plan and had addressed the issues identified; recording what had been done to meet required standards.
The home had also attained a rating of 96% at their most recent infection control infection, maintenance of suction machines had been identified as an area to be addressed and we saw the provider had purchased new suction machine to meet this requirement.

We looked at the home's safeguarding systems and procedures. The home had a dedicated safeguarding file which contained guidance on identifying and reporting safeguarding concerns. This ensured that anyone needing to report a concern could do so successfully. The safeguarding file did not contain a log or tracker to document referrals, action taken and any outcomes but was divided into months, with relevant documentation stored in the section relevant to when it had been reported.

Staff we spoke with displayed a good understanding of safeguarding procedures and were clear about what action they would take if they witnessed or suspected any abusive practice. Staff told us; "No, not done this as was off sick when it was held. I'm due to do it next time and did it at my last job, so know all about it. I would report any concerns to my line manager or nurse, depending on which floor I am on. It's then down to them to take further." "Not since I have been here, did this with previous job. I would go and tell the manager if saw anything."

The manager used a system for working out the number of staff needed per shift to meet people's needs; these are sometimes called a 'dependency tool'. This was updated on a weekly basis, to ensure it accurately reflected people's changing needs. We saw the system indicated seven staff was required in the morning, six in the afternoon and four at night. We looked at staff rotas for the previous four weeks and noted staffing levels fluctuated and did not always match what was indicated on the dependency tool.

We saw week commencing 12 March 2018, staffing numbers ranged between nine staff on the Monday to only six on the Saturday. We received mixed views from staff in relation to staffing levels. Staff told us; "Today is a good day. Normally I would say there isn't enough staff. There are often gaps on the rota, if none of the staff volunteers then it gets left uncovered." If only two carers on, can be 11.30am before got everyone up and washed. Takes this long as also have to help out with breakfast. Only so much you can do. Some nurses will help out, others won't, which also has an impact." "Just changed to three carers downstairs. Although if anyone off and agency can't cover, then have to manage with two and the senior." "At times planned training has to be cancelled, as not enough staff on shift to release us to do it."

We looked at three staff files to check if safe recruitment procedures were in place and saw evidence references, Disclosure and Baring Service (DBS) checks and full work histories had been sought for all staff. These checks ensured staff were suitable to work with vulnerable people.
The service also had effective processes in place to validate the registration status of the nurses employed.

We looked at the home's management of medicines, which included reviewing documentation, checking stock levels and ensuring staff had the necessary guidance to ensure they administered medicines safely and when people needed them. We found medicine administration records (MAR's) had been completed accurately and consistently. Times for administering medicines on the MAR had been colour coded to match the colour of the 'blister' packs. This helped ensure medicines had been administered at the correct time.

We saw 'as required' (PRN) protocols in place for people who took this type of medicine, such as paracetamol. These provided staff with information about when and why to give the medicine along with how much to give. This ensured medicines had been administered safely and when needed.

Requires Improvement

Is the service effective?

Our findings

We checked the progress the provider had made following our inspection in July 2017 when we identified two breaches of the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to Regulation 17: good governance and Regulation 18: staffing.

At this inspection, there was a continuing breach of Regulation 18: staffing and we also identified a breach of Regulation 11: seeking consent.

Staff told us training had improved and they felt supported in their roles. Supervision and appraisals continued to be completed within the required timeframes.

We looked to see if training had improved to ensure the staff had the right skills and knowledge to carry out their roles effectively. We looked at the training policy, training matrix, and three staff files and spoke to four staff members. The training policy, dated January 2018, documented six "compulsory" training courses for staff completion: first aid, food hygiene, manual handling, fire safety awareness, infection control and health and safety.

We saw there were gaps in the three staff files. One staff member had completed four of the six compulsory training; the second had completed three out of the six and the third two out of the six. We were informed fire safety and health & safety had taken place the week before the inspection so people had not receivedthe certificates.

We saw the training matrix documented 23 areas of training. We saw the majority of staff had completed infection control and moving and handling but out of 50 staff; less than half had completed dementia training. No staff had completed Mental Capacity Act and DOLS, 23 staff had completed food hygiene and only three staff had completed safeguarding level one, six staff had completed a medication update and no staff were recorded as completing their medicine competency.

Despite some improvements since the last inspection, we found staff had not completed all the required training to enable them to fulfil the requirements of the role. This is a breach of Regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of staffing.

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 manager had created a DoLS matrix to monitor applications to the local authority which confirmed they were submitting authorisations when required and informing the required public bodies when an authorisation had been granted. DoLS had been applied for appropriately and were in place for the people who required them and there was good oversight of this task by the manager.

Staff were able to explain how and when they would promote a person's independence. One good example focused on the risk of falls and not over restricting someone and supporting them to move if they want to and if it is appropriate to do so. However staff were not able to give clear examples of Mental Capacity assessments and what issues and decisions these covered and this was reflected in the care plans. None of the staff had completed Mental Capacity Act or DOLS training. Staff training in this area needs to be addressed to ensure compliance with the legislation and to ensure that people are both empowered and kept safe.

The care plans were reviewed regularly, person centred with each section starting with a detailed section recording the persons view on the issue. The manager acknowledged the care plans needed to be more explicit about each person's mental capacity and decision making as this was not clearly assessed or recorded.

The service was not working acting in accordance with the Mental Capacity Act 2005 and there was a risk that consent to care and treatment was not sought from relevant persons. This was a breach of Regulation 11(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found there were clear systems in place to support staff to work together both within and across organisations. This included communication books, handover sheets and a new daily allocation sheet that had been introduced to ensure there was a clear audit trail to demonstrate all tasks had been completed each day. Staff told us; "People's needs are communicated well; these can change day to day, so we are updated at handovers." "The senior tells us. It's also recorded on handover and in the care file. If changes occur, the senior will make sure we are made aware." There was clear evidence in care files that people were regularly referred to external services such as GPs, district nurses, opticians and the falls team.

We looked at how people were supported to maintain good nutrition and hydration. People living at the home had nutrition care plans in place which detailed people's dietary needs. There was also Malnutrition risk assessments completed which identified people's level of risk and provided indicators for when referral was required to dietetic services. We saw these were reviewed monthly or more frequently as people's needs changed. People had been referred to dietetics timely and we saw people's diets were fortified and milkshakes provided to support people to maintain or gain weight.

We observed the mealtime experience and found it to be relaxed and flexible to meet people's needs. People were asked what they wanted to eat and where they wanted to have it. People chose to eat in the dining area, sitting room or their bedrooms. Staff were accommodating and it was observed people's preference was upheld. People told us they were happy with the meal choices and said there was always cups of tea and snacks in between meals. Comments from people included; "The staff always come around and offer us a choice." "I receive a kosher meal, when I choose." "My dinner was lovely, I really like the cake and cream, delicious it was" "When I don't like the food being offered, they give me something else" "I like my fish and chips, but we are not having one today."

The environment had not significantly changed since our last inspection but the manager informed us of

their plans to develop the quiet room, create a sensor room, pamper room/spa and hairdressing salon. We ascertained funding had been secured but at the time of this inspection although it was hoped works would start imminently; there was no confirmed time frame.

Good

Is the service caring?

Our findings

The people we spoke with and their relatives were consistently positive about the care provided and the staff that supported them. People's comments included; "It is a little place, lovely atmosphere, we can have a laugh and a joke with everyone." "Staff know me very well, they treat everybody with care." "The staff always speak nicely to you." "The staff are very nice people, they work very well together." "I've got no concerns at all, the carers are nice, and that the best part about living here." "The staff really are good, very thorough." Relatives told us; "Staff have a professional approach, very respectful to everyone." "Staff are very supportive and caring, what I like the most is that they are all like that and to everyone."

We found the staff were friendly and engaging and the atmosphere was welcoming and relaxed. Staff were visible throughout the inspection and expressed being proud of the care they provided. Staff spoke with fondness about people and it was evident reciprocated bonds had formed between staff and people living at the home. We saw appropriate displays of affection between staff and people throughout our visit. Staff told us the team culture was positive and one of the best things about the home. One staff member said; "It's a loving and caring team."

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We found the service had met this standard. We saw people had communication plans in their care plans which detailed the most effective ways to support the person to communicate.

Staff were mindful of the importance of catering for people's diverse needs, whether these be sexual, spiritual or cultural. Care files contained a section which captured people's needs, wishes, religious and cultural requests. There was close links with the Jewish community and the Rabi was visiting the home during our inspection. We were informed members of the Jewish community attended the home weekly and all religious festivals were celebrated.

People said they were treated with dignity, respect and were given privacy at the times they needed it. Staff gave us examples of how they maintained people's dignity and respected their privacy when providing personal care tasks. Staff comments included; "We cover people up when supporting them to wash, if assisting people to the toilet, we close the door. When supporting body washes in people's bedroom, we make sure we cover up either their top or bottom half, depending on which you are helping them with so they do not feel exposed." "When support people with dressing, make sure door is shut, curtains closed. Always ask the person what they would like you to do."

We observed during the inspection that staff maintained people's independence and encouraged people to do things for themselves when able. People told us they were appropriately supported to do things for themselves and felt confident in doing so as a result of staff presence and encouragement. Staff told us how they supported people to maintain their independence. Comments included; "We have someone who has a bad back. They would stay in bed all day if could, which is not good for their back. We encourage them to get up, to wash and dress so they can move around." "We let people do what they can for themselves. If they

don't use it, they lose it." "Encourage people to do things for themselves. Don't do things for people they can manage themselves."

Requires Improvement

Is the service responsive?

Our findings

Some practices at the home were not person- centred or considered in the interest of people living at the home. We found both baths within the home; upstairs and downstairs were not in use, due to the bath hoists not working. We received mixed reports on how long they had been out of commission, with the manager telling us about six weeks, whilst people asked and staff members suggested the upstairs bath had been out of action for about nine months. As a result people had not been able to have a bath for some time. We were told people tended to be provided with bed baths, however as some rooms contained en-suite showers; these had been used to shower people, albeit this depended on the person whose room it was not being present at the time.

We discussed with the manager and provider, why an en-suite shower room had not been kept empty, to ensure people had access to a shower, without having to go into another person's private space to do so. We were told all en-suite rooms had been occupied and they had not wanted to ask someone to move out of their bedroom. The provider indicated bathrooms were part of the home improvements plan with wet rooms being designed in order to meet people's changing needs.

We saw significant improvements had been made regarding the quantity and quality of information captured in care plans about people's background, interests and preferences, likes and dislikes. Care plans included people's preferences and how they wanted care to be delivered. A one page profile had been developed which included what people like and admire about the person, what was important to them and how they wanted to be supported. Care files also contained 'daily life' section, within which people had indicated what they liked to do during the day and when they liked to do this e.g. get up around 10am, have a cup of tea before having breakfast etc.

Staff demonstrated a good understanding of people's needs and how these were met. People and families told us they had been engaged in the care planning process. Comments included; "I can read about what staff have written about me at any time, my daughter reads it all and has her say regarding my care." Relatives said "I have been involved in signing my husband's care plans, as I hold his power of attorney; I was told I can look at the files anytime I want."

The home's activities coordinator was not on duty on the day of inspection, nonetheless, the activity being planned for the day occurred, which was arts and craft conducted weekly by an outside artist who was also supported by a volunteer. Both appeared passionate and motivated to support people to engage in the activity. People were comfortable in their company and reported enjoying their visits to the home. The artist and volunteer told us they felt supported by management and the activity coordinator, saying; "I like being here every week, the residents love doing arts and craft, they are always looking forward to doing different things." We saw people's art work was proudly displayed on the notice boards on the corridor and the manager was discussing art work going in frames and being distributed throughout the home.

There was an activities planner with a variety of scheduled activities such as; art workshop by creativity in care every Monday and musical entertainment by outside singers on the first Friday of every month. Other

activities included; baking, games, bingo, quizzes, nails and beauty. We specifically asked with their consent to speak to people in their bedrooms to determine they were offered appropriate social stimulation. They told us they were happy with staff interactions with them in their bedrooms. People told us they were offered activities but there choice to engage or not was always respected. Comments from people regarding the activities included; "Staff are always about, they do try and engage you in mini games and conversation." "It has been much better after I had a fall in my room, they come in to check on me or have a chat more often, and they often complete a form to show that they were in here with me." "I know that there is painting today, but I prefer to watch telly.", "I go to church every Sunday with staff support" A relative said; "Some of the people are taken out to the park or to the pub for lunch."

There were appropriate procedures for managing complaints. The provider had a written complaints procedure, which detailed how complaints would be managed. There were limited complaints received but we saw of the few that had been made, there was a clear process and they had been responded to in the required timeframes, with appropriate action having been taken to resolve any concerns. Staff told us they would always try and remedy any concerns and would report to their manager complaints. People and relatives told us they were aware of the process and had confidence in the management to address any issues that may present.

We looked at Thornton Lodge approach to end of life care (EoLC) and found the service was engaged in the 'Six Steps' End of Life Care Programme. This is the North West End of Life Programme for Care Homes and is co-ordinated by local NHS services. This means that for people who we are nearing the end of their life, they could choose to remain at the home to be cared for in familiar surroundings by people they knew and could trusted. We saw there were death and dying care plans in place, which captured people's wishes. In one person's care plan we looked at it did not focus on what to do leading up to the persons' death, but was specific about their wishes afterwards.

Requires Improvement

Is the service well-led?

Our findings

At the time of our inspection, there was no registered manager in post. The manager had been in post since July 2017 and had applied to register with CQC. Their application was on- going at the time of this inspection.

We looked at how the manager audited the quality and safety of the service. Audits were in place in a number of areas. However we found audits had not been effective in identifying and rectifying some of the issues we found during this inspection. The manager said a number of audits had been introduced but we found these were not yet fully operative and the provider was not completing audit as frequently or as in depth to maintain oversight of the regulated activity. The processes in place to monitor the performance of the home were not effective in securing service improvements across all the areas of concern identified at our previous inspections. Audits had failed to identify the concerns and address the breaches of the regulations we found during this inspection and needed strengthening to ensure the breaches were addressed to enable people to receive safe, effective care.

This is a breach of Regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 with regards to good governance.

We found the manager to be open and transparent in discussing the changes that had taken place and those they believed were still required. People, staff and relatives spoke positively about the leadership and described a manager and provider that were approachable and visible within the home. Comments included; "The manager is very nice." "The manager is very kind, she comes around to say hello, are you ok?" "The manager is very approachable, very sensitive, she took me to see my husband and with any luck, he may be coming to live here with me." Relatives said "The manager is very helpful; they are always available to offer support and answer queries." "I think she is very engaging and she definitely keeps staff on their toes."

Staff were motivated and talked positively of the staff team and people they supported. Comments included; "The staff here are brilliant, we work really well as a team."

The manager had a dedicated meetings file, which contained agendas and minutes from each type of meeting held at the home. We saw separate staff meetings had been held, one for nurses and senior staff and another for carers. We were told these worked well, as they allowed for specific areas and issues to be discussed, which were relevant to the people present.

We saw joint relative and resident meetings had been held, albeit only the minutes of the last meeting were present in the file, which had taken place in February 2018. The next meeting was scheduled for May 2018. People spoke positively that they were invited to resident meetings being held and said they were invited to complete surveys.

People had opportunities to provide feedback and this was used to support and drive improvements in the

home. The manager also approached three people each month as part of their audit process and this fed in to the action plan to drive improvements. We saw the last feedback obtained included; very pleased with carers apart from two, the evening meal was repetitive and there is a nice atmosphere in the home. 'Happy, lovely home.' 'Feel like letting anyone in to home.' The manager could demonstrate they had commenced addressing these comments and discussions were underway with the catering staff regarding the current menus.

It is a legal requirement that providers display the rating they received at their last inspection, within the home and on their website if they have one. The rating of 'inadequate' from our last inspection in July 2017 was displayed in the home. This meant people who currently used the service and their relatives, or anyone considering using the service, had access to the inspection report to determine the quality of care being provided at the home at that time. The provider does not have a website.

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 Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider was not working or acting in accordance with the Mental Capacity Act 2005 and there was a risk that consent to care and treatment was not sought from relevant persons.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider was not consistently assessing the risks or doing all that was reasonably practicable to mitigate any such risks. The provider had not ensured the premises were safe as there were two radiators without covers.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have an effective system and process in place to assess, monitor and improve the quality of the service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not ensured all staff had received mandatory training or additional training as necessary to carry out regulated activities as part of their role.