

Lancashire County Council

# Thornton House Home for Older People

## Inspection report

Whimbrel Drive  
off Mayfield Avenue  
Thornton Cleveleys  
Lancashire  
FY5 2LR

Tel: 01253825845  
Website: [www.lancashire.gov.uk](http://www.lancashire.gov.uk)

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection was carried out on the 5 April 2016 and was unannounced. We last inspected Thornton House Home for Older People in November 2013 and identified no breaches in the regulations we looked at.

Thornton House Home for Older People is registered to provide personal care and accommodation for up to 44 older people. Care is provided on a 24 hour basis, including waking watch support throughout the night. The home is divided into four areas. Two providing rehabilitation care. One dementia care and one residential care. At the time of the inspection there were 42 people living at the home.

Accommodation is provided over two floors, with a lift providing access to the first floor. There are a range of communal rooms, comprising of a lounges, dining rooms and kitchen areas. There are garden areas with seating for people to use. Car parking is available at the home.

The home is managed by a registered manager. A registered manager has legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they were happy living at Thornton House Home for Older People and the care met their individual needs. People described staff as 'wonderful' and 'thoughtful' and told us they were involved in their care planning.

There were systems in place to protect people at risk of harm and abuse. Staff were able to define abuse and the actions to take if they suspected people were being abused.

We found individual risk assessments were carried out and care plans were developed to document the measures required to reduce risk. Staff were knowledgeable of the measures in place and we observed these were followed these to ensure peoples' safety was maintained.

We found medicines were managed safely. We saw people were supported to take their medicines in a dignified manner and there were systems in place to ensure medicines were stored securely.

We found appropriate recruitment checks were carried out. This helped ensure suitable people were employed to work at the home. We found there were sufficient staff to meet people's needs. People were supported in a prompt manner and people told us they had no concerns with the availability of staff.

Staff received regular support from the management team to ensure training needs were identified. We found staff received appropriate training to enable them to meet people's needs.

Processes were in place to ensure people's freedom was not inappropriately restricted and staff told us they would report any concerns to the registered manager.

We found people were offered a variety of foods and people told us they liked the meals at Thornton House Home for Older People.

People were referred to other health professionals for further advice and support when assessed needs indicated this was appropriate. We spoke with four visiting health professionals who voiced no concerns with the care provided at the home.

Our observations during the inspection showed staff treated people with respect and kindness. People told us they considered staff were caring and we saw a positive rapport between staff and people who lived at the home.

Staff knew the likes and dislikes of people who lived at the home and delivered care and support in accordance with people's expressed wishes. During the inspection we noted people were supported to carry out activities which were meaningful to them.

There was a complaints policy in place, which was understood by staff. Information on the complaints procedure was available in the reception of the home.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe.

People could be assured they would receive their medicines safely.

Assessments were undertaken to ensure risks to people who used the service were identified. Written plans were in place to manage these risks.

The staffing provision was arranged to ensure people were supported in an individual and prompt manner.

Staff were aware of the policies and processes in place to raise safeguarding concerns if the need arose.

### Is the service effective?

Good 

The service was effective.

People's needs were assessed in accordance with their care plans.

People were enabled to make choices in relation to their food and drink and were encouraged to eat foods that met their needs and preferences.

Staff were appropriately skilled to promote people's safety and well-being.

Referrals were made to other health professionals to ensure care and treatment met people's individual needs.

The management demonstrated their understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

### Is the service caring?

Good 

The service was caring.

Staff were patient when interacting with people who lived at the

home and people's wishes were respected.

Staff were able to describe the likes, dislikes and preferences of people who lived at the home.

People's privacy and dignity were respected.

### **Is the service responsive?**

The service was responsive.

People were involved in the development of their care plans and documentation reflected their needs and wishes.

People were able to participate in activities which were meaningful to them.

There was a complaints policy in place to enable people's complaints to be addressed. Staff were aware of the complaints procedures in place.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Staff told us they were supported by the management team.

Communication between staff was good. Staff consulted with each other to ensure people's wishes were met.

There were quality assurance systems in place to identify if improvements were required.

**Good** ●

# Thornton House Home for Older People

## **Detailed findings**

### Background to this inspection

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

This inspection was carried out on the 5 April 2016 and was unannounced. The inspection was carried out by one adult social care inspector. The inspection team also consisted of a specialist advisor. The specialist advisor who took part in this inspection had specialist knowledge in dementia care. At the time of the inspection there were 42 people living at Thornton House Home for Older People.

Prior to the inspection we reviewed information the Care Quality Commission (CQC) holds about the home. This included any statutory notifications, adult safeguarding information and comments and concerns. Before our inspection visit we also contacted the commissioning department at the local authority. This information helped us plan the inspection effectively.

During the inspection we spoke with five people who lived at Thornton House Home for Older People and two relatives. We spoke with the registered manager and the senior manager. We also spoke with the assistant manager, five care staff and the cook. In addition we spoke with four external health professionals.

We looked at all areas of the home, for example we viewed the lounges and dining areas, bedrooms and the kitchen. This was so we could observe interactions between people who lived at the home and staff. 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 looked at a range of documentation which included five care records and a sample of medication and administration records. We also looked at records relating to the management of the home. These included

health and safety certification, recruitment and training records, minutes of meetings and quality assurance surveys.

# Is the service safe?

## Our findings

People who lived at the home told us they felt safe. We were told, "Oh I'm safe, this is a lovely home." And, "The girls talk to me about my safety. Using the call bell to ask for help, checking me at night. Yes I'm safe here." A relative told us, "[My family member] is safe here."

We viewed five care records to look how risks were identified and managed. Individualised risk assessments were carried out appropriate to people's needs. We found care documentation contained instruction for staff to ensure risks were minimised. For example we noted one person required specific equipment to maintain their safety. Care documentation contained information to guide staff on the how to maintain the person's safety. We noted the equipment was in use during the inspection and staff followed the risk assessments in place. This helped ensure the safety of the person was maintained.

We asked the registered provider how they monitored accidents and incidents within the home. We were told all incidents and accidents were reported using the registered providers reporting system. This information was then reviewed by the registered manager and senior manager to identify if trends were occurring. We viewed the documentation provided and saw evidence this took place.

Staff told us they had received training to deal with safeguarding matters. Staff were able to explain the signs and symptoms of abuse. Staff told us they would immediately report any concerns they had to the registered manager or senior manager. In addition, staff also told us they would report concerns to the local safeguarding authorities if this was required. One staff member told us, "[The registered manager] would investigate our concerns immediately." A further member of staff said, "Safeguarding was explained during training. The expectation is that we report straight away."

We asked the registered manager how they ensured sufficient numbers of staff were available to meet people's needs. They told us they reviewed the needs of people who lived at the home and used an assessment tool. The registered manager explained the tool helped calculate the minimum number of staff required. The registered manager also told us if people's needs changed, extra staff were provided. All the staff we spoke with confirmed additional staff were made available if the need arose.

People who lived at the home also told us they were happy with the staffing provision. All the people we spoke with told us staff supported them promptly. Comments we received included, "I can't recall having to wait at all." And, "I've never felt I've had to wait. I'm happy with the staff here." Relatives we spoke with expressed no concerns with the staffing levels at the home.

We reviewed documentation which showed safe recruitment checks were carried out before a prospective staff member person started work at the home. The staff we spoke with told us they had completed a disclosure and barring check (DBS) prior to being employed. This is a check that helped ensure suitable people were employed. We reviewed the files of two staff who had recently been employed and found the required checks were completed. We noted appropriate references were obtained. This demonstrated safe recruitment checks were carried out.

During this inspection we checked to see if medicines were managed safely. We observed care staff administered medicines to people individually. This minimised the risk of incorrect medicines being given. We looked at a sample of medicine and administration records and found these were completed correctly. We checked the stock of three medicines and noted the records and the amount of medicines matched. This indicated medicines were being administered correctly. The staff member we spoke with explained the processes in place for the ordering and receipt of medicines. They were knowledgeable of the processes in place and we saw appropriate storage was in place to ensure medicines were stored safely.

We found checks were in place to ensure the environment was maintained to a safe standard. We reviewed documentation which evidenced electrical and lifting equipment was checked to ensure its safety. We also found the temperature of the water was monitored to ensure the risk of scalds had been minimised. A legionella risk assessment was in place to minimise the risk of legionella developing within the home.

There was a fire risk assessment in place and the staff we spoke with were knowledgeable of this. Staff told us they had received training in this area and were confident they could respond appropriately if the need arose.

## Is the service effective?

### Our findings

People who lived at Thornton House Home for Older People were complimentary of the care and support they received. People told us staff supported them in the way they had agreed and staff were knowledgeable of their needs. Comments we received from people who lived at the home included, "They look after me well. I feel well because of that." And, "I've never had to explain what help I need. Staff know me well."

We reviewed documentation which evidenced people were supported to see other health professionals as their assessed needs required. For example we saw people were referred to doctors and district nurses if there was a need to do so. During the inspection we observed a doctors appointment being arranged for a person who lived at the home. We spoke with the person who told us this had been discussed with them. They told us, "They arrange my appointments very well." A further person said, "Never a problem seeing a doctor here. They sort it out for you." We spoke with one visiting health professional who told us the home made prompt and appropriate referrals as required.

Care files evidenced people's nutritional needs were monitored. We found nutritional assessments were carried out and people were weighed in accordance with their assessed needs. In one record we noted there was a gap in the person's weight recording. We spoke with the person who told us they sometimes declined to be weighed. We discussed this with the registered manager who told us they would ensure any future refusals were documented. Staff told us if they were concerned with people's nutritional intake, they would refer people to other health professionals for further advice and guidance.

We viewed menus which evidenced a wide choice of different foods were available. We found the kitchen was well stocked with fresh fruit, vegetables and dry and tinned supplies. People who lived at the home told us the menu was flexible and they liked the food provided. Comments we received included, "I've ordered garlic mushrooms they're lovely." And, "All the food is good here and there's enough of it as well." Also, "The food is almost as good as home." A further person commented, "I like most things here but if I don't I can always have something else. I had an omelette last week. It was very nice."

We observed the lunchtime meal being served. We saw people were asked if they wanted to sit at the dining table. People who chose to eat in the lounge were provided with an appropriate table. This demonstrated people were given choice of where they wished to eat. We observed staff provided meals promptly and people were asked if they were happy with their choice. On the day of the inspection we noted people were happy with the meal provided and did not request alternatives. During the meal we observed hot and cold drinks were available and were provided for people. These were replenished throughout the meal and people were offered second portions of food.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We spoke with the registered manager to assess their understanding of their responsibilities regarding making appropriate applications. From our conversations it was clear they understood the processes in place. We were told there were thirteen DoLS applications in place at the time of our inspection. The registered manager told us they were aware of the processes in place and would ensure these were followed if the need arose.

We asked staff to describe their understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and how this related to the day to day practice in the home. Staff could give examples of practices which may be considered restrictive and said any concerns would be reported to the registered manager. Staff told us they had received training in this area and would seek further guidance from the registered manager if they had any concerns.

We asked staff what training they had received to carry out their roles. Staff told us they had received an induction which included training in areas such as moving and handling, safeguarding and medicines management. Staff we spoke with confirmed training was provided to ensure their training needs were identified and training was refreshed. We noted a forward plan of training was in place. This showed staff were able to access appropriate training to maintain their skills.

Staff told us their training needs were discussed with them at supervision. Supervision is a meeting between a staff member and their line manager where training and staff performance is discussed. We viewed two supervision records. These evidenced supervisions took place to ensure staff performance was monitored. One staff member told us they had received additional training in the management of hydration. They explained this was to enable them to fulfil the role of 'nutrition champion'. They went on to say as part of this role they would monitor the nutritional needs of people who lived at the home. They told us information they had learned was cascaded to other staff to help ensure people's nutritional needs were met.

## Is the service caring?

### Our findings

People who lived at the home were complimentary of staff. We were told, "It's a nice place to live, staff make it so. They're a good lot. Very kind." Also, "Wonderful staff." And, "The girls are thoughtful and gentle with me." A relative we spoke with commented, "Staff are friendly and open."

Before our inspection visit we received information from external agencies about the service. They included the commissioning department at the local authority. We received no negative feedback.

We saw staff were caring. We observed staff talking with people respectfully and offering reassurance. For example we noted one person appeared worried. They said, "I'm a bother." Staff reassured the person and said, "No, you're not. I look forward to coming here so we can have a chat and a cuppa." We observed the staff member sat with the person while they both had a cup of tea. We noted the person was happier because of this interaction.

We found there was a positive rapport between staff and people who lived at the home. People laughed and joked with staff members. We heard one person say, "I love a bit of banter." We observed staff responded to people with affection. We noted one person commented they liked the staff member's hair. The staff member thanked the person and touched their arm gently. The person hugged the staff member. This demonstrated people were treated with care and fondness.

Staff spoke affectionately about people who lived at the home. One staff member told us, "I love coming here. The job we do is so rewarding and I get a lot of satisfaction. Just having a chat, or helping residents make a brew. Our residents are fantastic, all individuals and they deserve the best." A further staff member said, "The residents are great. They're all individuals." Staff also showed an awareness of what was important to people who lived at the home. One staff member explained the importance of a person's waking routine.

We asked people who lived at Thornton House Home for Older People if they felt staff understood them and their individual needs. People told us they did. One person described how staff understood their need for privacy. A further person told us staff understood how important it was for them to maintain their independence. They said, "The girls understand me." In addition one person told us, "I've never had to explain what help I need. Staff know me well."

We discussed the provision of advocacy services with the registered manager. We were informed there were no people accessing advocacy services at the time of the inspection; however this would be arranged at people's request.

We looked at care records of five people. The records contained information about people's current needs as well as their wishes and preferences. Daily records completed were up to date and well maintained. These described the daily support people received and the activities they had undertaken. The records were informative and enabled us to identify how staff supported people with their daily routines

During the inspection we noted staff took care to respect people's privacy and uphold their dignity. For example we observed bedroom and bathroom doors were closed when personal care was delivered. We observed staff knocking on people's doors prior to entering their rooms and staff ensured people's confidential records were not left unsecured. This helped ensure individual personal details remained private and people's dignity was protected.

## Is the service responsive?

### Our findings

People who lived at the home told us they felt care provided met their individual needs. Comments we received included, "I'm well looked after." And, "They do what I want them to do and they do it well. I'm cared for." Also, "The care I get here is very good."

Within the care documentation we viewed we found evidence people who lived at the home and those who were important to them were consulted and involved as appropriate. We noted people's social histories and hobbies and interests were documented. People told us, "There was no presumption about what I wanted. I was asked." And, "They checked everything with me." Also, "I'd say I'm really involved." Relatives we spoke with also told us they were involved. This helped ensure important information was recorded to ensure care and support was in response to people's wishes and preferences.

During the inspection we observed staff responded quickly if people needed support. We observed one person was fidgeting in their chair. We noted the staff member approached the person and asked them discreetly if they needed any assistance. We observed the person agreed to accept support with personal care. We discussed this with the staff member who showed us the person's care plan. We saw this documented the person may demonstrate this behaviour if they needed support. This demonstrated staff knew and responded to non-verbal communication, to ensure people's needs were met.

We found an activities programme was displayed in different areas of Thornton House Home for Older People. Staff told us there was an activities co-ordinator in place, but they also supported people to participate in activities. During the inspection we observed people being supported to play dominoes, knit and take part in art and craft. We noted the activities were enjoyed by people. People also told us they enjoyed the activities provided. One person said, "We've got plenty to do. I like the exercises." A further person said, "I enjoy the pamper sessions." This demonstrated people were encouraged to engage in social events to minimise the risk of social isolation.

We found there was a complaints procedure in place which described the response people could expect if they made a complaint. This was displayed on the notice board in the reception of the home. Staff told us if people were unhappy with any aspect of the home they would pass this on to the registered manager. This demonstrated there was a procedure in place, which staff were aware of to enable complaints to be addressed.

We viewed the complaints log at Thornton House Home for Older People. The registered manager told us they encouraged people and relatives to raise any comments with them before they became areas of concern. They told us this helped ensure comments were addressed quickly and resolved. We reviewed a formal written complaint and found this had been investigated and concluded. This demonstrated the complaints procedure was followed in practice.

People told us if they had any complaints they could complain to staff at the home. One person told us, "I've no worries." A further person commented, "Anyone here would sort things out."

## Is the service well-led?

### Our findings

People told us they considered the home was well managed. One person told us, "It's well run, very well run. There's never a panic here." A further person commented, "Everything here is organised, but not so much that it's regimented."

Staff told us they considered the morale at Thornton House Home for Older People to be good. They told us they were respected and supported by the management team. Comments we received included, "We're a team, we all work together." And, "Everyone here is so supportive." Also, "I don't feel alone working here. We have a lot of guidance and help from management." Staff also told us regular staff meetings took place and they found these helpful. Staff explained these were an opportunity to seek clarity or discuss any concerns they had regarding people who lived at the home. We viewed documentation which evidenced this. We noted areas such as training, annual leave and safeguarding were discussed with staff. We also noted the needs and wishes of people who lived at the home were discussed. This demonstrated meetings were in place to enable staff to seek clarity and ensure changes were effectively communicated.

We asked the registered manager how they maintained an overview of the performance of Thornton House Home for Older People. We were told audits were completed to identify if improvements were required. We saw evidence of audits in accidents, care records and medicines management. Staff we spoke with confirmed they were informed of the results of completed audits. One staff member told us they had received additional support when an audit identified an error they made. They told us, "[Registered manager] spoke to me and we looked at what happened and how it could be prevented from happening again. I had a lot of support." This demonstrated the results of audits were used to improve the quality of the service provided.

The registered manager told us people were encouraged to feedback their views on the service provided. We viewed documentation which evidenced 'residents meetings' took place. We noted the meetings sought people's feedback. For example we noted people were asked if they were happy with the meal provision at the home. The feedback we viewed was positive. In addition we found an annual survey was in place. We viewed documentation which evidenced relatives and people who lived at the home were invited to complete an annual survey.

The senior manager told us they also completed quality assurance checks at the home. The senior manager explained they completed an audit tool that linked to the 'Key Lines of Enquiry' (KLOE) as used by the Care Quality Commission to carry out inspections. This was a tool to ensure the service was meeting regulations inspected by the Care Quality Commission. They told us the audit tool helped identify if improvements were required and action planning could then take place. We viewed a sample of the audit tool and found this contained different sections. For example we saw the environment, dignity and care planning were included. We noted since the audit tool had been implemented, all areas had been checked. We viewed a sample of the corresponding action plans. We noted where improvements were identified, these were actioned and completed. We saw it had been identified posters on safeguarding were not displayed on communal notice boards. On the day of the inspection we found posters were displayed. This demonstrated there was an

audit system in place, which was monitored in practice to ensure improvements were made.

The registered manager told us they were committed to making improvements at Thornton House Home for Older People. They told us they were currently engaged with an external company to improve the garden. The registered manager told us the company specialised in helping care providers develop outdoor areas. We viewed the garden and found it was safe and had seating and paved areas for people to use. The registered manager spoke passionately about the benefits of supporting people living with dementia to access safe and stimulating outdoor spaces. They told us they were working closely with the external company to further improve the garden. They said they hoped this would enrich people's lives.

During the inspection we noted people who lived at the home knew the registered manager. We observed people smiling when they saw them and approaching them without hesitation. It was clear from our observations people knew the registered manager. We also noted the registered manager knew people who lived at the home. We observed them addressing people by their chosen name. This demonstrated the registered manager played an active role in the running of Thornton House Home for Older People.