

GN Care Homes Limited

Thornton House Residential Home

Inspection report

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Childer Thornton
Ellesmere Port
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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 well-led?

Requires improvement



Overall summary

We carried out an unannounced focused inspection of this service on 7 July 2015.

Thornton House Residential Home is registered to provide accommodation and personal care for up to 22 older people. The home has single room accommodation over two floors. Communal areas include a dining room, reception room, a lounge and a conservatory. The home is located on the outskirts of Ellesmere Port and is within reach of local services, community and public transport. At the time of this inspection 20 people were living at the service.

Since our previous inspection on 8 January 2015, the manager has registered with the CQC. 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.

At our comprehensive inspection on 8 January 2015, breaches of legal requirements were found. These were in regards to the operating of safe and effective recruitment processes and ensuring that suitable arrangements were in place for gaining people's consent. We asked the

Summary of findings

registered provider to take action to make a number of improvements. After the inspection, the registered provider wrote to us to say what action they would take in relation to the breaches identified. They informed us they would meet all the relevant legal requirements by 22 June 2015.

We undertook this focused inspection to check that they had followed their action plan and to confirm that they now met legal requirements. On the 8 July 2015, we found that whilst the registered provider had made some improvements, they had not fully met their own action plan; We found a continued breach of the Health and Social Care Act 2008 (Regulated Activities) 2014. You can see the action we have told the provider to take at the end of the report.

At the last inspection the registered provider was required to ensure that people, who were deprived of their liberty, were done so in accordance with the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Where a person's liberty was being restricted or they were under continuous supervision, we

found that the manager had made the appropriate application to the supervisory body under Deprivation of Liberty Safeguards. Where a person lacked capacity to make a specific decision or choice, staff understood why decisions had to be taken in somebody's best interest and clearly documented this. This meant the rights of people, who were not always able to make or communicate their own decisions, were protected.

However, people were not protected from the risks associated with staff that may not be of suitable character to provide care to them. The registered manager had failed to ensure that the required checks with the disclosure and barring service (DBS) had been carried out prior to staff commencing employment.

This report covers our findings in relation to those requirements and a review of the well led domain. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for (Thornton House Residential Home) on our website at www.cqc.org.uk

Summary of findings

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 still not safe.

New staff had not gone through the required recruitment checks prior to commencing employment. This meant that people were at risk as staff may not be of suitable character.

Requires improvement



Is the service effective?

We found that action had been taken to improve the effectiveness of the service.

Staff had received training in the Mental Capacity Act 2005 and Deprivation of Liberty safeguards. They had applied this to their day to day practice to ensure that people's rights were protected. A number of applications had been submitted to the supervisory body as the registered manager and staff had identified situations in which they were restricting someone's liberty.

This meant that the provider was now meeting legal requirements.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

Requires improvement



Is the service well-led?

The service was not well led.

The registered manager had failed to ensure that they met their own action plan and there was a continued breach of legal requirements.

The registered provider failed to have robust audit systems in place to monitor the progress and effectiveness of the action plan.

Requires improvement



Thornton House Residential Home

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of Thornton House on 7 July 2015. This inspection was completed to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection 8 January 2015 had been made. We inspected the service against two of the five questions we ask about services: is the service safe and is the service effective. This is because the service was not meeting legal requirements in relation to those questions. We also undertook a review of well-led.

The inspection was undertaken by two adult social care inspectors.

Before our inspection we reviewed the information we held about the home, this included the provider's action plan, which set out the action they would take to meet legal requirements.

During our inspection we spoke with the registered manager and three members of staff. We also looked at the recruitment records for two staff members and the training records for all the staff employed. We looked at the care plan documentation for three people who used the service and focused on the records in regards to decision making.

Is the service safe?

Our findings

When we carried out a comprehensive inspection of the home in January 2015, we identified concerns because staff had not gone through the required recruitment checks to ensure they were of suitable character. Following that visit, we issued a compliance action requiring the registered provider to take action to become compliant with Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We asked the registered provider to send us an action plan telling what action they had taken.

On this inspection, we found that improvements had not been made and the registered provider had not met the requirements of their action plan. We found that the service was still not safe because the registered manager had not ensured that two new members of staff had the required recruitment checks in place prior to commencing their employment.

Whilst there were records of an interview process, a complete employment history and references having been taken up, the registered manager had not ensured that the appropriate checks had been made with the disclosure and barring service (DBS) prior to staff commencing employment. Neither of the two persons had an Adult First check or a DBS in place at the point that they started their employment. This placed people at potential risk of harm as no checks had been carried out on staff prior to the commencement of employment, to ensure that they were of suitable character to work in this setting.

The registered manager told us that she thought that this was acceptable as both staff members had shadowed staff and participated in training until the required checks were in place. She also told us that both staff members had recent and current DBS certificates for secondary jobs that they hold. The rotas confirmed that the staff were supernumerary during this period. We spoke to one of the staff members who told us that they had completed training and induction during this period and did not have any care responsibilities until the DBS was in place. They said that this time had been invaluable in introducing themselves to the work place and the people who used the service.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014 because the registered provider had failed to ensure that people were protected from harm and only employed fit and proper persons.

We spoke to members of staff who were able to identify types of abuse and were able to tell us what they would do if they had a concern. On our previous inspection it was apparent that the registered manager had reported safeguarding issues to the local authority and had taken appropriate action but had failed to inform the CQC. Since our last inspection, the registered manager has reported concerns to the CQC and we are satisfied that appropriate action had been taken to investigate concerns and to take remedial action.

Is the service effective?

Our findings

On our comprehensive inspection on 8 January 2015, we found that the registered provider had failed to ensure that suitable arrangements were in place to gain someone's consent. This meant that people's rights may not be protected. Following that visit, we issued a compliance action requiring the registered provider to take swift action to become compliant with Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We asked the registered provider to send us an action plan telling what action they had taken.

On this focused inspection, we found that improvements had been made and that the registered provider was now meeting the legal requirements.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA 2005 is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. DoLS is part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The registered manager had submitted a number of applications under the Deprivation of Liberty safeguards (DoLS) to the supervisory body. These were for both urgent and standard authorisations. The registered manager and staff demonstrated an understanding of the difference between the two applications and fully understood the requirements for an application. The documentation submitted was comprehensive, detailed and outlined what staff believed to be a deprivation or restrictive practice. Care Plan documentation highlighted that a person had a DoLS in place and what this meant for their care. Staff demonstrated that the least restrictive options had been considered such as the use of crash mats as opposed to bedrails. All the staff we spoke to were aware of who had a DoLS in place and why. This information was also included in the end of life care plans and staff had highlighted the legal requirement to refer to the Coroner any person who dies with a DoLS in place. The registered manager had

requested from relatives and solicitors, copies of relevant documentation to evidence if someone had passed on decision making responsibilities such as a lasting power of attorney. The registered manager and all the staff were aware of the implications of these being in place. This meant that people were protected from the risks of unlawful deprivation.

Staff had recently attended Mental Capacity Act (MCA) and DoLS training and those we spoke with told us that it was "excellent", "thought provoking" and "changed how they view things". Training had taken place with other people in the staff group and they told us that "There was lots of opportunity for debate and discussion and this has been on-going since the training."

Staff were able to tell us how they would assess mental capacity and how it could fluctuate. Staff had an understanding of how best to seek consent and one staff member said "I think it opened up my thinking about how I talk to people and how to word things more appropriately to support understanding and enable the person to make a decision". This meant that information about care was provided in a way that people could understand. Staff discussed with us how they now have changed their practice as the result of the training and having a better understanding. Staff told us "I realised I was unconsciously making decisions for people thinking I was keeping them safe from harm when actually I was stopping them from being independent as much as they could be", "People have the right to do things we think are risky if they can make that decision". "I have to stop wrapping people up in cotton wool as they should be supported to take decisions".

Care Plans and support plans that we looked at demonstrated that staff had undertaken and recorded an assessment of mental capacity. Where a person lacked capacity around a specific decision, staff had demonstrated that a decision had been taken in someone's "best interest" and why that was necessary. This meant that staff were acting in accordance with the MCA 2005 to protect the rights of people who lacked mental capacity to consent in any given situation.

Is the service well-led?

Our findings

On our comprehensive inspection on 8 January 2015, we found that the service was well led.

Following that visit, we issued compliance actions requiring the registered provider to take swift action to become compliant with legal requirements. We asked the registered provider to send us an action plan telling what action they had taken.

On this focused inspection, we found that there was a continued breach of regulation which placed people using the service at risk. This meant that the registered manager and registered provider had not met their own action plan

in regards to the safe recruitment of staff. Registered providers and registered managers must monitor progress against action plans to improve the quality and safety of services and take appropriate action to make improvements where progress is not achieved as expected.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 because the registered provider failed to establish and operate effectively a system to enable them to act on CQC feedback and take action to comply with regulatory requirements without delay .

We have reviewed the rating of this domain as a result of our findings.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014: Good Governance.</p> <p>How the regulation was not being met: Registered providers and registered managers must monitor progress against action plans to improve the quality and safety of services and take appropriate action to make improvements where progress is not achieved as expected. The registered provider failed to establish and operate effectively a system to enable them to act on CQC feedback and take action to comply with regulatory requirements without delay.</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2014: Fit and Proper Persons Employed.</p> <p>How the regulation was not being met: People who used the service were not protected against the risks associated with staff that had not been assessed as being of suitable character for the job. 19 (1)(2)(3)</p>

The enforcement action we took:

We issued a warning notice and told the registered provider to be compliant by 17 November 2015.