

Mr Barry Potton

# Thornton Manor Nursing Home

## Inspection report

Thornton Green Lane  
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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 28 June 2018 and 5 July 2018 and was unannounced on the first day and announced on the second day.

Thornton Manor nursing home is a private home that is set in its own grounds and located close to a rural village of Thornton-le-Moors between Ellesmere Port and Chester. The service is based over two floors and is registered to provide nursing and personal care for up to 47 people. At the time of our inspection there were 43 people living at the home.

The home has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection in January 2017 we found that there were a number of improvements needed in relation to accurate and contemporaneous records and effective auditing procedures. These were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of Responsive and Well-Led to at least good. The provider sent us an action plan that specified how they would meet the requirements of the identified breaches. During this inspection we found all the required improvements had been made.

This inspection was done to check that improvements had been made to meet the legal requirements planned by the registered provider after our comprehensive inspection in January 2017. One adult social care inspector visited the home and inspected it against all of the five questions we ask about services: is the service Safe, Effective, Caring, Responsive and Well-Led? We found that the registered provider was meeting all of the legal requirements.

Each person living at the home had a care plan and risk assessments in place that reflected their individual assessed needs. People's needs that related to age, disability, religion or other protected characteristics were considered through the assessment and care planning process. Care plans included clear guidance to staff that ensured people's needs were appropriately met. Staff were knowledgeable about people's individual needs and histories. Essential records that included repositioning charts and well-being checks were consistently completed and reviewed regularly by the management team. When required end-of-life care plans were in place and people's expressed wishes were clearly documented.

Effective audit systems were in place that were consistently completed. Areas for development and improvement were identified where required and action plans were prepared and completed. Accidents and incidents were analysed to identify trends and patterns within the service.

Recruitment systems at the service were safe and robust. Sufficient staff were employed to meet the assessed needs of people living at the home. All staff had undertaken an induction and had completed mandatory training in accordance with best practice guidelines. Additional completed training had included managing cardiac arrest and dementia which supported staff to meet the needs of the people living at the home. Staff were supported by the management team through supervision, team meetings and departmental meetings. Staff told us that they felt well supported.

Safeguarding policies and procedures were in place and staff were familiar with these. Staff were able to describe what abuse may look like and felt confident to raise any concerns and thought they would be listened to.

The registered provider had medicines policies and procedures in place. Medicines were ordered, stored, administered and disposed of in accordance with best practice guidelines. Staff the administered medicines had all completed training and had their competency assessed.

People told us that they enjoyed the food and drink available at the home. We observed the dining experience and found that people were offered choice, staff offered the appropriate level of support and it was an overall positive experience. Clear guidance was in place for staff to follow the people that had specific dietary needs.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 and report on what we found. We saw that the registered provider had policies and guidance available to staff in relation to the MCA. Staff demonstrated a basic understanding of this and had all completed training. The registered provider had made appropriate applications for the Deprivation of Liberty Safeguards (DOLS). Care records reviewed included mental capacity assessments and best interest meetings.

Staff knew people well and treated them with kindness and compassion. People told us their privacy and dignity was respected and they valued this. People were consistently offered choice throughout their day from where they would like to sit, what activity they would like to participate in and what they would like to eat and drink.

People had activities available to participate in that included a 'Pet's Corner' that was accessible to everyone living at the home.

The registered provider had a clear complaints policy that people and their relatives knew how to access and they told us they felt confident any concerns would be listened to.

Thornton Manor had dementia friendly adaptations in place to stimulate the environment for people living with dementia. The home was clean and well maintained and had all required health and safety checks in place. Equipment was regularly serviced and individual emergency evacuation plans were in place for people.

## 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.

Robust recruitment procedures were in place and sufficient staff were employed to meet people's individual needs.

People's medicines were ordered, stored, administered and disposed of in accordance with good practice guidelines.

Clear risk assessments were in place that provided guidance staff to mitigate identified risks.

### Is the service effective?

Good ●

The service was Effective.

People's mealtime experience was positive and clear guidance was in place to support people's specific dietary needs.

Staff had all completed an induction and had received all required mandatory training.

The registered provider followed the requirements of the Mental Capacity Act 2005.

### Is the service caring?

Good ●

The service was Caring.

People's right to privacy and dignity was consistently respected.

Staff had developed positive relationships with people and had a good understanding of their individual needs.

People's confidential records were stored securely in a locked office.

### Is the service responsive?

Good ●

The service was Responsive.

People's care plans were person centred and reflected their individual needs.

People and their relatives knew how to raise a complaint and felt confident they would be listened to.

Activities were available to people to participate in that included a 'Pets Corner'.

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

The service was Well-Led.

The registered provider regularly sought feedback through quality questionnaires.

Effective audit systems were in place to identify areas for continued development and improvement.

The registered provider's policies and procedures were regularly reviewed and up-to-date.

**Good** ●

# Thornton Manor Nursing Home

## **Detailed findings**

### Background to this inspection

We carried out the inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the registered provider was 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 was a comprehensive inspection carried out by one adult social care inspector.

This inspection was unannounced on 28 June 2018 and announced on 5 July 2018.

As part of the inspection planning we reviewed the information the registered provider had given us since the last inspection. We looked at information provided by the local authority, safeguarding team and commissioning team. Feedback we received identified the registered provider had made good progress and further improvements had been made to the service since our last inspection.

We checked the information we held about the registered provider and the home. This included statutory notifications sent to us by the registered manager about incidents and accidents that had occurred at the home. A notification is information about important events which occur at the home that they are required to send us by law.

The registered provider had completed and submitted a Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the home, what the home does well and any improvements they plan to make. This information formed part of the inspection planning and was used during the inspection visit.

During the inspection we spoke with three people living at the home, four relatives of people living at the home the registered manager, deputy manager, nurse, five staff including support and domestic staff and a

healthcare professional. We observed staff supporting people throughout our visits.

We looked at three care plan files, three staff recruitment and training files, medication administration records (MARs), complaints, policies and procedures and other records that related to the running of the home.

## Is the service safe?

### Our findings

People told us they felt safe living at the home. Their comments included "Staff always come when I use my call bell in my room" and "There are always staff available when I need them day and night". Relative's comments included "I have peace of mind knowing [Name] is well care for" and "I no longer lose sleep worrying if something will happen when I am not with [Name]."

The registered provider followed a robust safe recruitment process that ensured only suitable staff were employed. Records showed application forms had been fully completed and any gaps in employment explained, interview records, two references that included the most up to date employer and a disclosure and barring (DBS) check were in place. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. The staff rosters showed sufficient staff were available to meet the assessed needs of people living at the home.

People were supported with the management of their medicines by trained and competent staff. Medicines were ordered, stored, administered and returned in accordance with best practice guidelines. Controlled drugs were managed safely with two staff signing for each administration. We found stocks were correct and records were accurately completed. PRN 'as required' medicines protocols were in place that offered clear guidance to staff. Medicines that required storage at a cool temperature to maintain their efficiency were stored in a specified fridge. Temperature checks were undertaken regularly by staff.

The registered provider had a safeguarding policy and procedure available for all staff to follow. The local authority safeguarding procedure was also readily available and staff were familiar with it. Staff had all completed safeguarding training and were able to demonstrate a good understanding of abuse along with signs and symptoms to look out for. Staff told us they felt confident any concerns they had would be promptly acted upon and reported to the local authority safeguarding team.

Accidents and incidents were promptly recorded by staff and were regularly reviewed by the management team. An analysis of trends and themes in March 2018 had identified that a number of falls had occurred during the night. The management team had undertaken additional unannounced visits to the home to review staff practice. A subsequent analysis undertaken in May 2018 identified a reduction in falls.

Individual risk assessments were in place where areas of risk had been identified. These documents identified the specific areas of risk that included manual handling, personal hygiene, falls, skin integrity, cognition and continence. Guidance was available for staff to mitigate the risk and direct them to the level of intervention required. People that were at a high risk of developing a pressure ulcer had specialist equipment in place with regular required checks undertaken. Pressure relieving mattresses were in place with regular checks consistently recorded by staff.

Health and safety checks were regularly undertaken and recorded. These included hot and cold water temperatures, water flushing, PAT testing, equipment safety checks and regular servicing. Gas and electrical



certificates were in place and up-to-date. An up-to-date fire risk assessment was in place and regular fire checks were undertaken that included, fire alarm, emergency lighting and fire doors. All equipment was regularly serviced to ensure it remained safe.

Personal emergency evacuation plans (PEEPS) were in place that described the level of staff intervention required to support each person to evacuate the building in the event of an emergency. These documents related to each person's individual needs and included any moving and handling needs as well as the level of emotional support and encouragement a person would require. These documents were reviewed regularly and any required changes were made.

Personal protective equipment (PPE) was available for all staff throughout the home. This included gloves and aprons used by staff when they undertook personal care tasks. These items are used to protect staff and people from the spread of infection. Staff spoke about the importance of hand washing between tasks to reduce the spread of germs.

## Is the service effective?

### Our findings

People spoke positively about the food at the service. Comments included "It's always tasty", "The food is like home from home" and "There is always something I like on offer."

During our visit we observed people having their breakfast, lunch and tea. Menus were available in pictorial and written formats. Our observations of people's dining experience was positive. Staff interacted very well with people and there was lots of banter between people and staff throughout the meal times. People were offered a choice of food from the menu and food was attractively presented. When staff spoke to people or supported them to eat their food they sat next to them at an appropriate height. When everyone had been served staff sat with people and chatted comfortably with them.

People's care plans included information about people's food likes, dislikes and allergies. They described people's preferred portion sizes and if they were at risk of choking and required a pureed diet. Clear directions for staff were available that included choking risk assessments and protocols to be followed. This meant people's food and drink needs were met safely by staff that had the appropriate guidance available for them to follow.

Staff undertook regular checks of people throughout the day and night. These included repositioning records for people supported in bed, well-being checks while people were in their bedrooms and nutrition and hydration charts. People were consistently checked in accordance with their care plan requirements.

A team of community healthcare professionals visited the home to maintain people's health and well-being. The registered provider worked closely with GPs, occupational therapists, speech and language therapists and the falls team. Comments from a healthcare professional included "Staff have a good understanding of people and alert the GP to any concerns", "The registered manager and staff team have good relationships with the older people's mental health team" and "The home is supported by the hospital at home service and this has reduced the number of hospital admissions."

Staff had all undertaken an induction at the start of their employment and completed regular refresher mandatory training updates in accordance with good practice guidelines. Additional training that included managing cardiac arrest, dementia awareness and catheter care was also undertaken. This meant staff had the essential skills and knowledge to meet the needs of people living at the home.

Staff told us they had regular supervision with their line manager to discuss areas for development and improvement as well as any concerns they had professionally or personally.

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 make 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 found that it was. The registered manager and staff had a basic understanding of the Mental Capacity Act and had completed training. The process of assessment used by the registered provider in gathering information on the needs of people, included reference to their capacity to make decisions. The registered provider told us that they worked alongside family members, as well as health and social care professionals if a person did not have the mental capacity to make their own decisions.

The environment supported people living with dementia to maintain their independence as much as possible with the use of memory boxes outside people's bedroom doors. These held familiar items and photographs that people would recognise. There were areas that provided quiet space for people and also areas where people could engage in smaller activity groups. Corridors held interactive items on the walls and also had coloured handrails to support people's orientation around the building.

## Is the service caring?

### Our findings

We received many positive comments from people and their relatives about the staff. These included "Staff are very caring", "Everyone from the manager, the nurses, support staff and ancillary staff are all lovely", "All the staff are very friendly" and "The staff are all kind and caring."

People told us that staff respected their privacy and dignity. One comment included "I value my privacy and dignity. I have it whenever I need it." We saw staff demonstrating discretion when supporting people to manage their continence needs. Staff consistently knocked and waited for response before entering people's bedrooms or bathrooms. In a recent quality questionnaire audit undertaken in January 2018 100% of people said that they were treated with dignity and respect. 100% of relatives said that their privacy was respected when they visited the home.

During our conversations with staff they all demonstrated a good understanding of the people living at the home. We observed staff demonstrating kindness and empathy. Staff were knowledgeable about people's histories, likes, dislikes and had comfortable conversations with them around topics that people were interested in.

Care plans included information about people's individual communication needs. These documents held essential information about any sensory loss and gave staff guidance for the management of this. For example one person required staff to use short and simple sentences to ensure they fully understood what was being said. Another person used hearing aids and required staff to put these in each day and to speak slowly and clearly while facing them.

People and their relatives told us that they were always offered choice and examples included; where to sit, what activities were available to participate in, if they would like a hot or cold drink and what type of drink they would like and if they would like their meal in their bedroom or the dining room. Relatives told us that small choices made a big difference.

Staff described how they promoted people's independence wherever possible. Examples included encouraging people to wash their face and hands, brush their teeth independently with minimal assistance. Staff recognised the importance of people maintaining as much independence as possible in all areas of their life.

People's records were stored securely in a locked office to maintain their confidentiality. Daily records and other important documentation was completed in privacy to protect people's personal information.

Records clearly included when a person did not wish to be resuscitated in the event of their death. This information was readily available for staff and visiting professionals.

## Is the service responsive?

### Our findings

During the previous inspection we highlighted care plans that had not been reviewed, lacked a person-centred approach and were task orientated. The registered provider had started to rewrite the care plans to include person-centred information and clear guidance for the staff to support people's assessed needs. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and we asked the provider to take continued action to address these areas of concern. The registered provider had made the required improvements.

During this inspection we found that people's needs had been assessed before they were admitted to the home. Information from the assessment was used to form the care plans and risk assessments that formed each person's care plan file. People's needs in relation to equality and diversity were considered during the assessment process and included within the care plans. These needs included age, disability, religion and other protected characteristics.

Existing care plans had all been updated and held an overview of people's medical history, detailed information about their mobility needs, nutrition needs, personal care needs, psychological and emotional needs, continence, tissue viability, cognition as well as specific information that related to each individual. Clear guidance was included for staff to ensure that people's individual assessed needs were met.

We reviewed people's end-of-life care plans. Where people had expressed preferences these were clearly documented. A visiting healthcare professional stated "People have good end-of-life care plans in place and are fully supported by the home."

Daily records were consistently completed and included information about each person's mood, personal care, activities, medicines and diet. Observation charts were consistently completed as well as repositioning charts and other records required to meet individuals assessed needs.

The registered provider had developed a 'Pets Corner' in an outdoor area that was accessible to everyone living at the home. Animals included pygmy goats, lambs, rabbits, guinea pigs, ducks and an aviary. People living at the home had participated in naming all the animals. A selection of seating was available next to the 'Pets Corner'. People were supported to stroke and pet the animals that were very tame and friendly. One person told us they liked sitting and listening to the birds as they found it relaxing. Another person said they enjoyed supporting staff to feed the animals and give them water. The registered manager stated that this area had been used successfully to support people to relax, reduce anxiety and agitation when people were living with dementia.

People told us they participated in activities at the home and these included; chair exercises, listening to visiting singers, attending Holy Communion, arts and crafts. One person said they enjoyed watching films in their bedroom and also accessed their computer. Another person said they liked to listen to the radio in their room and staff helped them to do this.

People and their relatives knew how to raise a concern or complaint. They told us the management and staff team always listened to any concerns they had and acted upon them promptly. Relatives comments included "[Name] and [Name] always listen to me and resolve my problems" and "Any concerns I have had were dealt with immediately." A recent quality satisfaction questionnaire highlighted that 100% of people and their relatives knew how to complain and who to.

## Is the service well-led?

### Our findings

The home had a manager who had been registered with the Care Quality Commission since 2011. People and their relatives spoke positively about the management team. Their comments included "I want you to know how great they are", "Both the manager and the deputy are always available to discuss any changes with [Name] and are always reassuring and supportive" and "I like the managers and the always ask me if everything is okay."

During our last inspection we highlighted that the registered provider's governance systems were not always effective as they had not always identified areas for development and improvement. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and we asked the provider to take action to address this. The registered provider had made the required improvements.

The registered manager held regular meetings within the home that included a heads of department meeting, kitchen, activities and nurse meetings. Following a recent emergency event at the home the management team had immediately organised a debrief that ensured all staff had the opportunity to discuss the event, seek support and areas for improvement were identified. Staff spoke positively about this and felt it had been very helpful and supportive.

Quality assurance systems were consistently completed to assess and monitor all areas of the service. These included audits the areas of infection control, health and safety, mealtime experience, accident and incident, mattresses, environment, care plan and medicines. Mattress audits had highlighted when mattresses required cleaning or replacement. Actions had been promptly addressed. Mealtime audits had highlighted areas for development and improvement as well as areas of good practice. Staff received supervision, training and guidance for areas that required development and praise for areas of good practice. Action plans were created following the audits and these were signed off when complete. Analysis was in place for reviewing accidents and incidents and this was used to identify any trends or patterns within the home.

Quality questionnaires had been sent to people and their relatives in January 2018. The feedback received was very positive and included 100% of people and relatives said the manager was approachable. Comments included "an excellent home with very caring staff", "Keep doing what you are already doing, as it seems to be working" and "Thornton Manor has lifted a huge weight from my shoulders - thank you."

The registered provider had a set of policies and procedures available that were regularly reviewed and updated. They gave staff clear guidance in all areas of their work role and employment.

The registered manager worked in partnership with the local authority and clinical commissioning group (CCG) and attended development meetings that had included topics that included palliative care and end of life. They were part of a clinical forum and falls group. They also attended the registered manager network meetings. This meant the registered manager met regularly with fellow professionals to stay up to date with

clinical practice.

The registered provider had displayed their ratings from the previous inspection in line with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.