

Lancashire County Council

Thornton House Home for Older People

Inspection report

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21 November 2017
29 November 2017
05 December 2017

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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

The inspection visits took place on 20, 21, 29 November and 05 December 2017. The inspection visit on 20 November 2017 was unannounced. Thornton House accommodates 44 people across four separate units, each of which have separate adapted facilities. One of the units (Byron) specialised in providing care to people living with dementia. Two units (Keats) provided rehabilitation services and the Wordsworth unit provided mainstream residential care. At the time of our inspection visit on 20 November 2017 there were 41 people who lived at the home.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 the last inspection on 05 April 2016 the service was rated Good.

At this inspection carried out 20, 21, 29 November and 05 December 2017 the service was rated Requires Improvement. This is the first time the service has been rated Requires Improvement.

The inspection was prompted in part by notification of an incident following which a person using the service died. This incident is subject to a criminal investigation and as a result this inspection did not examine the circumstances of the incident.

However, the information shared with CQC about the incident indicated potential concerns about the management of risk of falls from beds. This inspection examined those risks.

We looked at how the service managed risk to keep people safe. We found risk was not appropriately addressed and managed. This placed people at risk of harm. This was a breach of Regulation 12 of the Health and Social Care Act (2008) Regulated Activities, 2014 (Safe care and treatment).

We found the deployment of staff during the night was not always sufficient to meet people's support plan requirements. Checks completed during the night on the services four units were inconsistent. This left frail and vulnerable people unsupervised and at risk of harm. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014 (Staffing) as the registered provider had failed to ensure staff were effectively deployed at all times.

Staff had been recruited safely, trained and supported. Staff told us they received regular supervision and their work was appraised annually. However staff had not received training for maintaining and checking bedrails. Good practice guidance says staff must receive training in relation to the safe use of bedrails. (MHRA Safe Use of Bed Rails. December 2013). This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014 as the registered provider had failed to ensure staff had the

required skills to provide safe care and treatment.

During the inspection we identified over a seven month period one serious injury had not been reported to CQC, one accident where the nature of the injury had not been recorded and two injuries which potentially were reportable. This meant that we did not receive all the information about the home that we should have done. This was a breach of Regulation 18 of the Care Quality Commission Registration Regulations 2009 (Notification of other incidents).

We found quality and accuracy of documentation maintained by the service was inconsistent. We found gaps in records and a lack of information about people at risk of losing weight with their dietary intake. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 (Good governance) as the registered provider had failed to ensure records maintained were accurate and reflected people's needs.

The registered manager used a variety of methods to assess and monitor the quality of the service. However these had not been effective and had failed to identify the concerns we found during the inspection process. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 (Good governance).

The service had not discussed with people and documented their preferred end of life wishes. We have made a recommendation about this.

We spoke with 16 people who lived at the home and two people visiting their relatives. People who lived at the home told us they were happy, safe and well cared for. One person said, "The staff are really nice and are looking after me well. I have found them very helpful."

People visiting the home told us they were made welcome by friendly and caring staff and had unrestricted access to their relatives. They told us they were happy with the care provided and had no concerns about their relatives safety.

The service had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

Medication procedures observed protected people from unsafe management of their medicines. People received their medicines as prescribed and when needed and appropriate records had been completed.

We saw there was an emphasis on promoting dignity, respect and independence for people who lived at the home. People told us staff treated them as individuals and delivered person centred care. Support plans seen confirmed the service promoted people's independence and involved them in decision making about their care.

We looked around the building and found it had been maintained, was clean and hygienic.

The design of the building and facilities provided were appropriate for the care and support provided.

The service had safe infection control procedures in place and staff had received infection control training. Staff wore protective clothing such as gloves and aprons when needed. This reduced the risk of cross infection.

People had been supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff knew people they supported and provided a personalised service in a caring and professional manner.

People told us they were happy with the variety and choice of meals available to them. We saw regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration. Catering staff had information about people's dietary needs and these were being met.

People who lived at the home told us they enjoyed a variety of activities which were organised for their entertainment. These included exercise classes, bingo, quizzes, pamper sessions and arts and crafts.

People told us staff were very caring towards them. Staff we spoke with understood the importance of high standards of care to give people meaningful lives.

The service had information with regards to support from an external advocate should this be required by them.

The service had a complaints procedure which was made available to people on their admission to the home and their relatives. People we spoke with told us they were happy and had no complaints.

During the inspection the management team were receptive to feedback and worked with us in a positive manner. They provided information we requested and took prompt action to address any concerns.

You can see what action we have asked the registered provider to take at the back of the full version of the report.

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 always safe.

We found people were not always safe because risk was not appropriately addressed and managed.

We found the deployment of staff during the night was not always sufficient to meet people's support plan requirements and left them unsafe.

Recruitment procedures the service had in place were safe with appropriate checks completed before new staff commenced their employment.

People were protected against the risks associated with unsafe use and management of medicines. This was because medicines were managed safely.

We reviewed infection prevention and control processes and found suitable systems were in place.

Is the service effective?

Requires Improvement 

The service was effective.

People were supported by staff who received mandatory training. However staff had not received training for maintaining and checking bedrails.

People received a choice of suitable and nutritious meals and drinks in sufficient quantities to meet their needs.

The service was aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS). They had knowledge of the process to follow.

Is the service caring?

Good 

The service was caring.

People were able to make decisions for themselves and be involved in planning their own care.

We observed people were supported by caring and attentive staff who showed patience and compassion to the people in their care.

Staff undertaking their daily duties were observed respecting people's privacy and dignity.

Is the service responsive?

The service was not always responsive.

People's end of life wishes had not been discussed with them and documented.

People told us they knew their comments and complaints would be listened to and acted on effectively.

At the beginning of the inspection process support plans did not always meet people's needs. However the registered provider was working to make the required improvements.

Requires Improvement 

Is the service well-led?

The service was not always well led.

Processes for reporting statutory notifications were inconsistently followed.

Support plans were not consistently accurate and complete. There were gaps or missing information in documentation and care plans lacked detail to assist staff in how to support individuals.

The registered provider had an auditing system. However this system had failed to identify concerns found during the inspection.

The service had clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support for people in their care.

Requires Improvement 

Thornton House Home for Older People

Detailed findings

Background to this inspection

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 inspection was prompted in part by notification of an incident following which a person using the service died. This incident is subject to a criminal investigation and as a result this inspection did not examine the circumstances of the incident.

Thornton House is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Thornton House accommodates 44 people across four separate units, each of which have separate adapted facilities. One of the units specialises in providing care to people living with dementia and two units provide rehabilitation services.

Prior to our inspection visit we contacted Healthwatch Lancashire. Healthwatch Lancashire is an independent consumer champions for health and social care. This helped us to gain a balanced overview of what people experienced accessing the service.

The inspection visits took place on 20, 21, 29 November and 05 December 2017. The inspection visit on 20 November 2017 was unannounced.

The inspection team consisted of two adult social care inspectors and an inspection manager. The inspection manager attended the unannounced visit on 20 November 2017.

However, the information shared with CQC about the incident indicated potential concerns about the management of risk of falls from beds. This inspection examined those risks.

During the visit we spoke with a range of people about the service. They included 16 people who lived at the home, two relatives and a visiting healthcare professional. We also spoke with five senior managers, the registered manager, seven support workers, the cook and one domestic. We observed care practices and how staff interacted with people in their care. This helped us understand the experience of people who could not talk with us.

We looked at support plans of seven people, a staff training matrix, supervision records of staff and arrangements for meal provision. We also looked at records relating to the management of the home and the medication records of five people. We reviewed the recruitment of two staff members and checked staffing levels. We also carried out a visual inspection of the building to ensure it was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

People who lived at the home and relatives told us they were happy with the care provided and felt safe. Comments received included, "Yes I feel safe and well cared for." And, "I feel very safe."

Although people who lived at the home told us they felt safe, we found evidence this was not always the case. The care records of one person had identified the person had recently fallen from their wheelchair when unattended resulting in a cut to their nose. We saw the person had previously experienced a fall from their wheelchair. There was no evidence in the support plan to show risks had been addressed after this incident to prevent further falls. The person's care records had also identified they should be turned two hourly to relieve pressure areas. Upon reviewing pressure area monitoring charts it was noted this was not consistently followed at night time. This meant the person may not have received the care and support identified in their care plan to reduce or relieve pressure on areas that were most likely to develop pressure ulcers.

During our inspection visit on 21 November 2017 we reviewed the support plans of four people who received rehabilitation care on the Keats units. Rehabilitation care involves supporting people to promote independence and gain skills lost as a result of ill health or an accident. The support plans each had a falls risk assessment tool. The service had recorded where a person had experienced a fall in the last twelve months and what mobility aids they used. Where it was documented a person had suffered a fall in the last twelve months there was limited information about how the service was going to support the person to remain safe from falls. The service had completed a 'history of falling' form within the falls risk assessment and management tool. The form asked for six actions which had to be completed including obtaining details about past falls, including how many, causes, activity at the time of fall, injuries, symptoms of dizziness and previous treatment received. The form had been signed and dated by a staff member but there was no information about how a person at risk of falls would be supported at the home to remain safe.

During our inspection visits on 29th November 2017 and 05 December 2017 we reviewed the care records of three people living on the Byron Unit and one person living on the Wordsworth unit. The care record of one person recorded the person had epilepsy. There was no risk assessment in place to say how the risks of this condition were to be managed. There was no information about how the epilepsy presented, how long seizures were likely to last and what action was to be taken when the person had a seizure.

We looked at how behaviours which challenged the service were managed. One person's support plan stated they could get agitated if there was a lot of noise. We asked a member of staff about how the behaviours presented. They told us the person was known to frequently display behaviours which challenged and said staff had been physically assaulted by the person. This information was not reflected on the risk assessment. There was no behaviour management plan to show how staff were to manage the risk of the person becoming agitated, how to identify triggers and de-escalation and calming strategies to be used. This meant there was no clear direction for staff how to manage the person's health condition and behaviour.

The care records of one person had identified they had poor food and fluid intake and had experienced weight loss. There were no food or fluid monitoring charts in place. The person's food and fluid intake had been recorded on their daily notes. We found the information recorded was brief and did not highlight how much the person had managed to eat and drink. This meant there wasn't a clear record of the person's dietary intake.

We saw personal emergency evacuation plans (PEEPS) were in place for staff to follow should there be an emergency. Staff spoken with understood their role and were clear about the procedures to be followed in the event of people needing to be evacuated from the building. We saw the PEEPs had identified if people were independent, dependent or high dependency and the level of assistance they would require if evacuation from the building was required. However the PEEPS for one person on the Byron unit did not reflect an accurate record of the support required. The person's PEEPS had documented they required one support worker to assist with evacuation when their moving and handling plan had identified they needed two staff to transfer. This meant the information provided about support the person required in an emergency was incorrect.

The above matters show the provider was not meeting legal requirements in relation to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered provider had failed to ensure risks were appropriately addressed to mitigate and manage risk.

We reviewed the services duty rota, observed care practices, spoke to people who lived at the home, their visitors and staff on duty. We found the number and skill mix of staff during the day was sufficient to meet people's support plan requirements. People told us staff were available during the day when they needed them. Comments received included, "The girls are really nice and always available when I need them." And, "Always plenty of staff around. I have my call bell next to me if I need anything."

However we found arrangements for the deployment of staff during the night was not always sufficient to meet people's support plan requirements. A senior support worker undertook office duty leaving two support workers to cover the four units throughout the night. The two support workers completed first and last checks in the evening and morning. They checked people who had been assessed as requiring support with pressure care during the night. There were no further routine security checks completed on the four units and this left frail and vulnerable people unsupervised.

We looked at documentation maintained by the registered provider in regards to staffing. The registered manager completed a weekly assessment of each person's needs which provided them with an overall dependency score per person. It was documented on the 28 November 2017 assessment that 21 people who lived at the home had high dependency needs. It was explained on the calculator that people with high dependency were fully dependent on other people for their care and support. We asked the registered manager to verify this was the case and they confirmed this was so.

We reviewed the staff rota and noted that two staff were consistently deployed during the night shift to meet the needs of all people who lived at the home. This included the 21 people fully dependent for their care and support needs.

We asked the registered manager how staff were deployed during the night time. They told us that when regular staff were on duty, staff worked independently covering a floor each. However, when agency staff were on duty staff worked in pairs. This meant only one unit would have staff presence at one given time. We asked the registered manager about the usage of agency staff during the night. The registered manager confirmed agency staff were currently in use as they had four night staff posts to cover.

Staff we spoke with told us there were three people who lived at the home who required the assistance of two staff members. This meant there would be no oversight on other areas whilst the two night staff were attending to these people's needs. We spoke to the registered manager about staffing arrangements during the night. They told us the senior would help out when needed. They told us each night staff member had a one hour break during the night. The senior covered for the night staff when they took their hourly breaks.

We reviewed accidents and incidents that had occurred at the home and noted there were instances when staffing deployment had been ineffective in meeting the needs of the people who lived at the home. On one occasion one person who lived at the home had to call for assistance on behalf of another person who lived at the home. The person could hear someone shouting for help but no staff were present to hear and respond to them. Another incident reported that a person had fallen during the night. The person reported they had been on the floor all night but no staff had visited their room to check their welfare.

Analysis of accidents evidenced that a high proportion of accidents had occurred during the night. One person had experienced four falls during the night in the month of January 2017. Similarly in January 2017, 12 of 24 incidents had occurred during the night time shift.

We also identified one person who was known to be restless at night and could often be found walking up and down corridors. We were unable to find any evidence to show this person's needs had been taken into account when deploying staff at the home.

We looked at turning charts completed for people who lived at the home and found people were not always repositioned in line with their care and support plan during the night time period. For example, one person required two hourly turns to protect their skin integrity. On one occasion their turning chart had documented the person had been put to bed at 6pm and wasn't turned for pressure relief until 23.40pm. The following night the person did not receive pressure relief for three hours between the hours of 4.10am and 7.05am. This showed us that staffing had not been effectively deployed to meet the needs of this person on this occasion.

The above matters show the provider was not meeting legal requirements in relation to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014 (Staffing) as the registered provider had failed to ensure staff were effectively deployed at all times.

The registered manager had procedures in place to minimise the potential risk of abuse to people who lived at the home. Records seen confirmed the registered manager and her staff had received safeguarding vulnerable adults training. Staff members we spoke with understood what types of abuse and examples of poor care people might experience. They told us they were aware of the whistleblowing procedure the service had in place. They said they wouldn't hesitate to use this if they had any concerns about their colleagues care practice or conduct. People who lived at the home or were being supported with their rehabilitation told us they felt safe and were happy with their care. One person said, "If I didn't feel safe and well cared for I would be away on my toes."

We had a walk around the building on our inspection visits on 20th November 2017 and 29th November 2017. We tested water temperatures, checked windows were restricted and checked pressure mats and call bells were working. We looked at the procedures in place for the use of pressure mats. Pressure mats were unplugged during the day if people were not in their room and plugged in again when the person went back to bed. The staff member putting a person with a pressure mat to bed had responsibility for plugging the mat back in and recording they had done this on a monitoring form. The registered manager told us one unit was audited each week by testing pressure mats and call bells to ensure they were in working order.

Documentation seen confirmed these checks had been completed weekly.

Following our inspection visit on 20 November 2017 the service had reviewed their procedures for safety checks completed around pressure mats and amended their documentation. The new monitoring form introduced had to be completed daily by staff putting people to bed. This involved the staff member recording the date and time they had checked the persons call bell and pressure mat to ensure they were working. The forms were audited by management to confirm staff had completed the checks.

Support plans reviewed had recorded where a pressure mat was in place. We saw one person who was independent with movement in bed had requested during their assessment they didn't wish to have wellbeing checks during the night. It was recorded they were happy with first and last night checks as they slept well.

We looked at how medicines were prepared and administered. Medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. We observed three staff members administering medicines to people individually during the lunch time round. This minimised the risk of incorrect medicines being given. People were sensitively assisted as required and medicines were signed for after they had been administered. People supported on the services rehabilitation units retained their medicines in a lockable cabinet in their rooms. Their medicines were checked on arrival against the accompanying paper work. The type of each medicine and the amount of medicine received was then recorded on their Medicines Administration Record (MAR) sheet. The procedures we observed were safe and people told us they received their medicines as prescribed and when they needed them.

We looked around the home and found it was generally clean, tidy and maintained. Domestic staff were employed by Lancashire County Council's cleaning services who had responsibility for hygiene standards and management of domestic staff. We spoke with a member of the domestic team who confirmed they had received infection control training and understood their responsibilities in relation to infection control and hygiene. The staff member confirmed they worked to cleaning schedules and had access to personal protective clothing such as disposable gloves and aprons. The staff member told us they were provided with appropriate cleaning materials and equipment by Lancashire County Council's cleaning services. Whilst walking around the building we noted an unpleasant odour in two rooms which were brought to the attention of domestic staff. This was dealt with during our inspection visit.

On our inspection visit on 21 November 2017 we discussed with the registered manager and registered provider representatives the level of information recorded in support plans for people who received rehabilitation at the home. It was agreed the information provided about how people were supported was brief and didn't always provide a clear picture about the support people received. There was also limited information about how risk to people's wellbeing was being managed. The registered provider representatives agreed to address this and make the required improvements. On our inspection visit on 29 November we found the service was in the process of reviewing and updating people's support plans. We found the new support plans provided more detail about people's health and support needs and how these should be met. We also saw risks to people's wellbeing had been documented with guidance for staff about how the risks should be managed.

During our inspection visit on 21 November 2017 the service had identified a fault on their call bell system. This was because staff pagers were not alerted when pressure mats were unplugged and the call bell panel in the office although alerted did not bleep to alert office staff. When we did our inspection visit on 29 November 2017 a Lancashire County Council engineer had visited the home to check the system. The

engineer informed us they had arranged for a full audit of the system and to check all call bell points and pressure mats were working. We were also told an agent for the company who fitted the system would be visiting to identify the problem. During our inspection visit on 05 December 2017 we were told the fault on the system had been identified and a new programme implemented to address the programme and the system was now working correctly. This showed lessons had been learned and the provider had responded to safety concerns identified during the inspection.

Is the service effective?

Our findings

People who lived at the home told us staff were knowledgeable about their care needs and they were satisfied these were being met. One person said, "The staff are really nice. They listen to me."

We spoke with staff members and looked at the service's training matrix. This confirmed staff training covered safeguarding, moving and handling, fire safety, first aid, Mental Capacity Act and health and safety. Staff had received dementia care training and were knowledgeable about how to support people who lived with dementia. Most staff had achieved or were working towards national care qualifications. The staff we spoke with told us they were happy with the training they received and felt they had the skills and knowledge to be able to support people effectively. Feedback we received from people who lived at the home was positive about staff competencies. They told us they liked the staff and their needs were being met.

During our inspection visits we observed people had bedrails and levers in place. We asked staff what training they had received for maintaining and checking bedrails. Staff told us they had not received any training but confirmed the bed rails and levers were routinely used. Good practice guidance says staff must receive training in relation to the safe use of bedrails. MHRA Safe Use of Bed Rails. December 2013) This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014 as the registered provider had failed to ensure staff had the required skills to provide safe care and treatment.

On admission to the home the service had completed an assessment of people's individual needs. This covered a falls risk assessment, medication requirements, night patterns and care and support needs. The information documented was brief and on the rehabilitation units hadn't been transferred to a full plan of care for staff to follow. Staff spoken with said they had found the information provided to support people limited and told us they often had to rely upon verbal instruction. Following discussion with the registered manager and registered providers representatives on 21 November 2017 they agreed to review the information provided to staff to support people's assessed needs.

During our inspection visits on 29th November 2017 and 05 December 2017 we found the service was in the process of producing personal support plans for people. These were more detailed than the information previously provided for staff supporting people in their care. The support plans were informative and clear about how people's assessed needs should be met. The support plans covered areas such as people's healthcare needs, medication usage, diet and weight, personal care, physical wellbeing and skin care. Each section had documented information you should know about me, what I can do for myself, what I need your help with, risks identified and how to manage these risks. The staff we spoke with said they found the new support plans easy to follow and provided detailed information about people's needs. One staff member said, "When you look at those care plans now they are embarrassing."

People told us they enjoyed the meals provided for them and were happy with the choices made available to them. Comments received included, "The food is lovely." And, "The food is really good and we get plenty to eat."

Catering staff had information about people's dietary needs and these had been accommodated. These included people who had their diabetes controlled through their diet and three people who required a soft diet. People's likes and dislikes had been documented on their support plans and if they needed assistance with their meals. For example one person had poor dexterity in their hands and needed staff to cut up solid foods for them. It had also been documented the person used an adaptive beaker with two handles to assist them with drinking. The support plan records of the person confirmed they received the support they required.

We saw snacks and drinks were offered to people between meals including tea and milky drinks with biscuits. People's food and fluid intake were sometimes monitored and their weight regularly recorded. Where concerns about weight loss had been identified appropriate action had been taken. For example one person who received rehabilitation support on the Keats unit had been identified as underweight on their admission to the home. We saw they had agreed to a fortified diet and had been offered regular snacks in between meals. A food monitoring chart had been completed and their weight monitored and recorded. We saw from the records the person had begun to regain weight.

We observed lunch being served in the services four dining rooms during our inspection visits on 21 November 2017 and 05 December 2017. On both occasions lunch was a light meal comprising of homemade soup, assorted sandwiches or hot alternative followed by a sweet. The main meal of the day was served in the evening. We saw people were given their preferred choice of meal and people with special dietary needs had these met. Food served looked nutritious and well presented. Staff were in attendance throughout to provide support which was organised and well managed. The atmosphere throughout lunch was relaxed and unhurried with people being given sufficient time to enjoy their meal.

The service had been awarded a five-star rating following their last inspection by the 'Food Standards Agency'. This graded the service as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

The service worked in partnership with health and social care professionals. People staying on the Keats units had regular access to occupational therapists and physiotherapists who following initial assessment monitored progress with their rehabilitation. Support plans seen showed how staff supported people to achieve their goals to return home to independent living. These included assisting people with gentle exercise and to mobilise using mobility aids. At the end of people's rehabilitation discharge meetings were held involving the person, their social worker, the multi-disciplinary team, support staff and family members. During the meetings coordinated discharges home were arranged with support from community services if required. This ensured people continued to receive support once they had returned home.

Care practices observed during our visit confirmed people had their needs met. We saw staff worked well together. Support plans seen confirmed access was sought from appropriate professionals when required. These included GP's, district nurses, opticians and chiropodists. Comments received from people who lived at the home and their visitors were positive about the staff and care provided. One person visiting the home said, "[Relative] has settled really well and seems happy. The staff are really nice and attentive."

People's healthcare needs were carefully monitored and discussed with the person or family members as part of the care planning process. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been. A visiting healthcare professional told us care provided at the home was good. They told us staff were good at identifying concerns around wound care and reporting them in a timely manner.

Thornton House is a purpose built building organised into four separate units over two floors. Each unit has its own lounge and dining room with kitchen areas, communal bathing and toilet facilities and bedrooms. The service had recently had Wi-Fi fitted allowing people with computers, smartphones, or other devices to connect to the internet or communicate with one another wirelessly within a particular area. The registered manager told us about a refurbishment plan for the home over the next two years. This will include the refurbishment of the kitchen, new carpets and redecoration of corridors and communal areas. During our inspection visit on 21 November 2017 the service had a new generator fitted as back up should the home lose electrical power.

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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). When we undertook this inspection the registered manager had completed 13 applications to request the local authority to undertake (DoLS) assessments for people who lived at the home. This was because they had been assessed as being at risk if they left the home without an escort.

People we spoke with on the Keats units confirmed they had been involved in creating their support plans, were happy with the content and had agreed to work towards the goals identified for their rehabilitation. Support plans for people who lived on the dementia and residential units had evidence people had consented to their care on admission to the home.

Is the service caring?

Our findings

People who lived at the home told us they were happy and well cared for. Comments received included, "I like it here. I have stayed here before and I know the place and the staff. The staff are very good and I am being well looked after." And, "I have lived here 17 years and I am very happy. The girls are very nice and they look after me." A visiting relative told us they were happy with the care provided. The relative said, "I have no concerns about the care and have to say I find the staff are really nice and attentive."

We observed positive interactions throughout the inspection visit between staff and people who lived at the home. For example we saw staff took time to sit with people in their care and enquire about their welfare. We saw a member of staff sat reading one person's newspaper to them and discussing topical events in the paper. It was clear from the person's reaction how much they enjoyed the attention they received and the discussion that took place.

Support plans seen and discussion with people who lived at the home and their family members confirmed they had been involved in the care planning process. The plans contained information about people's needs as well as their wishes and preferences for their care delivery. Daily records described the support people received and the activities they had undertaken.

Staff we spoke with had a good understanding of protecting and respecting people's human rights. They were able to describe the importance of promoting each individual's uniqueness and there was an extremely sensitive and caring approach observed throughout our inspection visits.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. Advocacy services offer independent assistance to people when they require support to make decisions about what is important to them. The service had information details for people and their families if this was needed. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

We saw staff had an appreciation of people's individual needs around privacy and dignity. We observed they spoke with people in a respectful way and were kind, caring and patient when supporting people. We observed they demonstrated compassion towards people in their care and treated them with respect. Our observations confirmed people were encouraged to retain their independence and undertake tasks for themselves where safe to do so. People who received rehabilitation support told us staff had been very supportive and helpful in assisting them with their rehabilitation programme. The support plan of one person showed they had retained some daily living tasks independently during their stay at the home. The person told us this was important for them as they wanted to return home as soon as possible.

We saw people visiting their relatives and friends were made welcome by staff. One person visiting their relative said, "I visit every other day and have never been made to feel unwelcome. The staff are very friendly and keep me informed about [relatives] care when I visit. They make me feel I am involved which is important to me."

Is the service responsive?

Our findings

People who lived at the home told us staff were responsive to their care needs and available when they needed them. They told us care they received was focussed on them and they were encouraged to make their views known about how they wanted their care and support provided. Staff spoken with were knowledgeable about the support people in their care required.

We saw support plans amended by the service during our inspection visits were reflective of people's needs. We saw they had been produced with the involvement of each person and provided person centred information about how people wished their needs to be met. For example one person had said they needed staff to allow them time to mobilise and offer them verbal reassurance around their mobility.

We looked at what arrangements the service had taken to identify record and meet communication and support needs of people with a disability, impairment or sensory loss. An assessment of people's individual communication needs was undertaken by the registered provider. The support plans we reviewed had identified people could communicate their daily living needs. The registered manager informed us pictorial menus had recently been ordered to assist people who may experience difficulty making food choices for their meal.

The service had also considered good practice guidelines when supporting people with communication needs with healthcare appointments. Community care plans were in place which are documents which promote communication between health professionals and people who cannot always communicate for themselves. They contained clear direction as to how to support a person and included information about whether a person had a DoLS in place, their mobility, skin integrity, dietary needs and medication. The care plan also provided information about whether the person had a do not resuscitate order (DNA) which is a legal form to withhold cardiopulmonary resuscitation (CPR).

The service had a complaints procedure which was on display in the home. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations. We looked at the complaints log and saw the service had one formal complaint recorded. This had been investigated by a representative of the registered provider. There was clear evidence the service had taken the complaint seriously and conducted a thorough investigation. We saw the service had provided the complainant with an outcome to their complaint and provided an apology. The service also provided the complainant with the action they intended to take to address the concerns they had raised. This showed the service listened to people's concerns and used them as an opportunity to learn and drive continuous improvement.

We looked at activities at the home to ensure people were offered appropriate stimulation throughout the day. The service employed an activities co-ordinator who organised a range of activities to keep people entertained. The activities were structured, varied and thoughtful. These included dominoes, chair exercises, quizzes, bingo, puzzles, crosswords, arts and crafts and cake decorating. Whilst walking around the home on

29 November 2017 we saw one person playing table tennis on an interactive computer game on the television screen. There was lots of laughter and person was clearly enjoying themselves. The people we spoke with told us they enjoyed the activities organised by the service. One person told us how they enjoyed using the service's WIFI system to access the internet and communicate with family and friends.

We looked at support plans and spoke with the registered manager about arrangements the service had in place for end of life care. Whilst we were shown evidence the registered manager had undertaken an accredited training course to ensure good quality care is provided at the end of life there was no evidence to show the principles had been put into practice. There was no evidence staff had discussed people's preferences for end of life care. This meant the service would not know the person's preferences for end of life. People approaching the end of their life are entitled to high quality care. They and the people close to them should be at the centre of decisions about their care. The registered manager told us should a person become end of life they would liaise with Wyre Integrated Network Team. The team would provide clinical nurse specialists to support staff providing end of life care in the home. At the time of our inspection visit no one living at the home was receiving palliative or end of life care.

We recommend the service consults with good practice guidelines and discusses with people their preferred end of life arrangements and record these to ensure people's wishes are respected.

Is the service well-led?

Our findings

People who lived at the home told us they were happy with the way in which the home was managed and liked living at the home. One person said, "I have lovely ladies looking after me. I feel like a new man." Staff told us they enjoyed working at the home and felt well supported. One staff member said, "The managers are fine. I find them really friendly, helpful and supportive."

During the inspection process we reviewed accident and incidents logs and identified over a seven month period one serious injury had not been reported to CQC, one accident where the nature of the injury had not been recorded and two injuries which potentially were reportable. This meant that we did not receive all the information about the home that we should have done. The registered provider must notify CQC without delay of any serious injury to a service user, any abuse or allegation of abuse in relation to a service user, any deprivation of liberty application or the death of a service user. This is so that we can monitor services effectively and carry out our regulatory responsibilities.

This was a breach of Regulation 18 of the Registration Regulations 2009 (notification of other incidents) as the registered provider had failed to notify the commission of all required notifications in a timely manner.

During the inspection visit we reviewed the quality and accuracy of the documentation maintained by the service. We found inconsistencies in the quality of the record keeping maintained. We found documentation was not always in place to record care and treatment provided. For example, food and fluid charts were not consistently implemented for people at risk of malnutrition. daily notes did not consistently follow good practice guidelines. For example we noted records were not always dated and signed and sometimes included abbreviations. In addition, records maintained did not always capture what had happened that day. For example, we saw one person had displayed some behaviours which challenged on four separate days. There was no information recorded in the daily notes to evidence these incidents had taken place. We found gaps in records in relation to care and treatment provided. For example, one person required a monthly review of the oral hygiene. We found reviews had not been completed on three separate instances over a seven month period.

The records of another person had identified they could display agitation and be resistant to receiving personal care. There was no risk assessment or behaviour management plan in place to inform staff how to support the person safely and others around them. The persons records showed on four occasions in November 2017 the person displayed behaviour which challenged the service.

The records of one person said they required first and last checks by night staff. This was contradictory as the person had turning charts in place indicating they required turning every two hours for pressure relief. We found the turning charts had been completed inconsistently. For example on 02 December 2017 records stated the person was put to bed at 6pm and not turned until 11.40 pm. We saw three other occasions where there were gaps in the records indicating the person had not received their two hourly pressure relief turns.

We found records maintained were not always up to date and did not always reflect the individual needs of

people who lived at the home. For example, one person's PEEPS had not been updated to reflect a decrease in their mobility.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 (Good governance) as the registered provider had failed to ensure records maintained were accurate.

We raised concerns about the accuracy of the care records with the registered manager and asked about auditing processes of the care records. The registered manager told us that care staff were responsible for the reviewing of care records. Once records had been reviewed a senior member of staff working nights updated the records. The registered manager confirmed they did not formally audit care records to ensure they were accurate and up to date.

A senior manager audit was completed every three months to monitor complaints received and customer satisfaction and feedback. Any issues raised had been discussed with the registered manager.

A senior management unannounced visit was undertaken each month. This involved the manager speaking with people who lived at the home and their visitors, check the environment and complete finance checks.

A quality development meeting was also held with a senior manager at the home. Records looked at included staff training and supervision records, observation of support plans and meals provided.

The service had procedures in place to monitor the quality of the service provided. Regular audits had been completed including cleaning, checking mattresses, water temperatures, medication and monitoring of healthcare visits. Regular audits of the environment were also in place and checks made to safety certificates to ensure they were in date.

Although audits were in place they had been ineffective and had failed to identify the concerns we found during the inspection process. For example, they had failed to identify the concerns in regards to the ineffective deployment of staffing, the management of risk and the inconsistencies with the paperwork.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 (Good governance) as the registered provider had failed as effective systems were not in place to ensure the safe care and treatment of people who lived at the home.

We found the service had clear lines of responsibility and accountability. The registered manager was supported by a deputy manager who undertook management tasks. The registered manager and her staff team were experienced, knowledgeable and familiar with the needs of the people they supported.

Although we found failings with the service we did find the vision and values of the senior management team were shared with staff. Staff described a positive working culture, where teamwork was good and staff supported each other to provide the highest standards possible. Staff were positive about the management team who they described as friendly, helpful and supportive. On staff member said, "I love the manager to bits. She will muck in and is really lovely."

Staff told us they had the opportunity to talk with other staff and the management through regular handovers and team meetings. Staff said they could raise any issues with the senior management team whenever they wished. We reviewed the minutes of the last staff meeting held in September 2017. We saw staff had discussed their training opportunities and willingness to support fund raising for the service.

The service also completed regular surveys including catering, exit surveys for people going home after their rehabilitation and annual surveys for people who lived at the home. We saw the catering survey asked people what their favourite meal was so this could be provided for them. Exit surveys completed by people leaving the rehabilitation unit confirmed they had been pleased with the encouragement they received from staff to manage their own personal care and complete their exercise programme. We saw people said they had found staff approachable and helpful.

We reviewed annual survey results for people who lived in the home. We saw feedback was positive with people being complimentary about staff and the care they received. They said they were confident staff were competent to do their jobs, the home was well maintained and they were treated with respect and dignity by the staff.

We looked at recorded compliments the service had recently received. Feedback included, 'Thank you for all your kindness and support during my stay.' And, 'We cannot thank you enough for the care and kindness shown to [relative]. We will be forever grateful.'

The service worked in partnership with other organisations to make sure they were following current practice. These included social services, occupational therapists, physiotherapists and healthcare professionals including General Practitioners and district nurses.

Following our inspection visits on 20 and 21 November 2017 the service had recognised their documentation and procedures required development. We found when we returned for our inspection visits on 29th November 2017 and 05 December 2017 the service had acted quickly to review and amend support plans. We found the new support plans had more detailed information about people's assessed needs and how these should be met. This included identifying any potential risks to people's wellbeing and how these should be managed. The call bell service had been audited and an identified problem had been dealt with. We also found new procedures and paperwork in place for safety checks on the call bell system and for checking pressure mats were working to alert staff if someone had fallen in their room. This showed the service had learned from and reacted to concerns raised during the inspection and made improvements to drive quality and ensure people in their care were safe.

The service had on display in the reception area of their premises and their website their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered provider had failed to ensure statutory notifications were submitted to the Commission. Regulation 18 (1) (2)(a)(b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider had failed to ensure risks were appropriately addressed to mitigate and manage risk. Regulation 12 (1)(a)(b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider had failed to ensure records maintained were accurate and reflected people's needs. Regulation 17 (1) (2)(c) The registered provider had failed to have effective methods to assess and monitor the quality and safety of the service and mitigate the risk to the health, safety and welfare of service users. Regulation 17 (1) (2)(a)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The registered provider had failed to ensure staff were effectively deployed at all times.</p> <p>Regulation 18 (1)</p> <p>The registered provider had failed to ensure staff and had the required skills to provide safe care and treatment.</p> <p>Regulation 18 (1) (2)(a)</p>