

Indigo Care Services (2) Limited

Thornton Hall & Lodge

Inspection report

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23 February 2023

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21 March 2023

Ratings

Overall rating for this service

Good ●

Is the service effective?

Requires Improvement ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Thornton Hall & Lodge is a residential care home that provides personal care and accommodation to people aged 65 and over. The service is registered to support up to 96 people over 2 floors. At the time of our inspection there were 93 people using the service.

People's experience of using this service and what we found

There was a positive culture at the care home. People told us staff were attentive to their needs and showed flexibility in meeting their requests. People's relatives told us staff at the home communicated and worked in partnership with them and involved them in putting together people's care plans. Staff members told us they enjoyed working at Thornton Hall and Lodge; they felt appreciated and well supported by the registered manager and provider.

We found inconsistent information recorded in some people's care plans with regards to their assessed needs. We made a recommendation about this.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. We saw consent was sought and recorded in line with the principles of the Mental Capacity Act 2005.

People had care plans in place which were person centred, and accompanying risk assessments which enabled staff to care for them safely. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 03 February 2023).

Why we inspected

This inspection was prompted by a review of the information we held about this service. As a result, we undertook a focused inspection to review the domains of 'effective', 'responsive' and 'well-led'.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Thornton Hall & Lodge on our website at www.cqc.org.uk.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed to good based on the findings of this inspection.

Recommendations

We have made a recommendation around the way the provider manages care records to ensure information contained in people's care records is consistently accurate and up to date.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our responsive findings below.

Thornton Hall & Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 inspectors.

Service and service type

Thornton Hall & Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Thornton Hall & Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service and 5 relatives about their experience of the care provided. We spoke with 7 members of staff including the registered manager, deputy manager senior care workers and care workers.

We reviewed a range of records. This included 4 people's care records. We looked at records relating to recruitment and staff supervision, staff training and governance of the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained as requires improvement.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care needs and choices were assessed and delivered in line with best practice guidance and their own choices.
- Care planning was person-centred and reflected each person's individualised needs.
- Some records did not always evidence people received the care they needed. For example, daily care notes for 1 person reflected pain and discomfort over a 9-hour period with no evidence to reference staff intervention within a timely manner. When we discussed this with the registered manager, they assured us the person had been offered medicines to ease their discomfort. However, this was not recorded in the person's care records.
- Another person's care plan did not reflect advice given from specialists such as the speech and language therapy team to prevent the risk of choking. This meant staff did not have easy access to the information required to meet this person's care needs.

We recommend the provider seeks guidance from a reputable source and updates their care records practice accordingly.

Staff support: induction, training, skills and experience

- Staff completed training in line with the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff told us they were well supported, and records showed they received regular supervision and an annual appraisal.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a balanced diet and had a choice of food available.
- Each person's individual preferences were known and catered for.
- We received positive feedback about the food provided. One person said, "Oh the food is lovely". Someone else said "The food is great, it is all home-cooked food".

Supporting people to live healthier lives, access healthcare services and support

- People's weights were consistently monitored and reviewed.
- People had access to GP's, District Nurses and other professionals.

Ensuring consent to care and treatment in line with law and guidance

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was working in line with the MCA.
- People's ability to make decisions for themselves was assessed.
- Care records contained mental capacity assessments, best interest decisions and the relevant DoLS applications / authorisations.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received planned and personalised care and support which was individual to their needs and preferences. For example, a person's care plan detailed the importance of staff responding promptly to a person when they became upset or agitated, including how to engage with them appropriately.
- People's care plans contained person-centred information about their lives, likes, dislikes, family and friends. Staff told us they always had time to read this information and it helped them to deliver the care people wanted.
- People were able to access a range of personalised and meaningful activities based on their individual preferences.
- Key events were celebrated within the service. For example, a recent valentine's day event in which people had been interviewed by a local radio station on matters of the heart.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider ensured people's communication needs were met.
- Various information sheets were in place regarding the news. Information was made available for people in an easy read format regarding the war in the Ukraine and presented in an accessible format which included large print.
- A leaflet had been created to promote a weekly church service and talking session provided by a resident Minister.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships which were important to them. Relatives told us staff kept them up to date with relevant information.
- People had access to an activity and wellbeing programme which included; in home cinema afternoon, weekly church service, pamper session, home baking and a newspaper group.

Improving care quality in response to complaints or concerns

- A process and procedure was in place for complaints. All complaints had been responded to in line with the provider's policy. People were provided with information regarding how to complain, and this was made available in different formats to aid peoples understanding.
- There were numerous compliments in place from family members which were recorded and shared with the appropriate staff during team meetings and supervisions.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People achieved good outcomes from their care. All people, relatives and staff we spoke with praised the caring and approachable management team. One staff member said, "the manager is great, their door is always open for advice and support."
- The manager promoted a positive and transparent culture at the home by developing and coaching staff.
- Staff told us they enjoyed working in the home and were well supported. Their comments included, "I really enjoy my job, I've worked here for several years and the residents are at the heart of everything we do."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- There were systems in place to ensure duty of candour was understood and acted on.
- Effective systems and processes were in place to monitor accidents, incidents and safeguarding concerns. The registered manager regularly analysed these and shared lessons learnt with the wider staff team.
- Staff were clear about their role and responsibilities. Staff had received training which ensured they provided care and support to the required standard. Staff told us they would not hesitate to inform the manager of any issues or concerns they had and were confident they would be dealt with appropriately.
- Staff were aware of the provider's whistleblowing and safeguarding procedure.
- The Commission had been informed of all incidents the provider is required by law to notify us of.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were systems in place to gather feedback from people regarding the service. Regular meetings took place with people to gain their views about the service they received. Records showed that action was taken when people had made suggestions or requests.
- Staff meetings took place regularly and staff told us they were able to share their views and felt engaged with any changes to the service.
- The registered manager liaised with other health and social care professionals to help ensure people's needs were met.

Continuous learning and improving care; working in partnership with others

- There was a culture of continuous learning and improvements.

- A range of audits were completed regularly, covering all areas of the service; they showed when areas for improvement were identified, action plans were created and followed up on.
- The provider engaged well with the Local Authority.