

Mr Barry Potton

Thornton Manor Nursing Home

Inspection report

Thornton Green Lane
Thornton Le Moors
Chester
Cheshire
CH2 4JQ

Tel: 01244301762

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Thornton Manor nursing home is a care 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 37 people living at the home.

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

A lack of robust governance and daily management oversight had resulted in issues relating to the quality and safety of the care people received. Governance systems in place had failed to identify the concerns we found and whilst regular checks and audits were in place, they were not effective at driving improvement.

The registered manager and deputy manager were aware of current PPE guidance and staff had received infection control training. However, we observed two staff were not always wearing masks appropriately. We have made a recommendation about this.

Safe recruitment procedures were in place. A clear training plan was in place to ensure staff revisited all mandatory training due to this not being up to date. The staff and management team worked closely with health and social care professionals to ensure good outcomes for people.

Medication was managed safely by trained and competent staff. Medication administration records (MARs) were fully completed and regularly reviewed. Medicines policies and procedures were available for staff along with best practice guidance. Medicines trolleys were not secured to the wall and cabinets within the medicines room did not have locks in place in accordance with best practice guidelines.

People were protected from the risk of abuse. Safeguarding policies and procedures were in place and staff had received training on how to keep people safe. Staff were completing training updates. Staff told us they felt confident to identify and raise any concerns they had about people's safety. They believed prompt action would be taken.

Family members told us they felt their relatives were safe living at the home and felt confident they would be contacted if staff had any concerns. People appeared happy with the care home and the staff that provided their care.

Staff assessed and reduced risks as much as possible, and there was equipment in place to help people remain as independent as possible.

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 Good (published 14 August 2018).

Why we inspected

We reviewed the information we held about this service and a decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the list of relevant key question sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

We have identified breaches in relation to the management of health and safety and the overall governance systems of the service. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Thornton Manor Nursing Home

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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector and a Specialist Advisor in nursing.

Service and service type

Thornton Manor Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was announced.

We gave 24 hours' notice of the inspection to ensure we could manage the risks related to COVID-19.

What we did before 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We reviewed a range of records. This included two people's care records and multiple medication records. We also reviewed records relating to the management of the service such as incident and accident records, recruitment records, health and safety records, meeting minutes, training records and audits. We spoke with the registered manager, deputy manager, clinical lead, team leader, two support staff and two domestic staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two relatives who regularly visit the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- No records were available to demonstrate that required water temperature checks had taken place to reduce the risk of people being scalded. The registered manager confirmed these had not been recently completed. No harm had come to anyone supported.
- Simulated evacuation drills had not been carried out; therefore, it was unclear how the provider had ensured procedures would be effective.
- No records were available to identify that regular fire alarm tests had been undertaken.
- Products that could be harmful to people were not stored safely. Items were left within communal bathrooms including shampoo, shower gel, toothpaste. This is a risk to people living with dementia.
- Personal emergency evacuation plans (PEEPs) were in place to ensure people were supported to evacuate in an emergency. However, these plans needed to be reviewed and updated to ensure they included clear guidance for staff to follow in the event of an emergency.
- Essential staff training was not all up to date including moving and handling, fire safety and safeguarding. This had been identified and a plan put in place to address this.

This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Routine equipment maintenance checks and servicing, including fire safety equipment, hoists; slings and lift servicing were up to date.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date.
- We highlighted to the provider that two staff were not wearing their face masks correctly.
- We found that the provider was storing hoist slings in a communal accessible area along with people's laundry.

We recommend the provider consider current guidance on infection prevention and control to ensure their practice remains up to date.

We have also signposted the provider to resources to develop their approach.

Systems and processes to safeguard people from the risk of abuse

- The provider had safeguarding systems in place. Staff knew how to identify abuse and were aware of how to report it. One staff member told us, "I would immediately report any concern I had and know it would be acted upon."
- One relative told us, "I know [name of person] is safe and I really do trust staff to look after them." Another relative stated, "I know Mum is safe, well and comfortable. What more could I ask for."
- Safeguarding incidents had been reported to the local authority and the Care Quality Commission (CQC).

Staffing and recruitment

- Family members told us that there were enough staff and they felt they knew their relatives well. Comments included; "Staff know [Name] well and are attentive" and "[Name] tells me there are enough staff and the call bell is answered quickly."
- Staff told us there were enough staff on each shift and one member of staff commented, "We have time to spend with people and there are enough staff to support people."
- Safe recruitment systems were in place to ensure suitable staff were employed.
- Staffing levels were based around people's individual needs.

Using medicines safely

- Medicines trolleys on both floors were not secured to the wall within the medicines room for safety, and cupboards within the medicines room did not have locks on them in accordance with good practice guidelines. This was raised and immediately addressed by the registered manager.
- People in receipt of covert medicines had appropriate plans in place.
- People received their prescribed medicines safely from staff who had been trained and were competent to undertake the task.
- Some people were prescribed medicines, such as pain relief, on an 'as required' basis. Protocols were in place to guide staff on how to administer these medicines.

Learning lessons when things go wrong

- The registered manager had reflected on where improvements were needed and developed an action plan. We saw improvements had been made and the registered manager had plans in place for further improvements within the service.

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems to assess, monitor and improve the service were not always effective and had not identified the issues highlighted during our inspection.
- The provider had not identified that records were not available for evidencing water temperature checks were taking place or that fire alarm checks and evacuation practice were being completed.
- The registered manager was not reviewing and signing completed incident forms in accordance with their policy and procedure.
- The provider had not identified that confidential information was not always stored securely.
- The provider had identified that not all training was up to date and the quality of training had not met their standards. There was a plan in place to address this, however, there had been a delay in identifying this.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Comments from relatives included, "I feel really confident that Mum is okay, staff call me every 10 days with updates and I feel confident that she is okay" and "When I call to speak to the nurses they are always informative and offer me lots of reassurance."
- Staff and relatives felt the registered manager and deputy manager were visible and always available to provide them with support.

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; Continuous learning and improving care

- The provider and registered manager understood the requirements and their responsibilities under the duty of candour.
- The registered manager was open and transparent and told us they understood how important it was to be honest when mistakes are made or incidents happen, and to offer an apology. They reported incidents to

the relevant agencies and dealt with complaints in line with their policies and procedures.

- Appropriate systems were in place to manage complaints, with responses sent where people had been unhappy with the service provided. The registered manager told us they always reflected on complaints and the learning that could be gained from them.

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

- There were opportunities for people who used the service and relatives to share their views about the quality of the service provided. Quality assurance questionnaires comments included, "The care my mum receives is outstanding. You only need to watch her reactions to the carers to know that she is well cared for and loved" and "I have always found everyone really friendly and helpful."
- There were regular staff meetings where discussions took place that included; infection control, training and improvements needed.

Working in partnership with others

- The registered manager and staff worked closely with health and social care professionals to ensure people received the care and support they needed.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	Regular health and safety checks were not being completed as well as fire alarm checks and drills.
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	Systems to assess, monitor and improve the service were not always effective and had not identified the issues highlighted during our inspection
Treatment of disease, disorder or injury	