

# Thornton Lodge Care Limited







## Fernbank Lodge

### Inspection report

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#### Ratings

Overall rating for this service		Good	
Is the service safe?		Good	
Is the service effective?		Good	
Is the service caring?		Good	
Is the service responsive?		Good	
Is the service well-led?		Requires improvement	

#### Overall summary

This inspection was carried out on the 5 and 12 October 2015 and the first day was unannounced.

We last inspected Fernbank Lodge in June 2014 and identified no breaches in the regulations we looked at.

Fernbank Lodge is registered to accommodate up to 18 people with personal care needs. At the time of the inspection there were 18 people who lived at the home.

Accommodation is provided over two floors, with a stair lift providing access to the first floor. There is a range of

communal rooms, comprising of two lounges, two conservatories and a dining room. There are small garden areas at the front and rear of the home, with seating for people to use during the summer months.

The home has a manager who is registered with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service.

# Summary of findings

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.

There were systems in place to ensure people who used the service were protected from the risk of harm and abuse. The staff we spoke with were knowledgeable of the action to take if they had concerns in this area.

Staff were knowledgeable of peoples' assessed needs and delivered care in accordance with these.

There were arrangements in place to ensure people received their medicines safely.

Processes were in place to ensure people's freedom was not inappropriately restricted and staff were knowledgeable of these.

During the inspection we saw independence was promoted wherever possible. We saw people were supported to mobilise and engage in an organised activity with patience and understanding.

People were referred to other health professionals for further advice and support when appropriate.

People told us they liked the food provided at Fernbank House and we saw people were supported to eat and drink adequately to meet their needs and preferences.

There were sufficient staff to meet people's needs. We saw appropriate recruitment checks were carried out to ensure suitable people were employed to work at the home. Staff received regular supervision to ensure training needs were identified and received appropriate training to enable them to meet peoples' needs.

There was a complaints policy in place, which was understood by staff and was available on the notice board within the home. An external consultant and the registered manager monitored the quality of service by carrying out checks on the environment, medicines and records. People were encouraged to give feedback to staff, which was acted upon.

The registered manager had not always notified the Care Quality Commission of incidents that occurred at the home. This has been reflected within the rating 'Is the service well led.'

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe

There were arrangements in place to ensure people received medicines in a safe way.

Individual risk assessments were carried out to ensure any risks identified were controlled. Staff were knowledgeable of these.

The staffing provision was arranged to ensure people were supported in an individual and prompt manner and staff were appropriately skilled to promote people's safety.

Good



### Is the service effective?

The service was effective.

People were enabled to make choices in relation to their food and drink and were encouraged to eat foods that met their needs and preferences.

Referrals were made to other health professionals to ensure care and treatment met people's individual needs.

The management and staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Good



### Is the service caring?

The service was caring.

We saw staff provided support to people in a kind way. Staff were patient when interacting with people who lived at the home and people's wishes were respected.

Staff were able to describe the likes, dislikes and preferences of people who lived at the home and care and support were individualised to meet people's needs.

People's privacy and dignity were respected.

Good



### Is the service responsive?

The service was responsive.

People were involved in the development of their care plans and documentation reflected their needs and wishes.

People were able to participate in activities that were meaningful to them.

There was a complaints policy in place to address comments and complaints made regarding the service the home provided.

Good



# Summary of findings

## Is the service well-led?

The service was not consistently well-led.

Notifications to the Care Quality Commission were not always made.

The registered manager and an external consultant carried out checks to ensure improvements were identified and actioned.

Staff told us they were supported by the registered manager who sought the views of people who lived at the home.

**Requires improvement**



# Fernbank Lodge

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check 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.

This inspection was carried out on the 5 and 12 of October 2015. The first day was unannounced and the second day was announced.

The first day of the inspection was carried out by one adult social care inspector and an expert by experience. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of care service. The expert who took part in this inspection had experience of adult social care services.

Prior to the inspection we reviewed information the Care Quality Commission (CQC) holds about the home. This

included any statutory notifications, adult safeguarding information and comments and concerns. This helped us plan the inspection effectively. We also contacted a member of the commissioning authority to gain further information about the home. We received no negative feedback.

During the inspection we spoke with ten people who lived at Fernbank Lodge and two relatives. We spoke with the registered manager, an external consultant, a cook and two care staff.

We looked at all areas of the home, for example we viewed the lounge, conservatory and dining area, bedrooms and the kitchen.

We looked at a range of documentation which included three care records and one staff file. We also looked at computerised training records, a medicines audit, environmental audits and a sample of medication and administration records.

# Is the service safe?

## Our findings

People told us they felt safe. We were told, “I feel safe here - there are nice staff on.” And, “I feel safe here - there’s a stair lift and I have a bell. The staff are good.” Also, “I was in another home. This is a better home here. I feel safe.”

We viewed three care records and saw individualised risk assessments were carried out and evaluated appropriate to peoples’ needs. We saw risks to peoples’ health and wellbeing were assessed and risk reduction methods were used to ensure peoples’ safety was maintained. For example we saw a care plan was in place to minimise the risk of a person falling. During the inspection we observed the person being supported and saw the care plan was followed. This enabled the person to maintain their independence whilst minimising the risks identified.

Staff were able to explain the purpose of the assessments in place and how these enabled risks to be minimised. Staff told us if they were concerned a risk assessment required updating they would discuss this with the person who lived at the home. They also told us they would discuss this with relatives and the registered manager to ensure peoples’ safety was maintained. This demonstrated to us there were systems in place which staff spoken with were knowledgeable about to ensure people were supported safely.

Staff told us they had received training to deal with safeguarding matters. We asked staff to give examples of abuse. They were able to describe the types of abuse that may occur. They were also able to explain the signs and symptoms of abuse and how they would report these. Staff said they would immediately report any concerns they had to the registered manager, or to the local safeguarding authorities if this was required. One staff member told us, “My job is about keeping people safe and secure.”

We saw the home had a safeguarding procedure and contact numbers for the local safeguarding authorities were available to staff. The procedures helped ensure people could report concerns to the appropriate agencies to enable investigations to be carried out if this was necessary. We noted three incidents had not been reported to the local safeguarding authorities. The registered manager explained the investigations that had taken place and we saw risk assessments had been updated to manage any identified risks.

We asked the registered manager how they ensured there were sufficient numbers of suitably qualified staff available to meet peoples’ needs. They told us the rotas and annual leave were agreed in advance. They explained this helped ensure the home had sufficient staff available to support people. The registered manager told us they did not use agency staff in the event of a shortfall in staffing. They told us they felt it was important people were supported by staff who knew their needs and preferences. They said they would attend the home themselves to ensure people were supported in accordance with their needs and wishes. We were also told if extra staff were required due to a person’s needs, unplanned leave or external events being arranged, additional staff were provided. This was confirmed by speaking with staff who told us additional staff were available if the need arose.

We viewed three week’s rotas and saw staffing levels were consistent with the registered manager’s explanation. We also observed people being supported in a prompt way. We saw staff responded to call bells quickly. We viewed a record of call bells being activated and responded too. We saw call bells were answered in less than two minutes. The registered manager told us the record was generated by the call bell system and they periodically checked this to ensure people did not have to wait for support.

People we spoke with gave conflicting information regarding the staffing provision at the home. Three of the ten people we spoke with told us they sometimes needed to wait for support. We discussed this with the registered manager who told us they would speak with people who lived at the home to obtain further information. They told us they would speak with staff to ascertain their views regarding the staffing provision at the home. We were informed the results of the discussions would be passed to members of the senior management team for consideration.

We reviewed documentation which showed safe recruitment checks were carried out before a person started to work at the service. The staff we spoke with told us they had completed a disclosure and barring check (DBS) prior to being employed. This is a check that helps ensure suitable people were employed to provide care and support to people who lived at Fernbank Lodge.

During this inspection we checked to see if medicines were managed safely. We discussed the arrangements for ordering and disposal of medicines with the registered

## Is the service safe?

manager who was responsible for this. They were able to explain the procedures in place and we saw medicines were disposed of appropriately by returning them to the pharmacist who supplied them. The staff we spoke with told us they had received training to enable them to administer medicines safely and this was refreshed on an annual basis. We saw documentation which confirmed this took place.

We looked at a sample of Medicine and Administration Records (MAR) and saw the record and amount of medicines at the home matched. This showed us medicines were available and had been administered as prescribed. We saw medicines were stored in a lockable cupboard and this was accessible only to authorised staff. This helped ensure medicines were not accessible to people who were unauthorised to access them.

We saw if an accident or incident occurred this was documented and included in the person's care records. The registered manager explained how they reviewed such incidents to ensure further measures were not required to minimise risk. For example they explained that following an occurrence they had reviewed a person's care plan to

identify if any further risk reduction methods were required. We saw the changes required were reflected within the person's care plan and the required equipment was in place. This demonstrated there were systems in place to ensure such incidents were reviewed and action taken to minimise risk.

On the first day of the inspection we noted there were no window restrictors in place on windows throughout the home. We discussed this with the registered manager who told us they would ensure the registered provider was made aware of this. On the second day of the inspection the registered manager told us they had sought expert advice and were currently waiting for window restrictors to be fitted. Following the inspection we received written confirmation that the work was being completed.

We saw checks were in place to ensure the environment was maintained to a safe standard. We saw documentation which evidenced that electrical, gas and lifting equipment was checked to ensure its safety. We also saw the temperature of the water was monitored to ensure the risk of scalds had been minimised.

# Is the service effective?

## Our findings

The feedback we received from people who used the service and their family members was positive. People told us staff supported them in the way they had agreed and they found staff were knowledgeable of their needs. Comments we received included, “The staff know me well.” And, “They understand what I want, I am happy living here.”

We saw documentation which evidenced people were supported to see other health professionals as their needs required. For example we saw people were referred to district nurses and doctors if there was a need to do so. On the day of the inspection we saw a district nurse attended the home as staff considered there was a concern with a person’s skin integrity. This demonstrated the home made prompt referrals to ensure people received specialist advice and support when required.

Care files evidenced that people’s nutritional needs were monitored. We saw people were weighed regularly to ensure they ate sufficiently to meet their needs. Care documentation described people’s food and fluid preferences and we saw documentation which evidenced dieticians were involved if this was required.

We observed the lunch time meal being served. We saw this was served quickly when people were seated and was in accordance with their preferences. We viewed menus which evidenced a wide choice of different foods were available and we saw the kitchen was well stocked with fresh fruit, vegetables and dry and tinned supplies.

During the inspection we saw people were asked to select their meal in advance. The people we spoke with told us the menu was flexible and food was prepared on request. Comments we received included, “The foods alright.” And, “The foods good. I don’t like everything but no-one does.” We observed one person being provided with the alternative meal they had requested and they were happy with this.

There was a choice of cold drinks, tea and coffee to drink and the tables were attractively laid with napkins, cutlery and condiments. The atmosphere was calm and welcoming and we saw this was a social event for people as they sat and chatted in a relaxed manner. We saw staff asked people if they wanted second helpings and these were provided as requested.

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

We spoke with the registered manager to assess their understanding of their responsibilities regarding making appropriate applications. From our conversations it was clear they understood the processes in place. We were informed that ten applications had been made to the supervisory body which was Lancashire County Council. The registered manager told us they were waiting for feedback on these.

We asked staff to describe their understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and how this related to the day to day practice in the home. Staff could give examples of practices that may be considered restrictive and told us they would report any concerns to the registered manager to ensure peoples’ rights were upheld. This meant there were processes in place to protect the rights of people who lived at the home.

During the inspection we saw people’s consent was sought before support was provided. We observed people being asked if they required support with personal care, medicines or if they wanted to join in with an organised activity. We saw if people declined, their wishes were respected.

We asked staff what training they had received to carry out their roles. Staff told us they had received an induction which included training in areas such as moving and handling, safeguarding and fire safety. They also told us they received training in challenging behaviour and dementia care. Staff we spoke with confirmed training was provided regularly to ensure their training needs were identified and training was refreshed. They told us this had been discussed with them at supervision. We discussed the



## Is the service effective?

training provision at the home with the registered manager. They told us staff received supervision and appraisal. This enabled them to assess the training needs of staff and we saw documentation which confirmed this.

# Is the service caring?

## Our findings

People who lived at the home were complimentary of staff. We were told, “I’ve been happy here. They’re very thoughtful. They’ll do anything for you.” Also, “I feel respected. If they got awkward I’d tell them off.” And, “The staff are good.”

We saw staff were caring. We observed staff choosing to sit with people and talk with them in a positive and respectful manner. We saw people approached staff if they wanted help or support. From our observations we saw staff responded to people kindly. We saw one person asked for help to pour their drink. The staff member helped them in a respectful manner.

We observed staff sitting with people in lounge areas and peoples’ bedrooms. We saw staff were attentive to peoples’ needs and observed if people required extra support. We saw one person was having difficulty opening a book they were reading. The staff member sat with them and helped them find the correct page. This was appreciated by the person who thanked them.

Staff took an interest in peoples’ hobbies and preferences. We saw staff talking with people about things they were interested in. One person spoke with staff about their family and a further person spent time talking about a television programme they were interested in. We observed people spoke freely with staff and staff knew the likes and dislikes of the people who lived at the home.

During the inspection we observed staff addressed people by their chosen names and used appropriate touch when

supporting people. We observed staff gently touching peoples’ arms in an affectionate gesture when speaking with them and this was reciprocated by people who lived at the home.

Staff spoke affectionately about people who lived at the home. On staff member told us, “It’s home for the people here. We want people to view it as their home and be happy here” and further went on to say “A person is a person and should be treated with respect.” Staff were able to give examples of how they would maintain peoples’ dignity. They told us they would respect the persons’ wishes, maintain their privacy when providing personal care and be discreet when offering support in a communal area.

We saw staff responded to people if they became upset. We observed a staff member sitting with a person who appeared troubled. The staff member asked them if they wanted to move to a private area. On the person’s refusal, the staff member offered them reassurance and stayed with them until the person asked them to leave. We saw the person appeared less concerned.

The care records we viewed were written in a person centred way. The documentation contained detailed information regarding the individual likes and dislikes of people who lived at Fernbank Lodge. We observed care being delivered in accordance with peoples’ wishes. For example we observed a staff member helping a person to the lounge area and giving them their chosen beverage. The person’s care plan showed this was where they preferred to sit and their preferred drink.

# Is the service responsive?

## Our findings

People told us they felt the care provided met their individual needs.

The care records we viewed showed people were involved in the development of their care plans. When appropriate we saw they were signed by people who lived at Fernbank Lodge. We spoke with a relative who described how their family member's needs had changed. They told us staff had discussed this with both them and their family member and sought their opinion on the support they required. It is important people are empowered to develop their own care plans as this enables staff to respond to their individual wishes. A further relative told us they had not viewed their family members care plan. They also told us they were arranging to meet with the registered manager to discuss this.

During the inspection we also saw people responded promptly to peoples' needs. We observed staff responding quickly and tactfully if people required assistance or support. Staff were seen to be respectful and the interventions we observed were seen to be accepted by the people who lived at Fernbank Lodge.

We observed an organised activity taking place. On the day of the inspection an external entertainer attended the home to provide musical entertainment. We saw a notice board which displayed the days events was in place. We also observed staff asking people if they wanted to participate. We observed people participating in the musical activity and saw those who chose to do so were smiling and talking to each other. We noted one person was tapping their feet and humming to the music.

We discussed the activities provided with the registered manager. We were told activities were provided and these were in response to suggestions from people who lived at Fernbank Lodge. The deputy head of care said they provided a range of activities such as gentle exercise, manicures and trips to places of local interest. We also saw the activities people engaged in were recorded. The registered manager told us this helped the future planning of activities as they could assess what activities people preferred.

We observed staff supporting people to engage with each other. We saw some people chose to sit in the conservatory and began chatting. The staff member approached them and asked if they would like a cup of tea. We saw this was welcomed and people were encouraged to pour their own tea from the tray provided. This resulted in laughter and conversation as they reminisced about their life experiences. This was supported by staff who stayed with them and encouraged the conversation to continue.

We also saw individual activities were carried out. We observed a staff member looking at a book with a person who chose to stay in their room. The person talked at length about their hobby and we saw staff responded with interest to what the person was saying. It was clear from our observations this was welcomed by the person.

We saw there was a complaints procedure in place which described the response people could expect if they made a complaint. At the time of the inspection no complaints had been made. We saw the complaints procedure was available on the notice board at the home. People told us if they had any complaints they could complain to the registered manager. One person told us, "If I wanted to complain I would tell them and they'd sort it out."

The staff we spoke with explained they did not receive many complaints. They told us if a person commented on an improvement they responded to this quickly. The registered manager reiterated this and told us they continually asked people if they were happy with everything at the home. During the inspection we saw this took place. We observed the registered manager and staff asking people, "Is everything alright for you today." And, "Is everything ok for you." Also, "How are you, is everything ok."

Staff told us if people were unhappy with any aspect of the home they would record this on the person's behalf if they agreed to this. They would then pass this on to registered manager. This demonstrated there was a procedure in place, which staff were aware of to enable complaints to be addressed.

# Is the service well-led?

## Our findings

The home had a manager in place who was registered with the Care Quality Commission. We received positive feedback regarding the way the home was managed.

We asked people their opinion of the management of Fernbank Lodge. We were told, “[The registered manager] is lovely. She’s very understanding.” And, “I know [the registered manager]. She’s alright.” Relatives we spoke with also gave positive feedback regarding the registered manager. One relative commented, “[The manager] is very good and we work together so they get in touch with me and I get in touch with them.” A further relative described the registered manager as caring and understanding.

During the inspection we saw staff were well organised and efficient. We observed staff communicating with each other so they were aware of the needs and wishes of the people who lived at the home. We asked staff their opinion of the way the home was managed. Both the staff we spoke with told us they considered the team work to be good. One staff member said, “We need to work as a team so we know what we’re doing and why. That way people get the best care.” They also said, “[The registered manager’s] dedicated to making this place a happy home.”

We asked the registered manager what systems were in place to enable people to give feedback regarding the quality of the service provided. The registered manager told us they held formal meetings and also offered surveys to people and relatives who lived at the home.

We saw a survey was in place to capture the views of relatives and people who lived at the home. We viewed the most recent survey and saw positive comments had been made. These included, “The home is wonderful and my mother is happy and well cared for.” And, “People are very happy and I find it’s just like home.” The registered manager explained this was a way of ensuring people were happy at the home and if areas of improvement were identified they would discuss these with people individually. We viewed ‘residents and relatives’ meeting minutes. We saw people were asked their opinion on the care provided and had agreed it was good. We also saw changes to the menu had been requested. We spoke with

the cook who showed us the current menu plan for the home. They told us as a result of the meeting held; changes had been made to incorporate peoples’ suggestions. This demonstrated there were systems in place to enable people to give feedback and improvements to be made.

We spoke with staff and asked them their opinion of the leadership at the home. Staff told us they felt well supported and were encouraged by the registered manager to discuss any areas on which they wanted clarity, or feedback. Both the staff we spoke with said they felt they were well informed of any changes taking place.

We asked the registered manager what checks were carried out to ensure Fernbank Lodge operated effectively and areas for improvement were noted and actioned. The registered manager told us they carried out medicines audits to ensure medicines were managed safely. We saw documentation which showed us this took place. The registered manager also told us they reviewed all the care records monthly to ensure they were an accurate reflection of peoples’ needs and wishes. In addition, the registered manager explained the registered provider employed a consultant who audited key areas such as the environment; the quality of the service provided and staff training. We were informed this took place at the home on a six monthly basis and verbal and documentary feedback was given to them following this process. They explained this had fallen behind schedule due to unforeseen circumstances however the audits were recommencing. We saw documentation and a corresponding action plan which evidenced this. This demonstrated there was a system in place to ensure areas of improvement were identified and actioned as required.

It is a requirement that the Care Quality Commission (CQC) is notified of certain events that occur. During the inspection we saw three incidents had occurred at the home. We discussed these with the registered manager and the external consultant who told us of the actions they had taken. We saw documentation which reflected this. The registered manager told us the incidents had not been reported to the Care Quality Commission. They explained this was an oversight and following the inspection we received the required notifications.