

Thornton Care Limited

Thornton Lodge Care Home

Inspection report

23 Trunnah Road
Thornton Cleveleys
Lancashire
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Thornton Lodge is a care home specialising in Dementia, situated on Trunnah Road in Thornton, near Blackpool. The home is registered for 11 people. The service is situated close to a bus route into Blackpool and Cleveleys and there are local shops within walking distance from the home. There is a stair lift up to the first floor. Bedrooms are situated on the ground and first floor. Some bedrooms have an en suite facility. Car parking facilities are available at the home.

At the last inspection the service was rated Good. At this inspection we found the service remained Good.

Although a number of people had limited verbal communication and were unable to converse with us, we spoke with four who lived at the home and a relative. People we spoke with told us they were safe and content at Thornton Lodge. One person who lived at the home said, "I do feel relaxed and at home here knowing people are about to help me and keep me well."

Care records were up to date, informative, and reviewed on a regular basis. Care records of two people we looked at explained risks were identified and reviewed to ensure they were up to date.

Staffing levels were sufficient to provide support people required. We confirmed this by talking with staff and people who lived at the home and by our observations on the day of the inspection visit. For example we observed staff members could undertake tasks supporting people without feeling rushed.

We found staff had been recruited safely, appropriately trained and supported. They had skills, knowledge and experience required to support people who lived with dementia and care for their social and personal care needs. Staff spoken with told us they were well trained and always offered opportunities to develop their skills through training courses.

We found the registered manager 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.

We looked around the building and found it had been maintained. The building was clean and hygienic and a safe place for people to live. We found equipment had been serviced and maintained as required.

We found medication procedures at the home were safe. We observed medication administered to people during the day of the inspection visit. Staff responsible for the administration of medicines had received training to ensure they had the competency and skills required. Medicines were safely kept with appropriate arrangements for storing in place.

We observed staff assisting people at lunchtime to eat their meals. They were kind, sensitive and patient, engaging with the person they were supporting in conversation. We received only positive comments about

the quality of food provided. They included, "Great food always a choice." A relative said, "Great food [relative] gets what she wants."

People who lived at the home and relatives told us the owner, staff and the registered manager had a caring and supportive manner. One person who lived at Thornton Lodge said, "They have to wait and be patient with me and they always are, they are so kind the people here."

The registered manager had a complaints procedure which was made available to people on their admission to the home and their relatives. No complaints had been received. One relative said, "Never had to complain and I come here all the time."

The registered manager used a variety of methods to assess and monitor the quality of the service. These included regular audits, staff and 'resident' meetings to seek their views about the service provided and their opinions to improve the home. Staff told us the management team were 'very supportive' and always around to discuss any issues that may occur.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Thornton Lodge Care Home

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 was an unannounced inspection visit carried out on the 20 June 2017.

The inspection visit was carried out by an adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information as part of the evidence for the inspection. We also reviewed historical information we held about the service. This included any statutory notifications and safeguarding alerts that had been sent to us.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with a range of people about Thornton Lodge. They included four people who lived at the home, the registered manager, deputy manager a relative of a person who lived at Thornton Lodge and three staff members. In addition we spoke with the registered provider/owner.

Part of the inspection was spent looking at records and documentation which contributed to the running of the home. We looked at two care plans of people who lived at Thornton Lodge, maintenance records, training records and recruitment documentation. In addition we looked at staffing levels and records relating to the management of the home. We also spent time observing staff interactions with people who lived at the home. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.

We contacted health and social care professionals including the local authority contracts monitoring team. We did not receive any information of concern about Thornton Lodge.

Is the service safe?

Our findings

Although we could not speak with some people who lived at Thornton Lodge due to their living with dementia, the people we did speak with told us they felt safe and happy at the home. This was echoed by a relative we spoke with who said, "A lovely home that look after the residents so well and I feel good knowing [relative] is safe here." In addition a person who lived at the home said, "Yes I do feel relaxed and at home here knowing people are about to help me and keep me well."

Two care records of people who lived at the home we looked at contained relevant risk assessments to the individual, to identify potential risk of accidents and harm that may occur. Any potential risk was identified and what action staff should take to ensure people were safe. Also risk assessments provided instructions for staff members when delivering support and care to ensure the person was safe.

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. Staff told us they had received training and were confident in the process to follow should they witness any form of abuse. Staff spoken with knew the process to follow and were also able to describe what they would do if they had a whistleblowing concern and who to contact.

We found by talking with staff and looking at documentation staff had been recruited safely, appropriately trained and supported by the management team. They had skills, knowledge and experience required to support people with their care and social needs. One staff member said, "We are fine with the level of staff we have on duty." The provider and registered manager monitored and regularly assessed staffing levels to ensure sufficient staff were available to provide support people needed.

We looked at how medicines were recorded and administered. Medicines had been checked on receipt into the home, given as prescribed and stored and disposed of correctly. We looked at medication administration records of people who lived at the home. Records showed medication had been signed for correctly. We checked this against individual medication packs which confirmed all administered medication could be accounted for. This meant people had received their medication as prescribed and at the right time. We observed medication being administered to people at breakfast time. An example of good practice we observed was the member of staff had to leave the medicine cabinet to see a person who was receiving medicines. The staff member called out to another member of staff to stand by the cabinet whilst they attended to the individual. The staff member said, "We never leave the medication cabinet unattended."

There were controlled drugs being administered at the time of our visit. This medication was locked in a separate facility. We checked the controlled drugs records and correct procedures had been followed. The correct dosage of remaining tablets was accurate to the medication record of one person we checked.

We had a walk around the building and found the premises were clean, tidy and maintained. We observed staff making appropriate use of personal protective equipment such as disposable gloves and aprons.

We looked at documentation and found equipment had been serviced and maintained as required. For example records confirmed gas appliances and electrical equipment complied with statutory requirements and were safe for use.

Is the service effective?

Our findings

We observed staff and people who lived at Thornton Lodge were constantly engaged in conversation and interacted well with each other. Staff had an understanding of the needs of people that led to effective care provision. For example, one person was upset at lunchtime and clearly distressed. One staff member sat with the person with their arm around them reassuring the person they were alright and calmed them down by spending time with them. We spoke with the member of staff later on in the day who told us about the person and that they knew a little time spent with them would settle them down.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff working in this service make sure that people have choice and control of their lives and support them in the least restrictive way possible; the policies and systems in the service support this practice.

During the inspection visit we observed drinks and snacks served during the day. Relatives were asked whether they would like a drink or something to eat on arrival at the home. One relative said, "I am always welcomed with a drink and a smile when I come here." We observed lunchtime and staff were patient and kind when supporting people who required help with their lunch. People ate at their own pace and were not rushed. People we spoke with told us they enjoyed the food and meals provided. Comments included, "Great food always a choice." A relative said, "Great food [relative] gets what she wants."

A variety of alternative meals were available and people with special dietary needs had these met. These included people who had their diabetes controlled through their diet. One staff member said, "We support people with special diets and know what foods to provide."

Thornton Lodge 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. We found the kitchen area clean and tidy, with sufficient fresh fruit and vegetables available for people to have a healthy diet. We confirmed when talking with the management team staff had completed 'food and hygiene' training which was regularly updated.

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.

We looked around the building and grounds and found they were appropriate for the care and support provided. The garden area was used by people who lived at the home and seating was available for people to sit out. One person who lived at the home said, "I like the summer months when we can sit out."

There were communal lounges with a conservatory area for the use of people who lived at the home. Lighting in communal rooms was domestic in character, sufficiently bright and positioned to facilitate reading and other activities. Aids and hoists were in place which were capable of meeting the needs of people with mobility problems.

Is the service caring?

Our findings

Four people we spoke with were positive about the care and support they received from staff at Thornton Lodge. Comments included, "Yes very caring and friendly they make me feel wanted." Also, "They have to wait and be patient with me and they always are so kind the people here." We spoke with a relative and they only said positive comments about the caring attitude of staff and the management team. They included, "A lovely home, I feel quite content that they are looking after [relative] so well." Also, "They always are kind to me and I know the same attitude is with [relative]."

We sat and observed care practices in the lounges during our visit. We saw good examples of staff spending time with people and showing patience, respect and dignity towards them. For example, they always asked the person they were sat with if they wanted anything to eat or drink. They knocked on bedroom doors before entering and called out their preferred name when speaking with somebody. In addition we found staff spent time sitting and talking with people and not rushing to leave them. A staff member said, "We do have time to spend with people that is a most important part of the job." One person who lived at the home said, "I love just sitting and chatting with people."

Staff had a good understanding of protecting and respecting people's human rights. We were told training was provided in this area. Staff and the registered manager were able to describe the importance of promoting each individual's uniqueness. We found there was a sensitive and caring approach practiced by all the staff we observed and spoke with at Thornton Lodge.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The service had information available for people and their relatives. 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.

People's end of life wishes had been recorded if applicable so staff were aware of these. We were told people had been supported to remain in the home where possible as they headed towards end of life care. This allowed people to remain comfortable in their familiar, homely surroundings, supported by familiar staff. We found staff had received training in end of life care to ensure they were familiar of how to look after people towards the end of their life.

Is the service responsive?

Our findings

Care records of people who lived at Thornton lodge demonstrated they received a personalised service which was responsive to their care needs. One person we spoke with told us the care they received was individual to them and they were encouraged to make their views known about how they wanted their care to be provided. Two care plans we looked at were detailed and clear about support needs of people and how they wanted their care delivered.

We observed people who lived at Thornton Lodge joined in with staff with a musical activity in the morning of our visit. Staff told us people were encouraged to join in and follow their own interests they chose to. One staff member said, "It is sometimes difficult because of their dementia however we know what people like to do as hobbies and try to help them." One person who lived at the home said, "I love the musical mornings." A relative we spoke with said, "I come often and things are always going on for the residents such as trips out. [Relative] is going out tomorrow for an entertainment afternoon at one of their other homes." Also a relative said, "She does enjoy the trips out."

Care records of people who lived at Thornton Lodge were clear about support needs of people and how their care was to be delivered. A staff member told us because this was a small home they get to know people well and were aware of what care needs people required. One person who lived at the home we spoke with told us they made their views known and staff responded to what their choices and support needs were. A relative also said, "The staff know exactly what people need and respond straightaway if any needs change and inform me."

Thornton Lodge had a complaints procedure which was made available to people on their admission to the home and 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. A relative and people we spoke with about complaints confirmed information on how to make a complaint had been provided to them. A relative said, "I know who to contact but quite honestly never had to."

The registered manager followed good practice guidelines when managing people's health needs. For example, people had documents containing information about their health needs should they need to visit a hospital. This ensured people who had difficulty communicating their needs had information as to how to support them and included information about a person's mobility, dietary needs and medication.

Is the service well-led?

Our findings

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

We found the service had clear lines of responsibility and accountability with a structured management team in place. The management team consisted of the registered manager, deputy manager and senior staff. We found they were experienced, knowledgeable and familiar with the needs of people they supported. A relative we spoke with said, "[Registered manager] is on the ball they do know what they are about here." Staff comments about the running of the home included, "We have been here for a while it is run really well."

We looked at records confirming staff/ relative/resident meetings had been held. A relative responded in a survey about meetings held at the home, 'I have not attended but believe they are productive.' In addition they had given out resident/relative surveys in May 2017 for people to comment on the quality of the service provided. Six returned surveys were all positive and comments included, 'I would not change anything the home is extremely well run'.

The registered manager had procedures in place to monitor the quality of the service provided in terms of regular audits undertaken. For example these included, care plans, infection control and staff training. An audit in August 2016 identified all staff should have individual training schedules. We checked the following audit and this had now been actioned. This demonstrated the provider looked to improve and monitor the service provided for people who lived at Thornton Lodge.

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included social services, healthcare professionals and General Practitioners. The service also worked closely with Independent Mental Capacity Advocates (IMCAs). IMCAs represent people subject to a DoLS authorisation where there is no one independent of the service, such as a family member or friend to represent them.

The service had on display in the building their last CQC rating, where people visiting the home could see it. This has been a legal requirement since 01 April 2015.