

GN Care Homes Limited

# Thornton House Residential Home

## Inspection report

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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 well-led?

**Inadequate** ●

# Summary of findings

## Overall summary

### About the service

Thornton House Residential Home is a care home providing personal and nursing care. There were 22 people living at the service at the time of the inspection most of whom were older people living with dementia and other age-related conditions. The service can support up to 22 people.

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

Systems in place to monitor and assess the quality of the service and drive improvement had not always been applied effectively. Action plans formulated to bring about improvements did not always include timescales for remedial action to take place. Therefore, shortfalls in the quality of the service provided had not always been addressed in a timely manner. Accident, incidents and low-level safeguarding concerns had not always been shared with the local authority in line with their contractual agreements.

The service had not always followed national guidance in relation to infection prevention and control. Not all staff wore or disposed of PPE appropriately. The premises and equipment were not all suitable for the intended purpose and well maintained. Some areas of the service identified at the last inspection as being in a poor state of repair had not been addressed by the provider prior to this inspection.

Most staff had not completed training essential to their role which the provider considered to be mandatory. The provider gave assurances that any gaps in training would be addressed by November 2020. Care plans for people who did not eat a regular diet did not include up to date information about their specific dietary requirements.

The recruitment of staff was safe and there were enough staff on duty to meet people's needs. People received their medicines when they needed them. Risks to people's health and safety had been assessed and mitigated. Accidents and incidents were recorded and reviewed in order to minimise the risk of reoccurrence and people's relatives felt their loved ones were safe.

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. Meals were freshly made each day and people's preferences were catered for. Referrals were made to healthcare professionals when needed and relatives were kept informed of people's changing needs. People's relatives spoke highly of the staff team who they described as kind and caring.

### Rating at last inspection (and update)

The last rating for this service was Requires Improvement (published January 2020) and there was a continued breach of regulation. The service remains rated requires improvement. This service has not been rated higher than requires improvement for the last three consecutive inspections.

### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 12 November 2019 at which breaches of legal requirements were found in relation to the governance of the service and the premises and equipment. The provider completed an action plan after the last inspection to show what they would do and by when to improve the premises and equipment.

We undertook this focused inspection to check whether the Warning Notice we previously served in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (good governance) had been met.

This focused inspection was also to check if the provider had followed their action plan, and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, effective and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has not changed. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Thornton House Residential Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified continued breaches in relations to the governance of the service and premises and equipment. We also identified breaches in relation to infection, prevention and control and staff training at this inspection.

### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

Details are in our well-Led findings below.

**Inadequate** ●

# Thornton House Residential 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 two inspectors.

#### Service and service type

Thornton House Residential 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 did not have a manager registered with the Care Quality Commission. A registered manager 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

We gave 24 hours' notice of the inspection because we needed to ensure that we took into account any precautions in place to manage the COVID-19 pandemic.

We gave notice of the inspection on the 23 September 2020 and visited the service on 24 and 29 September 2020.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

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 the information the provider sent us in their action plan. We used all this information to plan our inspection.

#### During the inspection

We observed interactions between people and staff and spoke to three people who used the service. We reviewed a range of records which included people's care records and medication records and a variety of records relating to the management of the service, including audits, policies and procedures. We spoke with the nominated individual, the manager, two senior carers, three carers, three kitchen staff and a member of the domestic team.

#### After the inspection

We spoke with the relatives of three people about their views of the service. We continued to seek assurances from the manager and nominated individual who sent us copies of records including peoples care plans, risk assessments, audit documentation, confirmation of work being undertaken to improve the premises and the dates of staff training and supervision.



# 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 requires improvement. At this inspection this key question has remained the same. 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.

Preventing and controlling infection;

- At the last inspection some staff did not always use personal protective equipment (PPE) appropriately which could increase the risk of infection. At this inspection we found improvements had not been made.
- Not all staff had received training in infection prevention and control and national guidance in relation to wearing and disposing of PPE was not always followed. This placed people at increased risk of infection.
- Guidance relating to the isolation of people admitted to care homes was not always followed. Records showed, although a negative COVID-19 test had been obtained, there had been no attempt to isolate one person who was living with dementia, when they moved into the service.
- One of the communal rooms was only accessible via a key pad and was not accessible for people to spend time in. This reduced that amount of communal space people had access to and reduced the opportunity for social distancing.
- Clinical waste and household waste bins at the front of the building were overflowing and were not locked.
- There was no bin at the entrance to the service for visitors and staff to dispose of their PPE.

The above evidence demonstrates a breach of Regulation 12 (Safety) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Most of the service was clean. The service was cleaned daily. People and their relatives were happy with the standard of hygiene maintained.

Assessing risk, safety monitoring and management;

At the last inspection we identified a breach of Regulation 15 (Premises and Equipment) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found some improvements had been made but further shortfalls were identified.

- The provider had not ensured the premises and equipment were always suitable for the intended purpose and maintained. Some areas of the service identified at the last inspection as being in a poor state of repair had not been addressed by the provider prior to this inspection.
- Cracks in the walls in a hallway and in a bathroom had not been repaired. The conservatory roof was leaking and flooring in communal bathrooms and toilets was stained and not sealed to the walls.
- There were holes in table cloths and seat covers on dining chairs were not removeable or wipeable and

were coming away from the seats.

- Extractor fans in bathrooms and toilets were dusty and there were no systems in place for them to be routinely cleaned.

The above evidence demonstrates a continued breach of Regulation 15 (Premises and Equipment) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During the inspection the provider took action to ensure floorings in some communal bathrooms and toilets were replaced and for extractor fans to be cleaned. They also explained the conservatory roof had previously been repaired but started leaking again. They told us they have made arrangements for the conservatory roof to be repaired and some windows at the front of the property to be replaced.
- The provider explained that cracks in the walls had been repaired but had reappeared. They told us these had been caused by movement due to vibrations from the busy road.
- Risks to individuals health and safety had been assessed and kept under review. Where risks had been identified, steps had been taken to reduce them.

#### Staffing and recruitment

- Identity and security checks were completed before staff started work at the service. However, references had not always been verified as specified by the Health and Social Care Act Regulations 2014. The manager took action to address this during the inspection.
- Sufficient numbers of safely recruited staff were deployed to meet the needs of people living in the home.

#### Systems and processes to safeguard people from the risk of abuse

- The manager had a good understanding of safeguarding, but most care staff had not completed training in this subject.
- Safeguarding referrals had been appropriately made to the local authority.
- People and their relatives felt the service was safe.

#### Using medicines safely

- People received their medicines safely.
- Medicines were stored appropriately.

#### Learning lessons when things go wrong

- Accidents and incidents had been recorded and investigated appropriately.
- The manager monitored accidents for themes and trends and action had been taken to reduce the risk of reoccurrence.



# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- At the last inspection not all staff had completed training essential to their role. At that time the manager told us training had been allocated to all staff and was being monitored however at this inspection we found the majority of staff had still not completed this training.
- Staff told us when they started work at the service they had not followed a structured induction programme and been assessed as competent before they worked unsupervised.

The above evidence demonstrates a continued breach of Regulation 18 (Staffing) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider told us that they had sourced a new training company and all staff had been told to complete on line training by November 2020.
- Some staff told us they had received an induction to the service which included looking at policies and procedures and having a tour of the building. They also told us they had been shown what to do by the manager and other staff.
- Relatives spoke positively about the staff at the service who they felt were kind and caring.

Adapting service, design, decoration to meet people's needs

- At the last inspection we recommended that the registered provider sought advice from a reputable source to ensure that changes to the environment were designed and suitable to support the needs of people living with dementia. At this inspection, although recognisable images had been attached to each person's door and some redecoration had taken place, further improvements were needed to help aid the orientation for people living with dementia.

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

- Care plans for people who did not eat a regular diet lacked information about what consistency their food needed to be. There were no records detailing on what basis the decision had been made for these people not to eat regular a regular diet or whether this had been prescribed by a healthcare professional. Following the inspection, the manager told us referrals had been made to the relevant healthcare professionals.
- The kitchen staff prepared homemade appetising food at each mealtime and prepared fortified drinks and snacks between meals for those that needed them.
- Most people's nutritional needs and dietary preferences were met. The majority of people told us they enjoyed the food and could request an alternative if they did not like the food on offer.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Most people's physical, mental and social needs had been assessed and guidance was in place for staff to provide effective care and support.
- Assessments had been completed before people moved into the service to make sure their care needs could be met.
- Referrals had been made to other agencies when required and people's relatives were kept informed of any change in their loved one's condition.

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 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 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's needs had been assessed and planned for and people's capacity to make decisions had been assessed.
- Where people had been assessed as lacking capacity to make decisions about where to live, an application for a DoLS had been submitted.
- Documentation reviewed confirmed the relevant people had been involved in best interest decision making.

# 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 requires improvement. At this inspection, this key question has deteriorated to inadequate. This is the third consecutive inspection the service has been rated requires improvement since December 2018.

This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care;

At our last two inspections the provider had not ensured that records were always up to date and accurate or that the quality assurance processes were effectively implemented and drove improvement. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The systems in place to assess the quality and safety of the service people received and drive improvements had not been implemented effectively.
- At the last inspection action plans to address shortfalls identified in the quality of the service were not robust and did not always include dates for when actions would be completed or by whom. At this inspection improvements had not been made.
- Shortfalls identified as part of this inspection in relation to infection, prevention and control had not been identified by the provider. Therefore, these issues had been allowed to continue unchecked.
- Staff did not always have access to clear guidance to follow when supporting people, because care plans did not always accurately reflect people's current needs.
- The provider had not made sure they always shared information about accidents, incidents and low-level safeguarding concerns with the local authority in line with their contractual agreement.

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 was a continuing breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since the last inspection most of the improvements external agencies had recommended to be made had been implemented.
- A number of relatives told us that during the period the service was closed to all visitors, they were able to

call the service. This enabled them to get feedback on their loved one's wellbeing. They were happy with the quality of the care their loved ones were receiving.

- No staff or management team meetings had taken place between March and August 2020. The providers own audit stated this was due to social distancing guidance however a staff meeting was held following the inspection.
- The last registered manager left in March 2020 and a new manager started in April 2020. It was at this time the service was impacted by the COVID-19 pandemic. The provider told us operating the service during this time was very challenging and impacted on their ability to follow their action plan to make improvements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The atmosphere and culture amongst the staff team and within the service was positive.
- Relative's spoke highly of the caring nature of the staff team who they trusted.
- The service made referrals to external health and social care teams when people's needs changed. This helped to mitigate risk and improve outcomes for people.

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

- The manager and provider recognised there were areas that needed to improve and gave assurances that improvements would be made.
- When incidents had occurred the CQC had been informed as required.

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  The provider had not ensured systems were robust enough to demonstrate that risks associated with infection control were safely managed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  The provider had not always ensured the premises and equipment were suitable for the intended purpose and maintained.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The governance of the service was not robust enough to identify shortfalls and drive improvement to the quality and safety of the service. Systems were either not in place or robust enough to demonstrate safety was effectively managed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider had not ensured staff received the training they needed to undertake their role.

