

GGs Care Home Limited

Thornton Lodge Care Home

Inspection report

67 Broom Lane
Salford
Greater Manchester
M7 4FF

Tel: 01617922020

Date of inspection visit:
30 September 2020
13 October 2020

Date of publication:
11 December 2020

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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Thornton Lodge is a residential care home located in Salford, Greater Manchester and is operated by GGS Care Home Limited. The home is registered with the Care Quality Commission (CQC) to provide care for up to 34 people, some of whom are living with dementia.

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

Further improvements were required to ensure the building was safe and well maintained. We also identified some concerns regarding staff recruitment.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests. The policies and systems in the service did not always support this practice.

Auditing and governance systems were in place at both provider and managerial level, however they had not always been effective in identifying the concerns found during this inspection and needed further improvement.

People living at the home and their relatives told us the home was a safe place for people to live. Staff demonstrated a good understanding about how to safeguard people from the risk of abuse, with allegations of abuse submitted to the local authority when needed. There were enough staff to care for people safely. Staff wore personal protective equipment (PPE) when delivering care and the home was seen to be clean and tidy throughout.

Staff told us they received enough training and supervision to support them in their roles. People received enough to eat and drink, with appropriate referrals made to other health professionals as needed.

The home had a registered manager in post who had worked at the home for many years. The feedback we received about management and leadership was positive. The current staff team spoke of a positive culture at the home, with good team work throughout.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was Requires Improvement (Published July 2019). During this inspection in 2020, sufficient improvements had not been made to improve the overall rating.

Why we inspected

We carried out an unannounced inspection of this service in May 2019. Breaches of legal requirements were found regarding need for consent, safe care and treatment, good governance and staffing. The provider

completed an action plan after the last inspection to show what they would do and by when to ensure they were compliant with the regulations.

We undertook this focused inspection to check they 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 key questions which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion (Caring and Responsive) were used in calculating the overall rating at this inspection. The overall rating for the service has remained the same which is Requires Improvement. 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 Lodge on our website at www.cqc.org.uk.

Follow up

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 always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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 (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

This inspection was carried out by an inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Thornton Lodge 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 home had a registered manager in post. 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. The home manager had applied to register with us at the time of our inspection.

Notice of inspection

We gave a short period of notice regarding the inspection. This was because we needed to discuss the safety of people, staff and inspectors with reference to COVID-19.

Inspection activity started on 30 September 2020 and ended on 13 October 2020. We visited the home on 6 October 2020 as part of our site visit to the service. Further inspection activity was completed via telephone and by email, including speaking with people living at the home, relatives and reviewing additional evidence and information sent to us by the service.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who worked with the service, including Salford local authority. 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 spoke with four people who used the service and eight relatives about their experience of the care provided. We spoke with six members of staff including the provider, registered manager and four care staff.

We reviewed a range of records. This included three people's care records and a selection of medication administration records (MARs). We looked at three staff files to check staff were recruited safely. A variety of other records relating to the management of the service were taken into account as part of the inspection.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found, including quality assurance documentation and staff training records.



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 remains 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.

At our last inspection, the provider had not always ensured the premises were safe for people to use. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- At our last inspection, checks and maintenance of the passenger lift at the home had not been completed to ensure it was safe for people to use. Radiators were not always fitted with appropriate covers to ensure people were not placed at risk of burning themselves. We found action had now been taken to rectify these issues.
- However, we found further issues with how the premises were being maintained. This was because requirements from the last electrical installation report had not yet been acted upon. A number of faults had been identified which had the potential to be dangerous and needed to be acted on urgently. We raised this with both the registered manager and provider who immediately made arrangements for this work to be completed shortly after our site visit.
- Checks of firefighting equipment had been carried out. A full fire risk assessment had been completed. Appropriate maintenance work had also been carried out regarding gas safety, emergency lighting, hoists and portable appliance testing.
- People living at the home had a range of risk assessments in place regarding their care. We found appropriate systems were in place to mitigate any risks presented to people, with equipment available and the necessary health professionals involved to provide additional support to people.
- Accidents and incidents were monitored, with details about any measures to prevent re-occurrence documented.

We have made reference to this regulation within the Well-led section of this report as part of Good Governance.

Staffing and recruitment

- Staff were not always recruited safely. The homes recruitment policy stated references from previous employers would be obtained before the position would be offered to new staff. However, we found two members of staff had started working at the home without these references being in place first. These were only chased up at the time of the inspection.
- Other recruitment checks were in place, including disclosure barring service (DBS) checks, carrying out

interviews and the completion of application forms.

- There were enough staff working at the home to care for people safely. A dependency tool was used to determine overall staff levels and this was kept up to date based on any changes to people's needs. We looked at a sample of rotas and saw staffing levels were reflective of what was detailed in the dependency tool.

We have made reference to this regulation within the Well-led section of this report as part of Good Governance.

Using medicines safely

- Medicines were ordered, stored, recorded and administered safely. During the inspection we looked at four MARs which were all completed accurately with no missing signatures by staff. Each MAR was also accompanied by a photograph so staff could easily identify medicines were given to the correct person.
- Medicines were stored in secure trollies, within a locked treatment room. A medicines fridge was also used, with regular checks of the temperature taken to ensure medicines did not spoil.
- Both people living at the home and relatives told us they felt medication was given safely and on time. PRN (when required) plans were in place to guide staff as to when certain medicines needed to be given and under what circumstances.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and had an understanding about abuse and how to report any concerns. A safeguarding policy and procedure was in place and provided information about how to report concerns.
- Both people living at the home and relatives told us they felt the service was safe. One relative said, "We were worried about her safety at home and now we have peace of mind." When we asked a person living at the home if they felt safe, we were told, "Yes I do."

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 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.

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 authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection the provider did not have appropriate systems in place to ensure people were able to provide consent to the care they received. There was also a lack of evidence to show best interest meetings were being held where people lacked capacity to make decisions for themselves. Staff training regarding DoLS and MCA was not up to date. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- We found best interest meetings and decision specific mental capacity assessments were still not completed, particularly where restrictive measures were in place. This included the use of restrictions such as sensor mats, bed rails and crushing people's medication when they may be refusing to take it.
- We found signed consent forms were now in place where people had given written consent to the care they received. Staff had also completed DoLS and MCA training, most recently in October 2019.
- DoLS applications were submitted to the local authority as required where people lacked the capacity to consent to the care they received.

We have made reference to this regulation within the Well-led section of this report as part of Good Governance.

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

- We looked around the home environment to ensure it was suitable for people living with dementia. We saw people had coloured bedroom doors with their name and photograph on the front. People had also been able to add personal memorabilia to the door making it easier to identify.
- We saw items such as hand rails and toilet seat were in different colours which made them stand out more, however this was inconsistent throughout the home, with some also being plain in colour. We raised this with the registered manager who said they would check the guidance about improving the environment for people living with dementia.

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

- People provided us with mixed feedback about the food at the home. One person said, "Not particularly good. You get the nutrition you need but it's boring and the vegetables are overcooked." Another person said, "It's a bit limited and they could do more with it." We provided this feedback to the registered manager who said they would consult with people about the food quality and seek further feedback through satisfaction surveys and residents' meetings.
- People at risk of choking and aspiration received the correct consistency of food and drink. People's weights were being monitored. Where people were at risk of losing weight, we saw they had been referred to the dietician service for further support and guidance.

Staff support: induction, training, skills and experience

At our last inspection, staff did not always receive the necessary training and supervision to support them in their role effectively. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found improvements had been and the service was no longer in breach of regulation 18.

- Staff told us they received enough training to support them in their roles. The homes training matrix detailed the training staff had completed.
- Staff told us they received supervision as part of their ongoing development and we saw records of these taking place within staff files, as well as appraisals.
- An induction programme was provided to staff when they first commenced employment to ensure staff had an understanding of what was required within their roles.

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

- People received visits and attended appointments with other services including opticians and chiropodists as needed. Details of their visits were recorded in care plans and included dieticians, speech and language therapy and the bladder and bowel service.
- Pre-admission assessments had been completed when people first moved into the home. These documented people's likes and dislikes and contained useful information to help the service deliver person centred care.

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 remains 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.

At our last inspection, we identified concerns regarding governance systems, seeking feedback to improve the quality of service and storage of confidential information. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, not enough improvement had been made and the service was still in breach of regulation.

Managers and staff being clear about their roles and understanding quality performance, Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- At the last inspection, we raised concerns about a lack of audit and checks in place to monitor the quality of service effectively. This was at both provider and managerial level.
- However, audits required further improvement and we noted there was no focus on areas such as staff recruitment, mental capacity/best interest meetings and ensuring the safe maintenance of the premises. These had all been areas of concern we had identified during this inspection.
- Staff and residents' relatives meetings were also not taking place consistently. We saw these had now been introduced and were being completed regularly.

Due to the concerns we identified in relation quality monitoring systems, this meant there had been a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regarding Good Governance.

- Systems were in place to involve people using the service, relatives and staff in how the home was run. This included the use of satisfaction surveys and staff, resident and relative meetings so that feedback could be sought and used to make improvements. We acknowledged some of these meetings had been cancelled however, due to the Covid-19 pandemic and the need to adhere to social distancing rules.

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

- We received positive feedback from everybody we spoke with about management and leadership at the home. One member of staff said, "The manager is really supportive and is always there to help." Another member of staff said, "Really good and very helpful. I am supported in my role."
- Staff told us there was a positive culture at the home, with good team work throughout. One member of staff said, "I love working here. It's a nice place to work and the staff and residents are nice too."

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 ; risks and regulatory requirements

- The provider and registered manager understood the requirements and their responsibilities under the duty of candour.
- Regulatory requirements of the service include submitting statutory notifications to CQC about incidents such as deaths and serious injuries. Ratings from the previous inspection also need to be displayed. We found the service was meeting these requirements.

Working in partnership with others

- The manager worked in partnership with a number of other agencies in the Salford area, including social workers and district nurses. People also attended dance classes for people living with dementia and attended the Irish heritage centre where people could have lunch and play bingo. A local Rabbi also visited the home each Friday to support people of Jewish faith during the Shabbas.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Appropriate systems were not always in place to ensure good governance.

The enforcement action we took:

We issued a warning notice regarding this regulation.