Presidential Care Limited

# Thorndene Residential Care Home

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Inadequate |

| | |
|---|---|
| Is the service safe? | **Inadequate** |
| Is the service well-led? | **Inadequate** |

# Summary of findings

## Overall summary

About the service
Thorndene is a residential care home providing accommodation and personal care to up to 22 older people, some of whom were living with dementia. Accommodation is provided across 2 floors, with 1 communal lounge and dining area on the ground floor. At the time of our inspection there were 14 people using the service.

From this location a domiciliary care service was also provided. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of this inspection 25 people received assistance with their personal care needs.

People's experience of using this service and what we found
Systems in place to protect people from the risk of abuse were not effective. The provider had not always reported concerns to external agencies, such as CQC and the local authority where required. Following our inspection, retrospective referrals were made by the registered manager. Staff were trained about how to spot signs of abuse and understood their responsibilities to report concerns.

Since our last inspection, care records evidenced some improvement, however some still lacked details about how to keep people safe and some risk assessments were not effective in identifying all the risks posed to people. Whilst some environmental risks had been mitigated following our last inspection, risks in relation to scalds, fire safety and legionnaires disease were not safely managed.

Records showed people using the domiciliary care agency had not received support for their full allocated times, in line with their assessed needs. Some staff training was not in place to enable staff to safely support people with nutritional needs or catheter care.

Whilst improvements had been made since our last inspection, further improvements were needed to ensure medicines were safely managed. Audits were undertaken and had identified some concerns, but not others. Senior staff were not available through the night, meaning people may not have timely access to 'as required' medicines.

Not all accidents and incidents were reviewed by the management team, to enable the service to learn lessons from them.

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 support this practice.

Whilst some staff supervisions were in place, improvement was required to bring these up to date.

There was a lack of leadership in the service. Audit systems were not always effective in identifying concerns. For example, daily walk around checks did not identify concerns found on inspection. The service did not always work in partnership with external agencies, such as the local fire department, to reduce risks posed to people. Since our last inspection quality audits had been undertaken, however, it was not evidenced that actions had been implemented to improve service quality.

Improvements had been made to promote infection, prevention, and control measures. There was no malodour in the service and several areas had new flooring and furniture in place. Some further improvements were required. The service continued to work closely with the infection, prevention and control team and an ongoing action plan was in place. Some feedback was sought from relatives and staff. Feedback required collating and actions addressed to improve the quality of the service.

A dependency tool had recently been implemented to determine how many staff were required to safely support people, we saw people were supported by enough staff in the care home service. The home had a relaxed atmosphere and people appeared happy in the presence of staff. People told us staff were kind.

Staff told us they felt the service was improving and leadership was supportive. Appropriate referrals were made to healthcare professionals where required. The service continued to work closely with the local infection, prevention and control team, and commissioners.

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 inadequate (published 10 February 2023) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

Whilst some improvements had been made, at this inspection we found the provider remained in breach of regulations.

Why we inspected
We undertook this inspection to check whether the Warning Notices we previously served in relation to Regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met.
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 and Well-led which contain those requirements.
For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has remained inadequate.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Thorndene Residential Care Home on our website at www.cqc.org.uk.

Enforcement
We have identified breaches in relation to safety, staffing, safeguarding and governance.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

Special Measures
The overall rating for this service is 'Inadequate' and the service remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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

We always ask the following five questions of services.

### Is the service safe?

**Inadequate**

The service was not safe.

Details are in our safe findings below.

### Is the service well-led?

**Inadequate**

The service was not well-led.

Details are in our well-led findings below.

# Thorndene Residential Care 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 Health and Social Care Act 2008.

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 2 inspectors.

Service and service type
Thorndene is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Thorndene is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Thorndene also provides a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with 3 people to gain their feedback of the service. We spoke with 3 staff, including the registered manager and support workers. We also spoke with a visiting professional. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed 4 care records, a variety of medicines records and various records relating the management of the service.

Inadequate

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating for this key question has remained inadequate. This meant people were not safe and were at risk of avoidable harm.

At our last inspection the provider had failed to ensure risks to people were appropriately assessed, reviewed or actioned, placing people at risk of unsafe care and treatment. This was a breach of Regulation 12 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 12.

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

- Whilst some improvements had been made following our last inspection, systems in place did not effectively mitigate all risks posed to people. The provider had introduced an online system to improve care records and risk assessments. We found evidence of some improvement. However, some records still lacked details about how to keep people safe. For example, 1 person's records did not contain detail about how to safely support them during incidents of emotional distress, how to provide pressure care or how bed rails should be used safely.
- During our inspection we found a bed rail for one person which was broken and did not have a suitably fitting cover in place. Risk assessments were not robust and bed rail safety checks were not in place, placing this person at risk of harm.
- At our last inspection we identified systems in place to monitor accidents and incidents was not effective. At this inspection systems did still not effectively monitor and reduce risks to people. It was not evidenced that all incidents were reviewed by the provider, meaning lessons were not learned from these.
- Some action had been taken to reduce environmental risks found at our last inspection. Such as removal of excessive equipment and window restrictors had been fitted to all windows. However, some risks remained. Radiator covers were not in place in all areas, to reduce the risk of scalding and wardrobes were not secured, to prevent the risk of entrapment.
- The provider had not implemented measures since our last inspection to protect people from the risk of legionnaires disease. Risk assessments were not in place and appropriate safety checks were not always undertaken.
- The provider had failed to follow advice given by the South Yorkshire Fire Service. An updated fire risk assessment was not in place, fire doors were not assessed to ensure suitability and we found one means of escape to be cluttered. Staff did not routinely undertake fire evacuation exercises.

The provider did not have systems in place to ensure risks to people were appropriately assessed, reviewed or actioned, placing people at risk of unsafe care and treatment. This was a continued breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

At our last inspection the provider had not ensured sufficient and suitably qualified staff were in place. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 18.

● Some improvements had been made following our last inspection. People in the care home service were supported by enough staff. However, people receiving support from the domiciliary care service were not always provided with staff for their allocated call times, in line with their assessed needs. The registered manager told us they planned to implement a new monitoring system to rectify concerns relating to call times. This was yet to be embedded into practice.
● At our last inspection we identified some training needs for staff to enable them to competently carry out their roles. Whilst some training had been provided, such as pressure area care, other training was not implemented. For example, catheter care and nutritional training was not undertaken.

The provider had not ensured suitably qualified staff were in place. This was a breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

● A new dependency tool had been introduced and people had their needs assessed to determine how many staff were needed to safely support people.
● People told us they liked the staff and we observed relaxed and positive interactions between staff and people. A person said, "I have been here for ages and I like it."
● Staff were recruited safely, and appropriate pre-employment checks were in place.
● Staff told us there were enough staff to support people in the care home service.

Systems and processes to safeguard people from the risk of abuse

At our last inspection, the provider had failed to ensure robust systems and processes were in place to protect people from the risk of abuse and improper treatment. This was a breach of Regulation 13 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 13.

● Systems in place to protect people from the risk of abuse were not always effective.
● A recent incident relating to a fall had not been reported to CQC or the local authority, as required. Another incident relating to missed care calls, had not been reported to CQC. Following our inspection, the registered manager made retrospective reports.
● Safeguarding records did not evidence that any safeguarding concerns had been reported by the service since our last inspection.

The provider had failed to ensure robust systems and processes were in place to protect people from the risk of abuse and improper treatment. This was a continued breach of Regulation 13(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● People we spoke to told us they felt safe at the service.

● Staff were trained about how to spot signs of abuse and told us they could report concerns to the registered manager and provider. A staff member said, "If someone was not treated right, I would report it, I know I can also contact CQC."

Using medicines safely

At our last inspection the provider had failed to implement robust systems to ensure medicines were safely managed. This placed people at risk of harm. This was a continued 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.

● Medicines were not always managed safely or stored appropriately.
● Where people were prescribed 'as required' medicines. Guidance was not always in place to inform staff how and when these should be given.
● We found prescribed medicated creams in 1 person's bedroom. Some of which did not contain any name labels and others without date of opening labels. We could not be assured people were receiving their own medicated cream as prescribed for them.
● Staff trained to administer medicines were not available through night-time hours. Meaning, people who may need 'as required' medicines could not be provided with them if required.
● Medicines audits were undertaken and had identified some concerns. However, not all concerns found during our inspection were identified.

The provider had failed to implement robust systems to ensure medicines were safely managed. This placed people at risk of harm. This was a continued breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

At our last inspection, the provider did not have systems in place to ensure people were protected from the risk of infection. This was a breach of Regulation 12 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 12.

● Some improvements had been following our last inspection to promote safer infection, prevention, and control measures. However, some areas of practice required further strengthening.
● We found parts of grab rails and storage areas which contained exposed wood, meaning they could not be effectively cleaned. We found used gloves in a storage cupboard, toilet tissue stored inappropriately and a jug in a bathroom without a name label.
● The kitchen remained visibly dirty. Food items did not contain dates of defrosting, meaning several food items appeared to be out of date. Kitchen audits had not identified concerns.

The provider did not have systems in place to ensure people were protected from the risk of infection. This was a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Since our last inspection the service had undertaken deep cleans and employed another domestic staff. The provider had replaced several chairs and some flooring flooring and acknowledged redecoration was needed. There was no malodour and outside areas were found to be clean and cleared of excessive rubbish.
● The provider continued to work closely with the local infection, prevention, and control team, as part of an ongoing action plan.

Visiting in care homes
● People were receiving visitors, in line with current 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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

● At our last inspection we found consent was not always gained from people. At this inspection some improvements had been made. However further improvements were required to ensure people consented to all care and treatment.
● Whilst people's consent around care, finances and photographs had been sought. Consent for CCTV in communal areas of the home, had not been sought.
● Appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Please see the well led section of this report.

Inadequate

# 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 our last inspection we rated this key question inadequate. At this inspection the rating for this key question has remained inadequate. 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. Working in partnership with others

At our last inspection the provider's continued lack of oversight and effective systems placed people at risk of receiving unsafe care. Accurate records were not maintained, and the registered manager failed to demonstrate effective leadership. 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 provider had failed to take action to address all concerns identified at the last inspection. There was a lack of leadership in the service and the providers governance systems were not effective in improving the quality and safety of the service.
● Audits were not always effective in identifying concerns. For example, daily walk around checks and audits had not identified concerns found in relation to infection control, fire safety, environmental risks, and medicines.
● The provider and registered manager failed to appropriately audit records. For example, gaps found in kitchen and cleaning records were not identified. Systems in place to audit care records were not effective either and did not always consider risks and changes to peoples care needs. Where changes were identified, it was not evidenced these changes had taken place.
● The provider did not have systems in place to continuously learn and improve care for people. At our last inspection concerns were identified in relation to consent, safeguarding, governance and training and these concerns remained at this inspection. Accidents and incidents were not appropriately reviewed, to mitigate future risks to people. Placing people at risk of receiving poor care.
● The registered manager was responsible for both the care home and the domiciliary care agency. Since our last inspection the provider had recognised another manager was needed to improve the leadership and governance, recruitment was still ongoing to fill this role.
● Since our last inspection the provider had implemented quality assurance audits and had visited the service more frequently. However, action plans did not evidence that action had been taken to improve the service and the registered manager did not have sufficient knowledge about what concerns had been identified or what action to take following visits from the provider.
● The provider did not always work in partnership with external agencies, such as the fire service. A visiting

professional told us, "The staff are slow to act upon our advice (in relation to catheter care). Management could be better."

The provider's continued lack of oversight and effective systems placed people at risk of receiving unsafe care. Accurate records were not maintained, and the registered manager failed to demonstrate effective leadership. This was a continued breach of Regulation 17(1) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 provider and registered manager failed to inform CQC and the local authority of reportable incidents. Meaning they lacked knowledge about duty of candour and were not always open and honest when things went wrong. We found a recent incident in relation to a fall was not reported and another incident relating to missed care calls which was not reported to CQC. Following our inspection, retrospective reports were made.
- Complaints were not effectively managed. The registered manager informed us of a recent complaint which had been made by a relative. Records were not in place to evidence any action had been taken to investigate or address this complaint.

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

- Since our last inspection some improvements had been made to care plans and the provider had introduced an online system for care records. Some further improvements were required to provide staff with more detail about how people liked to be cared for and how to keep them safe.
- The service had a relaxed atmosphere and people appeared comfortable with staff. However, there was a lack of stimulus for people. A person said, "We haven't been doing much, I have been sat here all day."
- Staff had received some supervisions, but these required strengthening to ensure staff received regular supervisions to support them in their roles. Staff told us the service was improving and they felt supported by the provider and registered manager. A staff member said, "Things have improved, I can talk to the manager and provider, they are supportive."
- Where people required external support with healthcare needs, referrals to external professionals were made by staff. Such has, the district nurse team and dieticians.

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

- Since our last inspection engagement with people and staff had improved. Further improvements were required to ensure the provider used this information to drive improvements.
- People and staff were provided with regular meetings to allow them to discuss concerns and make suggestions. Since our last inspection the frequency of these meetings had improved.
- Feedback had recently been sought from relatives and staff. Feedback required analysing and actions arising implementing into practice.
- The provider continued to work closely with the infection, prevention and control team and commissioners. On going action plans were in place.

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<br><br>Personal care | Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment<br><br>The provider had failed to ensure robust systems and processes were in place to protect people from the risk of abuse and improper treatment. |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br><br>Personal care | Regulation 18 HSCA RA Regulations 2014 Staffing<br><br>The provider had not ensured suitably qualified staff were in place. |

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 12 HSCA RA Regulations 2014 Safe care and treatment |
| Personal care | The provider did not have systems in place to ensure risks to people were appropriately assessed, reviewed or actioned, placing people at risk of unsafe care and treatment. |

**The enforcement action we took:**

Warning notice

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance |
| Personal care | The provider's continued lack of oversight and effective systems placed people at risk of receiving unsafe care. Accurate records were not maintained, and the registered manager failed to demonstrate effective leadership. |

**The enforcement action we took:**

Warning notice