

# Thornlea Care Home Limited

# Thornlea Rest Home

## Inspection report

308 St Annes Road  
Blackpool  
FY4 2QP

Tel: 01253 345574

Website: [www.thornleacarehome.co.uk](http://www.thornleacarehome.co.uk)

Date of inspection visit: 04 November 2015

Date of publication: 03/02/2016

## 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 

## Overall summary

The inspection visit at Thornlea was undertaken on 04 November 2015 and was unannounced.

Thornlea provides care and support for a maximum of 15 older people. At the time of our inspection there were 15 people living at the home. Thornlea is situated in a residential area of Blackpool close to local amenities. All bedrooms offer single room accommodation and there is a lounge and dining area. There are gardens available so people can choose where to relax.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

At the last inspection on 06 May 2014, we found the provider was meeting all the requirements of the regulations inspected.

During this inspection, we found staff were knowledgeable about protecting people from potential harm or abuse. People told us they felt safe and comfortable whilst living at Thornlea. One person said, "I

# Summary of findings

come here for day care because I am safe in here when the family are out at work.” The management team had completed risk assessments designed to protect people from unsafe care.

Staff used a kind and respectful approach when they engaged with people. The provider had guided staff to support individuals in ways that protected their human rights and maintained their dignity and privacy. One person told us, “The staff are very kind and caring and treat me with dignity and respect when carrying out personal tasks for me.”

We found there were enough staff to meet people’s requirements in a timely manner. A relative stated, “There are sufficient staff on duty and they respond quickly to the bell when it is used.” The management team provided training and regular supervision to ensure staff were effective in their roles. The provider had followed safe recruitment procedures to protect people from unsuitable personnel.

We observed people’s medicines were managed in a safe and discrete manner and they received their medicines on time. One person confirmed, “My medication is given on time.” Staff had received related training to underpin their knowledge and skill. The registered manager and local pharmacy had carried out checks to ensure processes were completed safely.

People were supported to eat their meals where they chose and were offered a variety of meal options. One person said, “The food is good and I get plenty to eat and drink.” Risk assessments and other documentation, such as weight charts, were in place and updated to protect individuals from the risk of malnutrition.

The provider had guided staff in the principles of the Mental Capacity Act (MCA) and associated Deprivation of Liberty Safeguards (DoLS). We observed staff consistently checked people’s consent prior to explaining and offering support.

Care records were personalised to each person’s requirements. We noted staff regularly completed assessments of people’s needs. These were reviewed and updated to ensure care planning remained responsive to the individual’s ongoing requirements. We found people and their representatives were involved in their care.

People and their representatives commented the management team was ‘hands on’ in their approach to the organisation of the home. Staff said the provider was supportive and led the home well. One staff member told us, “[The provider] is a fantastic employer and he supports us well.” People were supported to feed back about the quality of their care. There were a number of audits in place to check and maintain their health, safety and well-being. The provider worked in partnership with other services to share and obtain good practice.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People and their representatives said they felt staff and the provider maintained their safety. Staff understood procedures to follow if they suspected abuse had taken place.

We found staffing levels were sufficient to meet people's needs. The provider had employed suitable staff because they followed safe recruitment procedures.

People's medicines were managed safely and we observed they received their medicines on time.

Good



### Is the service effective?

The service was effective.

People said they were offered choice at mealtimes and enjoyed their food. Staff had risk assessments in place to protect individuals from malnutrition.

The management team provided training and regular supervision to ensure staff were effective in their roles.

Care files contained evidence that people had consented to their care. Staff were able to describe good practice in relation to the MCA and DoLS.

Good



### Is the service caring?

The service was caring.

People and their representatives said the staff were respectful and maintained their privacy and dignity. Care records were tailored to support individuals to be as independent as possible.

We observed staff engaged with individuals in a caring, kind and friendly approach.

Good



### Is the service responsive?

The service was responsive.

The provider had made information available to people and their representatives about commenting on their care.

Care records were personalised and regularly updated. The provider had guided staff to be responsive to the needs of people who lived at the home.

We observed people were fully occupied throughout our inspection.

Good



### Is the service well-led?

The service was well-led.

A variety of audits was undertaken by the management team to check quality assurance. The provider worked in partnership with other services to share and obtain good practice.

People, relatives and staff said Thornlea was well organised. The management team had nurtured an open working culture.

Good



# Summary of findings

People were able to comment upon the quality of their care and we found any issues were acted on.

# Thornlea Rest 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.

The inspection team consisted of an adult social care 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. The expert by experience had experience of caring for older people.

Prior to our unannounced inspection on 04 November 2015 we reviewed the information we held about Thornlea. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of

people who lived at the home. We checked safeguarding alerts, comments and concerns received about the home. At the time of our inspection there were no safeguarding concerns being investigated by the local authority.

We spoke with a range of people about this service. They included the registered manager, four staff, five people who lived at the home and two relatives. We additionally spoke with a visiting social worker. We discussed the service with the commissioning department at the local authority who told us they had no ongoing concerns about Thornlea. We did this to gain an overview of what people experienced whilst living at the home.

We also spent time observing staff interactions with people who lived at the home and looked at records. We checked documents in relation to three people who lived at Thornlea and two staff files. We reviewed records about staff training and support, as well as those related to the management and safety of the home.

# Is the service safe?

## Our findings

People and their representatives told us they felt safe and comfortable whilst living at Thornlea. One person said, “I feel very safe here.” Another person stated, “I would trust [the provider] with my life.” A third person added, “I feel very safe here. At night I only have to push my bell and the staff are with me very quickly.”

We checked how the management team handled accidents and incidents to ensure people lived in safe and secure premises. Staff had recorded detailed information about accidents, including treatment undertaken and actions to manage them. These were analysed to check for patterns and to review where improvements could be made. The registered manager had reduced the risk of incidents from reoccurring to protect people from potential harm.

We checked hot, running water was available throughout the home. The management team recorded temperatures to ensure water was delivered within national safe guidelines. Although the service’s electrical safety certification was current, we found gas safety checks were overdue. We discussed this with the provider who took immediate action and confirmed this was addressed within 48 hours of our inspection.

We observed the home was clean, tidy and smelt pleasant throughout. A relative confirmed, “It’s just like a house and home here, the building is always clean and tidy.” The décor and environment were homely and maintained to a high standard. A visiting social worker told us one person they reviewed had informed them they felt safe and secure. The professional added they did not have concerns because they observed the environment was comfortable and hazard-free.

The management team had completed regular assessments to minimise the risks of harm or injury to people. General risks assessments covered mental and physical health, behaviour that challenged, social isolation, health and safety, mobility and falls. Other documents contained staff checks of the individual’s special requirements, such as smoking, medical conditions and personal care. We noted documents were detailed to manage risks and were personalised to people’s needs. The provider had guided staff in the safe support of individuals who lived at Thornlea.

We discussed the principles of safeguarding people from potential abuse with staff, who demonstrated a good understanding. Training records held evidence of related training provided for staff. Staff were clear and confident about procedures related to safeguarding and whistleblowing. One staff member told us, “Any concerns about the residents I would go straight to [the management team]. I know they would need to inform the local authority and CQC.” We saw the safeguarding protocol was displayed in the entrance hall to notify people and staff about reporting concerns. A relative said, “If we had any concerns we would contact social services.”

We reviewed staffing levels and noted these were sufficient in meeting people’s requirements in a timely manner. A relative told us, “There are sufficient staff on duty.” A staff member said, “I think staffing levels are fine. People don’t have to wait long if they need us.” Another staff member added, “It’s not a big home so I think there is more than enough staff on.” We observed staff were patient and unhurried in their duties. Call bells rang for short periods only and one person told us, “There are enough staff and they come quickly if I ring my bell.”

When we discussed staffing levels with staff, people and their representatives, we were told levels and skill mixes were safe. A relative said, “There are enough staff and they are always pleasant and have time to talk.” We reviewed how short-term circumstances, such as leave or sickness, were managed to maintain people’s continuity of care. One staff member told us, “When people are off we cover it ourselves because the residents know us.”

We reviewed staff files to assess how employees had been recruited. We found records included references and criminal record checks obtained from the Disclosure and Barring Service. The provider had checked gaps in staff employment history. The registered manager had suitable arrangements to protect people from unsafe recruitment procedures. We also noted personnel files contained documented evidence staff had completed thorough induction training to support them in their role. Guidance covered care practices, care planning, medication, expected conduct, policies, safeguarding, complaint management and environmental safety. The provider had ensured recruited staff were trained to provide safe care for people who lived at Thornlea.

We observed staff gave people their medicines in a safe, discrete and appropriate manner. The staff member

## Is the service safe?

worked patiently, explained what the medication was for and offered people a drink with their tablets. A relative told us, “My [relative’s] medication is given on time and in the correct manner.” Patient information leaflets and other medication reference materials, such as recognised guidance books and internet websites, were available to staff. This ensured they were assisted to understand individual medicines. Staff files contained evidence staff had received related training and the provider had additionally checked their competency through regular tests.

We noted staff followed national guidelines on medication recordkeeping. For example, we observed staff signed confirmation individuals had received their medicines after administration and handwritten entries were checked. Medicines were stored in a safe and clean environment. The provider and local pharmacy undertook separate audits of procedures, records, stock control, disposal and storage. We found evidence of identified issues being addressed. This showed the registered manager had systems in place to protect people from unsafe management of their medicines.

# Is the service effective?

## Our findings

We discussed nutrition with people and their representatives, who said they enjoyed the meals and had plenty to drink. One person said, “My diet is catered for and I am given choices.” Another person stated, “The food is good and I have choices.” A relative added, “There is a choice of food at every meal with an alternative if required. Drinks are available at all times.”

We checked the kitchen and found it was clean and tidy. We reviewed cleaning records in place and noted staff had signed when tasks had been completed. Staff had maintained records of food and appliance checks to ensure the effective management of food safety. We observed people were offered support with hand hygiene to protect them from the risk of infection. All staff who prepared food had completed food hygiene training to assist them to maintain food safety standards.

We joined people for lunch, which staff promoted as a social occasion, and noted individuals could sit where they chose. One person said, “I eat my meals in my room by choice.” The meal was well presented and there were two further options as alternatives to the menu of the day. We found storage cupboards were stocked with a variety of foods, including fresh vegetables and fruit. Care files held an assessment of people’s nutritional requirements to manage the risk of malnutrition. These were regularly updated to ensure staff were effective in meeting the individual’s ongoing nutritional support. Staff had monitored people’s weights and associated care plans to check care continued to protect them from the risk of malnutrition.

We checked if the provider had trained staff to ensure their effectiveness in supporting people. Staff told us the provider had refreshed their understanding and skills through refresher training and one staff member stated, “I have done my NVQ [National Vocational Qualification] two. I will be starting my NVQ 3 in November.” We checked training records and found staff had completed a range of courses to underpin their knowledge and abilities. This included movement and handling, first aid, dementia, equality and diversity, nutrition, dignity and respect, infection control and spiritual awareness.

Staff told us they received supervision and we found staff files contained evidence this was provided every two to

four months. Supervision was a one-to-one support meeting between individual staff and the management team to review their role and responsibilities. We noted the management team completed annual appraisals of staff professional development to check further training needs. Both processes consisted of a two-way discussion around professional issues, personal care and training. A staff member told us, “We have supervision every two or three months. It’s good because they give us advice which helps me and my work.” This meant the registered manager had ensured staff were supported to carry out their duties effectively.

We observed staff communicated well with people when assisting them with their mobility. For example, they explained what was about to happen, checked the individual understood and gained their consent to the support. Staff spoke with patient, kind and encouraging tones. This showed staff were experienced to engage with people in a way that was supportive and respectful to individuals.

We noted documented evidence of people’s consent to their care and support was contained in their files. For example, social assessments and care plans had been signed by individuals and overall consent to care was recorded. This included information about people’s wishes and preferred approaches to support. A relative said, “[My relative] has bedrails, but we have given consent to this because she is liable to fall.” We observed staff checked for people’s consent whenever they engaged with them. A staff member explained, “It’s all about making sure they decide what they want to eat, drink, where to sit or if they want to go out. I would never want to take over.”

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

There were no current applications made to deprive a person of their liberty in order to safeguard them. We did not observe people being restricted during our inspection



## Is the service effective?

and staff showed an effective understanding of related principles. One person told us, “We are able to go out when we wish.” One staff member said, “I make sure I don’t take over, so I help residents choose their own clothes and keep their independence.” Training records we looked at contained evidence of staff completing MCA and DoLS courses to underpin their awareness.

Staff worked closely with other healthcare services in meeting people’s changing health needs. One relative told us, “The staff took [my relative] to the doctors when she

was unwell and they kept me informed.” We noted care records contained contact details of other professionals involved, including GPs, social workers and hospital services. One staff member told us, “We record on a separate sheet if any professional has been in such as a GP, social worker or district nurse.” They explained this gave staff an immediate and clear reference of professional visits and any changes to people’s care requirements. We found care plans were updated to reflect the outcomes of healthcare visits and appointments.

# Is the service caring?

## Our findings

People and their relatives we spoke with told us they were very happy about living at Thornlea. One person said, “I am treated kindly and the staff are wonderful.” Another person added, “The staff are a friendly crowd.” A third person stated, “The young staff are very nice and lovely.” A visiting social worker told us the staff were good in making sure his visit with one person was private. They said the individual was comfortable. The professional stated the person had highly praised staff for their caring and respectful attitude.

Throughout our inspection, we observed staff were happy and smiling in their work. They engaged in a friendly and caring way with people, without patronising them. Staff made appropriate use of touch, hugging and affectionate language as a way of encouraging interaction. We noted people responded to this positively and communication was a two-way process. One staff member told us, “I enjoy working with the elderly because I love making them comfortable, happy and having a laugh with them.” People’s dignity was maintained through the caring and courteous attitude of staff and the registered manager. A relative confirmed, “The staff are very caring and treat my [relative] with dignity and respect.”

The management team had documented people’s requirements in relation to their human rights. For example, we saw detailed information in relation to their intimate support requests. Staff had recorded any anxieties around privacy and for very personal procedures or treatment. The management team ensured staff received relevant training to underpin their understanding, such as spiritual awareness and equality and diversity. This showed respect for people’s human rights and the provider had guided staff to maintain their dignity. One person confirmed, “The staff treat me with dignity and respect when they help me with showering and dressing.”

We checked care records and discussed support with people who lived at Thornlea and their representatives. We did this to assess how individuals were involved in their care. We found good evidence of people being in control of their day-to-day lives and their care planning. For example, staff held regular review meetings with individuals to discuss their support. Associated documentation had been agreed with and signed by people or their representative. A relative stated, “[My relative] has a care plan and I was involved in putting it together.”

The management team had completed detailed life histories of each person who lived at the home. These documents provided staff with a picture of the individual to assist them to understand them and their needs. Staff had checked people’s preferences in relation to, for example, activities, religion, room temperature, music tastes and birthday celebration. This information was transferred to the person’s care plan with detailed information about their related support requirements. A staff member told us, “We try our best to get as much information as possible so that we can get to know the resident and how they like to be supported.” This was good practice to guide staff to support people in line with their preferences.

People’s care files included assessments of their dependency levels. For example, checks of the individual’s awareness to time and place, personal self-care, social skills and ability to mobilise. Staff had regularly reviewed these to check support requirements to assist individuals to maintain their independence. One staff member said, “I make sure the residents feel at home, but also make sure we don’t make them feel they can’t do anything for themselves.” One person told us, “They encourage me to be independent.” This meant the provider guided staff to assist people to retain as much control over their lives as possible.

The provider worked with the Care Home Liaison Team to improve people’s end of life care. This involved the delivery of specialist training for staff and close monitoring of people’s health. Staff showed us documentation to demonstrate this had a positive impact upon the individual’s life. As a result, there had been fewer hospital admissions and people remained longer at Thornlea. A staff member told us, “It helps us see how we’re doing. We aim to keep hospital admissions to a minimum so that the residents remain here in their own home.” This demonstrated staff were caring because people could remain comfortable in their familiar, homely surroundings, supported by recognisable staff.

We observed relatives and friends attended Thornlea throughout our inspection. Staff welcomed all visitors in a friendly manner and encouraged visits to support people to maintain relationships. We heard staff consistently helped individuals to keep their privacy by saying, “Do you want to go to your bedroom so you can have a bit of time together?”

## Is the service caring?

We discussed with staff and the provider the different approaches they used to assist people to maintain their important relationships. The provider highlighted an example of one person who had been recently admitted to Thornlea. They told us, “It’s been very difficult for her because she has lived on her own for a long time and her [relative] lives [abroad].” In recent weeks, staff had contacted the relative and arranged a face-to-face call with

the individual over the internet. We found this took place during our inspection and noted the person and their relative were given time and privacy. It was an emotional experience for the individual and staff spent time with her afterwards to support her. This demonstrated good practice in helping people to retain their relationships and develop their social skills.

# Is the service responsive?

## Our findings

People and their representatives we spoke with told us they were fully aware of how to comment about the service. One person said staff had explained how to make a complaint if they needed to. They added, "I have no concerns." A relative stated, "If we had any complaints we would contact the management of the home."

We checked the service's complaints policy and found it was current and made available to people who lived at Thornlea. The registered manager had ensured people were enabled to comment about the service they received by placing the complaints procedure in the entrance hall. This detailed what the various stages of a complaint were and how people could expect their concerns to be addressed. At the time of our inspection, the registered manager had not received any complaints in the previous 12 months.

We discussed the management of complaints with staff, who demonstrated a good understanding of the various processes. One staff member told us, "If someone was unhappy about anything I would mention it to [the provider]. I am confident he would deal with it." People and their representatives told us they felt their concerns were listened to and managed appropriately.

An assessment of an individual's requirements had been completed prior to their admission to check the service could meet their support needs. People's care files held a variety of assessments to measure their support levels. These included checks of their pain, moods, social skills, behaviour that challenged and personal safety. Staff had

signed dated all records we reviewed in line with national guidelines on recordkeeping. The management team continuously updated these documents to ensure staff continued to be responsive to people's requirements.

We noted care plans were regularly reviewed to check they continued to meet people's changing needs. Records contained a statement about what care plan review meant and the process involved. This was good practice to assist staff to understand the need to be responsive in meeting people's ongoing requirements. The management team underpinned this with regular meetings attended by individuals, their representatives and the care co-ordinator to discuss ongoing care.

People's preferences had been recorded within their care records. This included choice around activities, end of life care and food/drink likes and dislikes. We observed staff consistently offered individuals choice throughout our inspection. This demonstrated the registered manager and staff used a person-centred approach in response to people's preferred daily routines.

People were relaxed and occupied throughout our inspection. A staff member told us, "Activities include dominos, chess, board games, music and we have just got a keyboard, which the residents love playing and listening to." A relative stated, "They had a garden party which everyone enjoyed." We were told individual requirements were accommodated and staff were made available to support people with their interests if this was requested. For example, one person said, "we go out to the pub for lunch at times." A staff member said, "We have an entertainments staff member who organises activities for residents' birthdays, Christmas, Easter and in between."

# Is the service well-led?

## Our findings

Staff, people who lived at the home and visitors stated they felt Thornlea was led, managed and organised well. One person said, “I give them ten out of ten for management and leadership.” A relative added, “The management of the home seems very good and we are kept informed. We are pleased with the home.” A staff member told us, “They’re good managers. We can go to them any time, day or night.”

A variety of audits was in place designed to monitor the quality of people’s care. These included assessments of environmental safety, medication, fire safety, infection control and staff training. We checked the last two completed audits and found the registered manager had taken action to address identified issues. This meant the provider monitored and maintained the service to protect people’s safety and well-being.

The provider worked with the Care Home Liaison Team (CHLT) to improve people’s care. Procedures had been introduced to support this, such as specialist training of staff and close monitoring of people’s health. Staff showed us systems in place to audit the quality of care. This included evidence of staff care practices that had reduced falls and infections, for example. This showed the provider had monitored improvements to quality assess the impact this had on people’s well-being. The provider told us they were focused on gaining recognition for the standard of service maintained at Thornlea. This included their aim to achieve a local six-step award for quality assurance in care services.

We discussed with staff and the management team how they undertook partnership working with other agencies to promote quality assurance. The provider told us, “I am a member of the provider forum and a director of the Lancashire Care Association [LCA].” The LCA represents the independent sector by working with other organisations to help providers meet the demands of quality care provision. The provider said they attended these regularly and found them useful to keep up-to-date with and sharing good practice.

We observed the management team were ‘hands on’ in their approach to the management of Thornlea. They were

very caring towards people who lived at the home and demonstrated an understanding of their support requirements. The atmosphere was calm and people approached the registered manager in a relaxed manner. Staff said they felt the registered manager was supportive to them and very caring towards people who lived at Thornlea. One staff member told us, “[A member of the management team] is very hands on and [the provider] comes in every day. The residents are spoilt by [the provider], which makes them really happy.” A relative added, “The leadership and management of the home is good.”

The management team held regular team meetings with staff to review together any issues about the service. Issues looked at included the minutes from the previous meeting, training, care review, care planning and personnel. We saw evidence that the registered manager followed up identified issues to ensure these were managed effectively. A staff member told us, “Team meetings are really good. Everyone is understanding and we all work together so we can sort things out between us.” One person who lived at the home said, “They are a good team and work well together. You could not get better staff.”

We noted meetings were held every three or four months between the management team and people who lived at Thornlea. Individuals were supported to raise issues and the registered manager had recorded this along with follow up actions to address concerns. Quality assurance surveys were kept in the entrance hall for people and relatives to complete and return anonymously if they wished. Additionally, the questionnaires were sent to individuals who lived at Thornlea and visitors on an annual basis. This had been done recently and we were unable to review any responses. However, we saw ‘thank you’ cards and letters that provided feedback about the service. Comments seen included “Thank you so very much for taking such wonderful care of our [relatives]” and, “Please accept our wholehearted gratitude for caring for our wonderful [relative]. The provider had sought people’s feedback about the quality of care and their experiences of living at the home.