Indigo Care Services (2) Limited

Thornton Hall & Lodge

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service:
Thornton Hall & Lodge is registered to provide residential care to up to 96 people with a variety of health needs. At the time of our inspection 72 people were living at the service.

People's experience of using this service and what we found:
At our last inspection the provider had failed to ensure medicines were safely administered. We also made a recommendation to improve governance systems. Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 12. The recommendation from the previous inspection had not resulted in sufficiently robust governance systems and the provider was in breach of Regulation 17.

Systems in relation to fire safety and essential equipment had not been consistently and safely managed. Staff did not consistently adhere to the relevant guidance for the use of personal protective equipment (PPE). Risk was not always robustly reviewed following incidents and accidents. Staff had not received recent training to ensure they could safely intervene when people were at risk of harm. Action was taken by the provider when these concerns were shared.

The service did not have robust and effective systems in place to monitor, assess and improve the safety and quality of service being provided. This placed people at unnecessary and avoidable risk of harm. Some records were not sufficiently completed. Some aspects of the service had improved since our last inspection but, further improvement is still required to meet regulations.

Some people expressed concern regarding staffing levels. Documentation did not clearly demonstrate safe staffing levels were always maintained. We made a recommendation regarding this.

Staff demonstrated kindness and respect in their interactions with people. It was clear they provided care in an individualised manner. Most people spoke positively about the management of the service.

The people we spoke with and their relatives told us they felt the service was safe. Staff were safely recruited subject to the relevant checks.

Rating at last inspection and update:
The last rating for this service was requires improvement (published 5 November 2019). The service remains rated requires improvement. This service has been rated requires improvement or inadequate for the last four consecutive inspections.

During the last inspection we found a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection not enough improvement had been made and the provider was still in breach of regulations. We have identified an additional breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Why we inspected:
We carried out an unannounced comprehensive inspection of this service on 25 September 2019. A breach of legal requirements was found.

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.

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 coronavirus and other infection outbreaks effectively.

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 remained 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 Hall & Lodge on our website at www.cqc.org.uk.

Enforcement:
We have identified breaches in relation to the safety and management of the service.

Please see the action we have told the provider to take at the end of this report.

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 meet with the provider to discuss our findings and 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	**Requires Improvement**
Is the service well-led? The service was not always well-led	**Requires Improvement**

Thornton Hall & Lodge

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide 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, a medicines' inspector, an assistant 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 Hall & Lodge is a 'care service'. People in care services receive accommodation and nursing or personal care as 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 although a new manager was due to start. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
This inspection was unannounced.

What we did before inspection:
Before the inspection we checked the information that we held about the service. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A

notification is information about important events which the service is required to send us by law. 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 also obtained feedback from the local authority and the local Healthwatch team. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection:
We looked around the premises and assessed infection prevention and control practice. We also observed the interactions between people living at the service, care delivery and activities provided at the service. Because of the increased risk of cross-infection we were unable to complete more extensive observations.

We spoke with six people living at the service, ten relatives and ten staff who held various roles at the service, including the quality improvement lead, deputy managers and carers. We looked at a range of documentation including nine people's care records, medication records, five staff files, accident and incident records, safeguarding records and safety and quality audits.

After the inspection:
We continued to seek clarification from the provider to validate evidence.

Requires Improvement

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. 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.

Using medicines safely; Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure medicines were administered safely. This was a breach of Regulation 12 (Safe Care and Treatment) 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.

• Medicines were not always managed safely.
• Some improvement had been made since the last inspection. However, we identified several concerns. For example, the four-hour time interval required between doses of paracetamol was not always observed. Records were not consistently made of where medicines patches were applied, and thickened fluids were administered.
• Fire safety was not consistently managed, and we were not fully assured that systems and processes were effective in promoting fire safety. During the inspection visit we found fire doors which did not close fully to the rebate. We highlighted these to a senior manager who took immediate action to address this.
• Falls management was inconsistent. It was not always clear from records if risk had been re-assessed following falls. Some equipment to alert staff to falls was not properly maintained which placed people at risk of avoidable harm.
• Records relating to risk and the provision of care were not always reviewed according to the provider's schedule or contained conflicting information.
• The was a significant number of incidents between residents. Staff had not received sufficient training to ensure they could safely intervene when people were at risk of harm.

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 placed people at risk of harm. This was a continued breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed all the actions relating to medicines, fire doors and falls risk were now completed and suitable checks of the environment and equipment were in place.

Staffing and recruitment
• We looked at the service's staff rotas, dependency tool and observed staffing levels during our inspection.
• We received mixed views regarding staffing levels and the use of agency staff. People living at the service said there were usually enough staff to meet their needs. However, some relatives said there had been occasions when the service was short-staffed overnight and at the weekend.
• People received adequate staff support during the inspection.
• Staff rotas were difficult to interpret and showed some shifts uncovered. Therefore, we could not confirm staffing levels were always safe.

We recommend the service reviews people's care needs to ensure safe staffing levels are maintained at all times.

• Staff were safely recruited. Records showed the required information and pre employment checks, such as criminal records checks, had been completed.

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

We have also signposted the provider to resources to develop their approach.

Learning lessons when things go wrong
• Accident and incident policies and procedures were in place and there was a system to record and report them.
• Records indicated what action was agreed in response to any accidents and incidents. However, there was limited evidence actions had been completed and records reviewed to identify patterns or trends.

Systems and processes to safeguard people from the risk of abuse
• People and most relatives told us the service was safe. However, relatives said the COVID-19 visiting restrictions made it difficult to properly assess whether the service was safely provided at all times.
• Comments included; 'The staff are always around, They make you feel safe' and 'Although it is difficult to see [relative] we are pleased because [they] have been kept safe'.
• Policies and procedures were in place to guide staff in relation to safeguarding vulnerable adults and whistleblowing.
• Staff received safeguarding training and information about how to raise safeguarding concerns.
• Records showed how staff took appropriate action when any such concerns arose.

Requires Improvement

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 remained the same. This meant that service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care
• The service did not have robust and effective systems in place to monitor, assess and improve the safety and quality of service being provided. This placed people at unnecessary and avoidable risk of harm. For example, the concerns with fire doors and those relating to the administration of medicines and falls we found during our inspection had not been identified.
• Systems did not clearly demonstrate the completion of actions and the development of learning following significant incidents. Records did not demonstrate how risk had been reviewed following incidents. Other records were incomplete or contained conflicting information.
• Similar concerns were identified at the previous three inspections and the repeated failure to achieve compliance with regulation and sustain improvement does not demonstrate good governance systems are operated by the provider.

The service did not have robust and effective systems in place to monitor, assess and improve the safety and quality of service being provided. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• A manager had recently been appointed and was due to start shortly.
• A range of policies and procedures were in place that staff could access if they needed any guidance; these were up-to-date and regularly reviewed.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility
• Staff demonstrated kindness and respect in their interactions with people. It was clear they provided care in an individualised manner.
• Some aspects of the service had improved since our last inspection but, further improvements were identified to meet regulations.
• The quality compliance lead (interim manager) was open and responsive during the inspection. Immediate action was taken to address concerns identified during the inspection.

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

• People living at the service and staff were mostly positive about the management of the service and the level of communication. However, comments from relatives were mixed. Staff comments included; '[Interim manager] has been very good' and 'I can't fault the management team. They've been really supportive'. Comments from relatives included; 'When I ring up it's really difficult as you don't always speak to the same person due to the pandemic, so you get passed around' and 'The only concern was the lack of communication but that's been put right'.
• Most people confirmed they had been provided with information regarding COVID-19 and changes that were being implemented to keep people safe.

Working in partnership with others
• Staff engaged well with other health and social care professionals to ensure people's health and wellbeing was maintained.
• Referrals to other health services were managed well and appropriately followed up on. However, it was not always clear referrals to the specialist falls' team had been made appropriately.

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 management of individual and environmental risk was not effective at protecting people from the risk of harm. Medicines were not always administered safely.

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 The service has been rated Requires Improvement or Inadequate for the last four inspections. The provider has failed to achieve and sustain compliance with regulations. Systems for monitoring safety and quality were not effective in identifying concerns and leading to improvement.

The enforcement action we took:

We issued a warning notice.