G N Care Homes Limited

Thornton House Residential Home

Inspection report

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Childer Thornton
Ellesmere Port
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Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

The inspection took place on 8 January 2015 and was unannounced. This meant that the provider did not know that we were coming.

We previously inspected this service on 13 November 2013 and they were compliant in all outcomes inspected.

Thornton House is registered to provide personal care for up to 22 older people. The home has single room accommodation over two floors. Communal areas include a dining room, reception room, a lounge and a conservatory. The home is located on the outskirts of Ellesmere Port and is within reach of local services, community and public transport.

There was not a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

The current manager, previously worked as the deputy, and has applied to the care quality commission to become the registered manager.

The people who lived at Thornton House told us that they felt safe and that staff looked after them well. Staff knew how to identify if people were at risk of abuse and knew what to do to ensure they were protected.

We saw that care was provided with kindness. People and their relatives spoke positively about the home and the care that they or their relatives received. They felt that staff and the manager were approachable and they could go to them if they were worried. Everyone had a telephone in their room and were encouraged to keep in contact with friends and family. Staff understood the care that people needed, encouraged them to do things for themselves and helped them to be as independent as possible. They did not rush people and took the time to talk and chat. They also spent time doing activities and helping them maintain their interests. The records that staff kept gave a meaningful and personal picture of the person being cared for.

We found there was a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) 2010 because the manager had not followed the appropriate recruitment checks. This meant that they had not made sure that people were receiving their care from staff that had been thoroughly vetted to ensure they were suitable to do the job. However, we found that staff were skilled and provided care in a safe environment. They all understood their roles and responsibilities and wanted to make a difference to the lives of the people they cared for.

People told us, where they were able, that they were given choices and that staff included them in decision making. However, we found that the manager and staff did not have a clear understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2010 because, where someone lacked in capacity, the service failed to have suitable arrangements in place to ensure they acted within the law.

The manager had recently taken over this role and was in the process of putting in place quality audit systems to help them monitor the overall care that people were receiving. All staff spoke positively about the support they received from the manager and that they were always approachable and willing to help them out. There was a good level of communication within the home.

You can see what action we told the provider to take at the back of the full version of the report.

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 not completely safe.

People received their care from staff that had not been through appropriate recruitment processes. This meant that people had received care from staff that had not been checked to ensure they were suitable to do the job.

Although some staff had not received training in safeguarding adults, they were able to tell us what they saw as abuse or poor practice and were clear about what action they would take.

People had the medicines they needed when they needed them.

People lived in a safe and clean environment.

Requires Improvement

Is the service effective?
The service was not always effective.

People had care from staff that were knowledgeable about their needs.

Staff had received some mandatory training and were being encouraged to develop new skills. Staff had not had training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) and this meant that where someone lacked in capacity, the service failed to have suitable arrangements in place to ensure they acted within the law.

People had a good dining experience and they told us the food was tasty. Food and fluid intake was monitored.

Requires Improvement

Is the service caring?
The service was caring

People who used the service and their relatives told us that they were well cared for and that the staff were kind to them.

We saw that people were treated with dignity and respect and had good relationships with the staff.

People were encouraged by staff to be independent and were involved in decisions about their own care. People were able to stay at the home and cared for at the end stages of their lives.

Good

Is the service responsive?
The service was responsive.

People received care that reflected their wishes and choices.

We found that people were encouraged to develop skills and to participate in activities which helped them maintain their wellbeing

Good

Summary of findings

People and their relatives knew how to make a complaint and were confident that they would be resolved.

Is the service well-led?

Good

The service was well led.

Although the manger was not registered with us an application has been submitted.

Staff told us they felt supported and the manager encouraged them to develop new skills. The manager also undertook personal care tasks so that they could understand the needs of the people who lived in the home and observe the staff.

Although there were no robust quality audit systems in place to assess the effectiveness of the service, we saw that the manager was developing these, and people who used the service received good care.

Thornton House Residential 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.

This inspection took place on 8 January 2015 and was unannounced. This meant that the provider did not know we were coming.

The inspection was undertaken by an inspector and an inspection manager from adult social care. Before the inspection visit we reviewed the information we held about the service, including the Provider Information Return (PIR) which the provider completed before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we had received since the last inspection, including notifications of incidents that the provider had sent us. We spoke with two local authorities who commissioned care at the location and they told us they had no concerns. We also looked at the report that Healthwatch had published following a visit in October 2014, this was very positive and mirrored our own findings.

During this inspection we looked around the premises, spent time with people in their bedrooms rooms, in the lounge and dining area. We spoke to eight people who lived in the home. We observed people having their main meal of the day in the dining rooms and some of the activities that took place. We looked at records four of which related to people's individual care and others related to the running of the home such as two staff files and audits. We took the opportunity to speak with three groups of relatives who were visiting and also a community health care professional.

Requires Improvement

Is the service safe?

Our findings

People who used the service said they "felt safe" and that they had "no worries". Relatives were positive about staff and the care provided. They said that the owner and manager were approachable and would approach them if they had any concerns.

However, we found that the service was not safe because two people had not had the required recruitment checks undertaken .Whilst there was evidence of references having been taken up, the manager had not ensured that adequate checks were made with the Disclosure and Barring Service (DBS) prior to them commencing employment. The manager stated that one staff member had shadowed, participated in training and were extra to the rota. This was confirmed by the rotas viewed, however, there was no risk assessment in place for this period of time. There was no evidence of a preliminary DBS Adult First check and the manager was unaware what this was. The manager stated that the second member of staff was supervised at all times and had attended training during the time without the DBS. When we checked the rotas, we saw that they had worked independently two days prior to DBS check being issued. The manager confirmed this was correct but that she had an acknowledgement on line that the staff member had no convictions but she was unable to provide any evidence or records of this. We saw that records of the interviews were very brief did not detail why the person was suitable.

This is a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We spoke to three members of staff who were able to identify types of abuse and poor practice. They were able to tell us what they would do in the event of a concern. The manager had reported safeguarding issues to the local authority and had taken appropriate action to promote the safety of the individual; however they were unaware that they needed to complete a notification to CQC.

People told us that the staff worked hard to keep their home clean. We saw that the premises were clean and tidy. Any hazards were clearly marked. For example, there was sign on the wall alerting people to a dip in the carpet whilst a ramp was being replaced. We saw that all doors that should be locked, e.g. boiler room, store rooms, COSHH etc. were locked and clearly labelled. There were ample supplies of cleaning products. We asked the manager to review the use of bars of soap and towels all communal toilets and bathrooms as there was a risk of cross infection. The manager said they would provide hand wash, paper towels and seek further guidance from the Infection Control Team.

Most people had medicines and were not able to manage these independently. The provider had arrangements in place for managing medicines on their behalf. Medicines were kept safely and stored securely. We saw that medicines were stored in the fridge where applicable but fridge temperatures were not always recorded. We noted that those waiting for disposal were not stored in a tamper proof container but were stored in bags in the manager's office. The manager told us that this was due to a lack of space but she hoped to have a new treatment room. She stated this door was always locked when she was not there.

People told us that they had their medicines when they needed them. One person was prescribed their medication to be taken every two hours. We saw that staff had stored this separately and told us how they set an alarm, to ensure that they had given it on time. Staff were also clear about how medications interacted and this was clearly documented in the care plans. For example there was a risk assessment in place for a person taking warfarin and this alerted staff that antibiotics could have negative impact. Some people were prescribed medications "as required" (PRN). Staff were aware of what these were for and how they were to be administered.

The manager had recently identified a number of mistakes in relation to the administration of medication. We saw that she considered the reasons why and put additional checks in place to prevent this happening again. We sampled six blister packs and found no issues.

We looked at four people's care plans and risk assessments. Risk assessments had been completed with the individual and or/ their representative. These identified hazards that people might face and provided guidance on how staff should support people to manage the risk of harm. These included moving and handling, falls, nutrition, pressure area care, medication, personal care, and continence. There was a detailed record of any accidents or incidents within a person's care plan. We saw that actions

Requires Improvement

Is the service safe?

had been taken as a result of staff analysing what had occurred, for example, one person moved to ground floor accommodation that better met their needs, allowed greater supervision and as a result their falls decreased.

Requires Improvement

Is the service effective?

Our findings

People told us that they liked where they lived and that they were happy.

People told us that staff "Always come straight away when I call", "I have no problems with staff they are lovely and always attend to me straight away". Relatives also said they were happy with the numbers of staff working in the home. We saw that staff responded quickly to call bells and that there were enough staff to meet the needs of the people who used the service. Staff ensured they knew about the changing care needs of people through daily handovers.

At meal times, we saw that there were enough staff available to assist. People said they had a choice of meals from a menu and were asked to choose the night before. One person said that "I can change my mind on the day if there is something I would prefer." Another person told us that the "Meals were good"; they were "Always hot", and that there was "Plenty". The dining room was set out with table cloths, napkins and cutlery. A relative told us that the manager made sure that "people are offered water with their meals as well as tea, juice, coffee, to prevent any dehydration". We saw that drinks were placed in people's rooms and they were offered throughout the day. Kitchen staff knew which people required a special diet, had specific allergies, likes/dislikes and how these were catered for. They told us how they increased the calorific value of meals for people who were at risk of losing weight.

The manager checked the people's weight records and said these were shared with the GP if there was a concern. Staff were aware of people's needs and where additional support was required. Care documentation was in place to guide staff on the support needs of people with eating and drinking and any associated risks.

Staff asked for permission before carrying out care and a person confirmed that they "asked them if it was okay" before doing anything. We were told by people that they made their own choice on when to get up, go to bed, what to eat or drink, and whether they go out etc.

Some people handed over decision-making to family members who had a lasting power of attorney for health and wellbeing. We saw records to indicate that this person was involved in any decisions as required. The manager did not have copies of these at the home. This meant that there was no proof that someone actually held that legal status. The manager and staff we spoke with were unclear about the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) and had not had training. We saw that two people had bed-rails in situ and there was a risk assessment in place that explained why they were needed and what other options had been considered. The staff had assumed that the person had capacity at the time to agree to these but then had sought the permission from family members. We spoke to the manager about the need to document the assessment of a person's capacity to consent where their liberty is restricted. Where they lack capacity the provider must evidence that any decision made was in the person's best interests and that an application for DoLS had been considered.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Some people were being supported by other professionals including, district nurses, physiotherapist. Information about the outcome of the appointments had been recorded in the person's records and included in their care plans. We spoke to a professional who visited the home regularly who confirmed staff provided effective care. For example, staff had followed direction in regards to skin care for one person following a hospital admission and their condition had significantly improved.

The design, layout and decoration of the home met people's individual needs. People were able to move freely around the home making use of the lounges and conservatory. People told us that it was sometimes difficult to use the stair lift and so the provider had arranged for a lift to be installed and this was due the week of the inspection. The provider had arranged to improve the access to the exterior of the building with paths and ramps at the request of people who used the service and their visitors. There was a large garden and outside area that was well maintained and people told us that they were encouraged to use it. Bedrooms were decorated and furnished to reflect people's personal tastes. People were encouraged to bring their own furniture to enable then to personalise their bedroom. This meant people were supported to recreate familiar surroundings for themselves.

The manager had started to develop a training matrix and identified which staff required further training to promote their own personal development. Three members of staff had enrolled on a National Vocational Qualification (NVQ)

Requires Improvement

Is the service effective?

level 2 and two on NVQ level 3. The manager showed us records of staff members who had received formal supervision. The manager carried out observations of practice of staff on day and night shifts. The manager told us that they were in the process of setting up formal supervision sessions for all staff.

Good

Is the service caring?

Our findings

People who used the service said they were very happy with the care provided. They said that 'staff are great' and 'I am very happy here' They told us that staff always approached them in a friendly open way, were very caring and provided good support. One person said 'it is very homely that is what I like about it, you know all the staff' .Relatives told us that staff were very good, they "always felt welcome" and "nothing was too much trouble."

We spoke to someone who stayed at the home for short periods of time when their carer needed a break. They told us they loved coming back and it was like "returning to family" and they had a "warm welcome that brought tears to their eyes".

The home had a quiet calm atmosphere. Some people stayed in their rooms and staff checked on them throughout the day. People told us that staff came quickly when they needed help, they had access to a call bell and that these were answered quickly.

People told us that the "majority of staff have worked in the home for a long time" and so they know them well. We spoke to a member of staff who had worked at Thornton House for four years. They felt it was "the best home in the area, staff were very caring and everyone knew the people".

Relatives said that staff "Were caring" and "Know people's needs". One person was ill and the community professional who came to assist in caring for them said that staff "Cared for this person appropriately and were knowledgeable about their needs." The person's relative was also very happy with the care provided and that "manager knew the people and their needs, their likes and dislikes and that the atmosphere was great."

Staff approached people in a kind and caring way and we saw that there were good relationships. People were called by their preferred name and staff appeared unhurried in their approach. Staff used lots of opportunities to talk to people aside from when they provided direct care. We saw staff chatted to people in their bedrooms and the staff who took mail to people in the morning used this opportunity as a time for chat and discussion.

The provider ensured that people returned to quickly from hospital and tried to make sure that they were able to "Give a home for life". End of Life wishes were described in care plans and records indicated that staff had some difficult conversations with people. The care plans were personalised and included the person's experience "Where there is life there is hope".

The care plans also addressed and acknowledged religious and cultural beliefs and how this impacted on their care. Staff told us about a person, who has specific instructions around their care, due to their religious beliefs and how they have been able to support them and the family.

Good

Is the service responsive?

Our findings

We spoke to someone who told us they were "much better since coming to the home "as the staff had "taken time to encourage them to do things for themselves". Care plans were clear about the level of support that somebody required so that their independence was promoted

People had a care plan covering all areas of daily living and specific assistance they needed to support them. The care documentation included how the individual wanted to be supported for example when they wanted to get up, their likes and dislikes and important people in their life. We looked at the care plans for four people. The daily notes told a story of what had happened during the day, how the person had been and any significant events. These were reviewed on a monthly basis.

As well as directing staff regarding the physical care needs of people, the care plans addressed the mental and emotional support that people required. For example one of the care plans told staff what made someone happy, sad, and angry and noted key dates such as the death of a loved one. Staff were responsive to individual needs and took time to understand personal history and how this may affect the care required. For example they had, through discussion with the person and their family, realised that a person's night time behaviour was explained though their history of working shifts. The care plan directed staff as to what to do to encourage them to rest and eventually back to bed.

Staff used recognised assessment tools to assess the risk of someone developing a pressure ulcer or becoming malnourished. These were completed and reviewed regularly. It was also clear to see where actions had been taken such as providing special pressure relieving equipment or seeking professional advice from a doctor or dietician. A visiting professional told us that staff were responsive to the needs of the people using the service. They told us that are "very good at calling out the doctor when needed "and that they were very knowledgeable about the people in their care.

Care plans also indicated the other factors to be taken into account which influenced any assessment, for example; a person had fluctuating weight but staff recognised that this sometimes correlated to occasions where their legs would swell; they had increased fluid retention and weight gain. A person who required encouragement to drink fluids had it clearly documented in a care plan that staff were "To monitor the colour and odour of urine as could indicate a urinary tract infection that would not present itself in any other way." We saw that this was being done.

People and relatives said they could approach the staff or manager if they have any concerns. We saw that the complaints process was clearly displayed around the home. It provided details of the internal complaints process but also directed people to other agencies if they felt that they complaints have not been appropriately managed. There were no formal complaints recorded in the past six months. Where there were lower-level concerns, there was evidence that these were resolved immediately and a record kept of the actions taken and the outcome.

Activities were planned in the home and relatives told us they were encouraged to visit the home and take their relative out frequently. A number of people told us that they had formed friendships with others living with them. We saw people took part in activities such as board games and they were encouraged to participate in activities together.

We saw that staff encouraged people to continue with interests and hobbies. One person described to us how staff had enabled them to continue with their favourite hobby of gardening and staff assisted them to go outside and pot plants in the greenhouse. We spent time with a person who told us how they loved cooking and how they were able to go into the kitchen to make cakes. We were told by others living in the home that they really enjoyed this persons cooking and they were "proud of it".

The home had a computer available for residents to use and this has a large screen, keyboard and adapted mouse. People told us that they are able to look at the internet and use Skype. One person said that it was "Nice to be able to speak to family". All of the people in the home were provided with a telephone in their room at no extra cost. Staff and the manager told us that it was very important to encourage people to speak to friends, family or to be encouraged to make their own appointments.

Good

Is the service well-led?

Our findings

People and their relatives knew the manager and confirmed they felt comfortable approaching her at any time. The manager in post was not registered with the Care Quality Commission but had submitted an application. She had previously worked as deputy manager and demonstrated a good knowledge and understanding of the staff and people at the home.

Although there was no formal quality assurance process, there were mechanisms in place to ensure that the manager and the provider monitored the quality of the service. The manager told us she had an 'open door' and people who used the service, their relatives and staff could always come to speak with her. There were some audits that looked at medication and care plans. The manager told us the owner visited the home on a weekly basis, however did not record the outcome of these visits. The manager had started to update the policies and procedures within the home.

The manager had sought the opinion of people living in the home as to what improvements could be made. People suggested that it would be advantageous for them to be able to use a lift rather than a stair lift and also to have better access into the home from outside. Both the suggestions were taken on board by the provider and were in the process of being implemented.

The manager had a 'hands on' approach and worked alongside the staff team. Staff told us they felt supported and that a positive culture existed in the home. Staff turnover was very low and good relationships existed between staff, people who used the service and relatives. Many staff were "second generation" having had family members who worked there.

There was evidence that learning from accidents and incidents took place and appropriate changes were implemented. Incident reports were produced by staff and reviewed on a monthly basis by the manager. The manager compiled a report on the incidents that had occurred including any action they had taken to reduce the risks of the incident reoccurring.

The manager confirmed she had looked at ways to develop staff competence and skill and to delegate tasks and accountability. A staff member had recently taken on a more senior role and told us that they enjoyed the added responsibility and felt supported.

There was evidence that regular staff and residents meetings took place. There had been a recent questionnaire carried out with people using the service, their relatives and professionals. All responses were positive. In addition staff encouraged people and relatives to provide comments and these were recorded separately.

The home had close links with the community with organisations being welcomed into the home. They had recently invited the local major to attend a person's birthday and this was a positive experience. They also participated in the national care homes day.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers How the regulation was not being met: The service was not operating effective recruitment procedures to ensure people employed were suitable to perform their role

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment How the regulation was not being met: The service was failing to ensure suitable arrangements were in place for gaining people's consent with regard to their care and treatment and acting in accordance with the law.