Presidential Care Limited

# Thorndene Residential Care Home

## Inspection report

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South Yorkshire
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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 19 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 27 people received assistance with their personal care needs.

People's experience of using this service and what we found
Systems and processes in place did not always protect people from the risk of unsafe harm. The provider did not always notify CQC or the local authority of safeguarding concerns. Training was not in place for all staff to enable them to identify and provide appropriate pressure care for people.

Risks to people were not always assessed and mitigated to reduce the likelihood of harm. Areas of the home did not provide a safe environment for people. For example, window restrictors and radiator covers were not in place and outside areas were unsafe, placing people at risk of falls. Fire safety procedures were not implemented by staff. For example, fire doors were observed to be propped open.

Staff were not always recruited in line with best practice guidance. Records did not evidence that interviews had taken place or that a robust interview system was completed. One new staff did not receive regular probationary reviews to assess their suitability and performance. Pre employment checks were in place and quality assurance questionnaires completed by the service showed people and relatives were positive about staff kindness.

Medicines were not safely managed. Medicines were not stored at the correct temperature and some medicines belonging to people were found to be stored in different areas of the service. Where medicines errors had occurred, these were not investigated in a timely manner, and lessons were not learned to mitigate future risks to people.

The premises and equipment did not promote safe infection, prevention and control practices. We saw areas of the home to be visibly dirty and food items which were out of date. Records did not evidence that regular cleaning was undertaken, and frequent touch points were not effectively cleaned to prevent the spread of infection.

People were not supported to have maximum choice and control of their lives and staff did not 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.For example, consent was not always gained from people in relation to their care and support'.

High quality person centred care was not always provided. People were not always provided with call alarms to enable them to request support when needed. Care plans did not contain enough detail to guide staff on how to provide individualised care. There was a lack of oversight in relation to record keeping and care plans were not effectively audited to ensure records reflected people's current needs. People's records were not stored confidentially.

The provider did not have sufficient oversight to ensure quality and safety in the service. Auditing systems were not effective. For example, concerns in relation to infection, prevention and control, environmental risks and medicines were not identified, with lessons learned to improve.

Quality assurance systems were in place for people, staff and relatives to give their feedback of the service provided. However, records did not evidence that concerns identified had been actioned in a timely manner. For example, where concerns had been raised regarding the outside area, this was not completed in line with the home's timescale.

Staff told us the registered manager was approachable and they felt able to raise concerns. Records showed relatives were positive about the leadership in the service.

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

Rating at last inspection and update
The last rating for this service was requires improvement (published 23 December 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

Why we inspected
We received concerns in relation to the safety of people living at the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to inadequate based on the findings of this inspection.

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.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

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.

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.

The overall rating for this service is 'Inadequate' and the service is therefore 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.

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. Inspection activity started on 5 January 2023 and ended on 11 January

2023. We visited the locations service on 5 January 2023 and 10 January 2023.

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 who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with 6 staff, including the registered manager, 2 people who used the service, 2 relatives and 1 professional. We reviewed the care records of 6 people and 2 staff files. We reviewed a variety of records relating to the management of the service, including policies and procedures, audits and checks. 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.

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 requires improvement. At this inspection the rating has changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management
At our last inspection the provider had failed to provide safe care and treatment. This was a breach of regulation 12(1) 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.

- Risks to people were not effectively assessed and monitored to keep people safe from the risk of harm. For example, not all windows were restricted and falls risks to people had not been assessed. Following our inspection, the provider informed us they had fitted window restrictors to all windows.
- Risk assessments were not always in place and did not detail what action should be taken to support people safely. For example, one person required assistance with pressure care and records contained conflicting information and did not follow advice given by health professionals. Another person was at risk of falls. There was no risk assessment or care plan in place to detail how to safely care for this person or what action should be taken in the event of a fall.
- One person's care plan did not reflect their current needs about how they were supported to reduce the risk of choking. This person required a soft diet and information advised by healthcare professionals was not recorded in the care plan, such as foods which should be avoided. The care plan later contained details of another person, which was conflicting. We saw this person was not provided with pressure relieving equipment whilst sitting, which was required to reduce the risk of pressure area concerns.
- At our last inspection we identified that accidents and incidents were not appropriately monitored to reduce risks to people. At that time the registered manager assured us new systems would be implemented to monitor all incidents in the service. At this inspection, we found accidents and incidents had still not been appropriately reviewed. The registered manager reviewed incidents of falls, however had not reviewed other incidents to mitigate future risks to people.
- Environmental risks were not effectively identified or monitored to keep people safe from the risk of harm. We found areas of the service which placed people at an increased risk of falls. For example, outside areas were cluttered with rubbish, decking to the rear of the property was poorly maintained and slippery, missing window restrictors, loose carpets, damaged flooring and lack of maintenance to the garden area to ensure the premises were secure. People were not protected from the risks of burns. We found several radiators which were not covered.
- Legionella risk management was not in place. Suitable checks were not carried out to prevent people from the risk of legionella's disease and staff had not received the appropriate training.
- Fire safety procedures were not always implemented. We found fire doors propped open and storage rooms filled with combustible materials. Fire evacuations were not completed regularly to ensure all staff

took part in fire safety evacuations Records showed checks were made of fire fighting equipment. However, a door magnet which was required to prevent the spread of fire had not been replaced in a timely manner.

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 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● We found appropriate safety checks in place to ensure electrical and lifting equipment were suitable for use.

Preventing and controlling infection
● The provider was not promoting safe hygiene practices to prevent and control the spread of infection. Some areas of the home were visibly dirty and effective cleaning schedules were not implemented.
● One person had a pet dog living at the service and we found dog excrement to the outside seating areas. We also found cigarette stubs littered around the garden and bags containing rubbish that had not been placed in bins.
● Cleaning schedules in place were not effective and we found gaps in records. Frequent touch points were visibly dirty and flooring areas required cleaning. There was a malodour throughout the home, and we found faeces on a light pull switch. A visiting professional told us they had made complaints regarding cleaning and had found faeces on walls.
● Hygiene practices were not robust to prevent cross contamination. For example, we found chairs, baths and toilets that were visibly dirty, and a pedal bin used for disposal of clinical waste was broken.
● The kitchen hob appeared greasy and had debris on it. We identified items in the fridge uncovered and without open-date labelling. Oven gloves were heavily soiled, and a water dispenser was found to be covered in limescale.
● The service was working closely with the local infection, prevention and control team and an action plan was in place. However, concerns were found to be ongoing during our inspection and the action plan showed some concerns were rectified, whilst others were ongoing.

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.

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.

● We could not be assured enough staff were provided to keep people safe. Dependency tools were used. However, these were unclear as to how many staff were required. The registered manager could not provide an explanation as to how the dependency tool calculated staffing. Where people received care at home, one relative told us, "Staff are routinely late, there is an issue with staffing."
● Recruitment systems were not robust enough to ensure staff suitability was assessed. For example, interview records we saw were either not completed or did not evidence a thorough interview process had taken place.
● Staff received an induction. However, the registered manager had not completed probationary reviews for

one new staff to monitor their performance and suitability for the role.
● Training was not always provided to ensure staff were knowledgeable and competent to carry out their roles. For example, some staff had not received training in pressure area care. Including how to spot potential concerns. Staff had not completed catheter care or nutritional training, which was required to safely support people with their needs.

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

● People told us staff were kind and caring. One person said, "The staff are nice, they are fun." And another person said, "Staff are good and kind."
● Staff had received Disclosure and Barring Service (DBS) checks prior to commencing. (DBS) provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse
● The provider did not have robust systems in place to ensure people were protected from the risk of harm. Safeguarding records did not evidence that any safeguarding reports had been produced by the service.
● We found 3 incidents which were not reported to the CQC or the local authority as required. This meant people were not always protected from the risk of abuse. For example, a recent incident concerning the safety of people at the service had not been reported by the registered manager or provider.

The provider's systems and processes did not 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.

● Staff were trained and knowledgeable about how to spot signs of abuse and how to report concerns. Staff told us they felt able to raise concerns with the provider and the registered manager.

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)

● We found the service was not working within the principles of the MCA. Consent had not always been sought from people.
● The service had CCTV systems in place in the communal areas of the home and people had not consented to this. Meaning people were not always supported in the least restrictive way.
● Some care records did not contain evidence that people had agreed to care and treatment provided, such as having their photograph taken or sharing their information.

Please see the well led section of this report.

Using medicines safely. Learning lessons when things go wrong

● Medicines were not managed safely.

● The provider had failed to ensure medicines were stored safely. Temperature of storage areas were above recommended guidelines and bottles of liquids did not contain dates of opening. This meant people were at risk of receiving unsafe medicines.

● We found one person's prescribed medicated cream in another person's room and prescribed medicated cream not suitably stored or returned in the maintenance room. We could not be assured people were receiving their own medicines as prescribed.

● Medicines administration records (MAR's) were not always completed to ensure staff had clear directions of what medicines were prescribed. For example, one record did not contain any detail of the medicine to be given and one record did not contain dosage instructions. There was no photograph of one person to enable staff to identify them to ensure they had their prescribed medicines.

● PRN protocols for as required medicines were not always in place to provide staff with guidance about how and when to administer these.

● Audits were not robust and did not identify discrepancies found during our inspection. Where concerns had been identified, these were not sufficiently recorded or investigated with lessons learned to mitigate future risks to people.

We found no evidence that people had been harmed however, systems were not robust enough 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.

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 requires improvement. At this inspection the rating has changed to 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.

At our last inspection we found that due to poor governance of the service people were placed at risk of harm. This is 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 failed to ensure action had been taken to address the regulatory breaches and concerns we found at the last inspection. Effective governance systems were not in place to ensure the quality and safety of the service. There was a lack of overarching governance from the provider and the service lacked leadership.
- Audits were in place, but had failed to identify concerns found during our inspection. For example, one recent audit identified that call alarms were missing in some rooms and no action had been taken to address this.
- Robust systems were not in place to identify concerns we found in relation to record keeping. Such as, care plans, consent not being sought and medicines records.
- Peoples records were not confidentially stored. We found various records containing sensitive information stored in a communal area. Following our inspection, the provider assured us these records were now secure.
- The registered manager was responsible for managing both the care home and the domiciliary care agency. We identified both services lacked leadership and governance. The registered manager had recently provided care calls to people in the community due to staffing issues, which meant resources were not in place for management and oversight of the care home. One staff said, "The manager is very busy, it could do with having another manager."
- The provider had failed to ensure staff consistently followed national guidance in relation to confidentiality, infection control, fire safety, medicines management, health and safety and consent to care and treatment.

Continuous learning and improving care. Working in partnership with others

- Lessons were not always learned from accident and incidents, to improve care for people.

● The staff team were working closely with the local infection, prevention and control team and an action plan was in place to improve concerns identified around infection control. However, concerns were found to be ongoing during our inspection and the action plan showed some concerns were rectified, whilst others were ongoing.
● The provider did not have improvement plans in place to ensure the service continuously improved and people were provided with high quality care.
● We found evidence through records that the service was working with other healthcare professionals such as district nurses and dieticians, however we found that advice given by them was not always followed. For example, care records did not reflect guidance given by a dietician.

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 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● People and staff told us the registered manager was approachable and fair. One person said, "I know who the manager is, and I can talk to them." One staff member said, "I feel supported, the manager will help us and we can also speak to the provider, anyone can ring them."
● Feedback seen from relatives stated that communication from the home was good. One relative said, "The manager is accommodating and will change things to help you."
● Feedback records from relatives showed they were positive about the staff. With 100% stating they felt the staff were friendly and approachable. One relative said, "[Name] loves the staff, when I leave I know staff are dealing with things properly."

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 were not always aware of their roles and responsibilities in relation to duty of candour, which requires them to be open and honest.
● The provider and registered manager had not reported 2 incidents to safeguarding or submitted notifications about incidents as they are required to do by law to CQC. The providers lack of oversight meant this had not been identified.

This was followed up outside of the inspection process and no further action was taken.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● Individualised support was not always provided to achieve good outcomes for people. Care plans did not contain enough detail, and some contained conflicting information. This did not provide staff with appropriate guidance to support people in a person-centred way. Robust audits were not in place to identify these concerns.
● Care plans we saw did not contain enough detail about how people liked to be and contained conflicting information. One staff said, "We don't have enough time in the office, we are trying to make the care plans more individualised."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● Feedback was sought from people, relatives and staff to gain their views of the service. However, where concerns were identified these were not always addressed in a timely manner.

● Records showed relatives had raised concerns in relation to the maintenance of the outside area and an action plan stated these concerns would be addressed by September 2022. These issues were ongoing at the time our inspection.
● Regular meetings were not held with people to allow them to engage with the service and discuss any changes they would like to make. The last meeting with people was in March 2022.
● Staff meetings were held to discuss peoples care and allow staff to raise any concerns. One staff told us, "We have meetings every couple of months, we discuss peoples well-being, any concerns and how we can improve."

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's systems and processes did not 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 sufficient and 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 provider did not have systems in place to ensure people were protected from the risk of infection. |

**The enforcement action we took:**

Served 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:**

Served warning notice.