

GN Care Homes Limited

Thornton House Residential Home

Inspection report

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Ellesmere Port
Merseyside
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Tel: 01513390737

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Thornton House Residential Home is a residential care home that was providing personal care to 21 older people at the time of the inspection. The service can support up to 25 people in one adapted building. People accommodated were living with age related conditions including early onset dementia. Some people were living with mental health conditions.

People's experience of using this service and what we found

The provider had not ensured they always took steps to monitor and improve the safety and quality of the service people received. The provider had not fully implemented good practice recommendations made by external agencies in relation to the environment, equipment and staff practice, to minimise the risk to people's health and safety.

Some areas of the service had not been well maintained and were in poor state of repair. Staff did not always wear personal protective equipment appropriately. These issues increased the risk of infection and of harm occurring.

We have made a recommendation about the adaptation of the environment to meet the needs of people living with dementia.

The range of activities on offer to people was limited but people enjoyed the visiting entertainers and the activities that were provided.

People's needs had been assessed and their care had been planned with their involvement. The manager was updating people's care plans to make sure they were fully completed. People received their medicines when they needed them and supported to access healthcare professionals when appropriate.

People were treated with dignity and respect by kind and caring staff that knew them well. People's dietary needs and preferences were catered for and most people enjoyed the homemade food on offer.

People and their relatives were happy with the care people received. They had the opportunity to give their views in a number of ways and able to raise any concerns they may have. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There were sufficient numbers of suitably qualified and safely recruited staff on duty to meet people's needs.

The manager had a good understanding of people's needs. People and staff felt management were open and approachable.

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 22 January 2019) and there were two breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection some improvements had been made but other shortfalls were identified so the provider was still in breach of one regulation. We also identified another breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement at five of the last six inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to the governance of the service and maintenance of equipment and the environment.

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 any concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss 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.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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.

Inspection team

This inspection was completed by one 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 house Residential Home is a 'care home'. People in care homes 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. A registered manager and the provider are 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 the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and the local infection prevention and control team. We also looked at the most recent enter and view report conducted by Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in

England. Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

We spoke with five people who used the service, two people's relatives, a visiting health care professional and two visiting social care professionals. We spoke with five members of the care staff team, the chef, plus the manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We observed the administration of medicines, joined people for lunch and observed the interactions between people and staff in the communal lounge. We also reviewed the recruitment records of three members of staff and records relating to the day-to-day management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at additional information the provider sent to us in relation to staff training and supervision and quality assurance.

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. This meant 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.

Preventing and controlling infection; Assessing risk, safety monitoring and management;

- The provider had not ensured the premises and equipment were always suitable for the intended purpose and maintained. Some areas of the service and equipment were in a poor state of repair and had not been identified by the provider as needing addressing.
- Some staff did not always use personal protective equipment (PPE) appropriately which could increase the risk of infection.

The above evidence demonstrates a breach of Regulation 15 (Premises and Equipment) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Domestic staff were employed and most of the service was clean and hygienic. Most people and their relatives were happy with the standard of hygiene maintained. One person told us their bedroom was, "Always clean and tidy" another person told us they did not feel the service was always clean but felt it had improved recently.
- Staff were observed using moving and handling equipment safely.
- Risks to individuals health and safety had been assessed and kept under review. Where risks had been identified, steps had been taken to reduce them. Some people's care was being monitored to ensure they remained safe.

Using medicines safely

- Since the last inspection improvements had been made to medicine administration. Most people had received their medicines when they needed them, and medicines had been stored at a safe temperature.
- Guidance for when to administer 'as required' medicines and creams was not always in place and the reason for administering them had not always been recorded. This made it difficult to monitor and assess the effectiveness of these medicines and is an area of practice that needs to improve.
- People received their regular prescribed medication from appropriately trained staff.

Learning lessons when things go wrong

- Accidents and incidents were recorded and investigated appropriately.
- The manager had oversight of these and monitored them for themes and trends. When needed, action had been taken to reduce the risk of reoccurrence.

Staffing and recruitment

- Sufficient numbers of safely recruited staff were deployed to meet the needs of people living in the home.
- The manager was in the process of updating staff security checks to ensure they were suitable to care for vulnerable people.
- Most people and their relatives felt there were enough staff on duty to meet people's needs. One person told us "The only thing I would complain about is sometimes having to wait to go to the toilet" and "They are pretty quick in coming to the buzzer during the night time". A relative commented, "Always could be more staff, but staff will come if my relative calls them and check that that they are ok."

Systems and processes to safeguard people from the risk of abuse

- The manager had a good understanding of safeguarding and most care staff had completed training in this subject.
- Safeguarding referrals had been appropriately made to the local authority.
- People and their relatives felt the service was safe.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Adapting service, design, decoration to meet people's needs

- Since the last inspection some areas of premises had been redecorated and some floor coverings had been replaced. The provider told us further improvements were planned but there was no formal development or action plan to confirm this.
- There were no names or recognisable images on people's bedroom doors to help aid the orientation of people living with dementia.

We recommend that the registered provider seek advice from a reputable source to ensure that changes to the environment are designed and suitable to support the needs of people living with dementia.

Staff support: induction, training, skills and experience

- Since the last inspection a new training programme had been introduced to ensure all staff had completed training essential to their role. Not all staff had completed this training, but the manager told us training had been allocated to all staff and was being monitored.
- Staff felt they received the training they needed and felt supported in their role. They confirmed they had supervision with their manager and were able to speak to them at any time if they needed support.
- People and their relatives felt staff had the skills to meet people's needs. One relative commented "I'm so pleased with the manager and nominated individual and the staff I really am, and I don't say that lightly. it is commendable what they do for people."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's physical, mental and social needs had been holistically assessed and guidance in place for staff to provide effective care and support.
- Assessments had been completed before people moved into the service to make sure their needs could be met. One person's relative told us the manager had visited their loved one and completed an assessment of their needs before they moved in.
- Referrals had been made to other agencies such as district nurses and GP's when required. One relative confirmed they were kept informed of their loved one's wellbeing and the support of healthcare professionals was sought when needed.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs and dietary preferences were met. The kitchen staff prepared homemade appetising food at each mealtime and prepared fortified drinks and snacks between meals for those that needed them.
- Most people told us they enjoyed the food on offer.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act 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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's needs had been assessed and planned for but people's capacity to make decisions had not always been assessed. The manager told us they were aware of this and was addressing the issue.
- Where people had been assessed as lacking capacity to make decisions about where to live, an application for a DoLS had been submitted.
- A relative confirmed they had been involved in making a best interest decision for their loved one and records confirmed this.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and caring and treated them with respect. one person commented, "It's great, everyone is very kind and caring" and a relative told us staff were "Always friendly."
- Staff knew the people they supported well and treated them as individuals. One person told us they could get up and go to bed when they wanted and said there was "No set time."
- Staff spoke warmly about the people they supported. They shared jokes with people, provided reassurance and physical contact when appropriate.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives confirmed they were involved in making decisions about their care and felt able to express their views
- If people did not have friends and family to support them in decision making, details for local advocacy services were available to support them with this process.

Respecting and promoting people's privacy, dignity and independence

- People had choice and control over the support they received, when they received it and how.
- People told us they were supported in ways that promoted their independence. One staff member told us how one person liked to keep active and went out on their own.
- We observed staff protected people's dignity when delivering care.
- Records regarding people's care and treatment were stored securely on in a locked office. This helped to maintain people's privacy and confidentiality.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated good. At this inspection this key question has deteriorated to requires improvement. This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provision of activities was limited and offered little variety. Daily records showed people were not supported to participate in activities on a regular basis.
- When asked about activities, one person told us, "There are only two lots of bingo in the week that's about the only thing." A relative commented, "Most days are bingo". Some people said they liked the bingo and enjoyed the entertainers that visited.
- An activity organiser worked two half days a week and the manager told us they were trying to recruit to a full-time post.
- People's friends and relatives could visit the home at any time. They told us they were always made to feel welcome.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Individualised plans of care were in place, which were based on an assessment of people's needs and preferences. They included information on the support people required, outcomes to be achieved and how people preferred their support to be provided.
- Some sections of some people's care plans had not been completed. The manager told us that they were aware of this and were in the process of collating the information and updating the care plans.
- People or their relatives were involved in reviews of their plans of care. People told us they had choice in all aspects of their care and were happy with the support that they received.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers'.

- Care plans included information regarding people's individual communication needs. This helped ensure staff communicated with people in ways that they could understand.
- The manager told us they could provide records in different formats should it be required.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place and people knew how to raise any concerns they had.
- Relatives told us they had never had a reason to complain but would not hesitate to do so if it was needed. People told us they would speak to staff if they had any issues.

- No complaints had been received but there were systems in place for them to be managed.

End of life care and support.

- The manager told us no one was receiving end of life care. They told us should the need arise they would work closely with health professionals to ensure people received a comfortable, dignified and pain-free death.
- Some people's wishes on death and dying had been recorded. The manager told us some people had not wanted to discuss their wishes and some people had not yet been asked.

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 requires improvement. At this inspection this key question has remained the same. This meant the 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

At our last inspection the provider had failed to ensure the governance of the service was robust. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The provider had not always ensured the service was effectively managed. There had been no registered manager in place since February 2019.
- The provider had not always acted to improve the quality and safety of the service people received. Good practice recommendations made by external agencies including a fire risk assessor, the local infection prevention control team and environmental health had either not been fully implemented or not implemented at all.
- The provider had failed to ensure that action plans to address shortfalls were robust and did not include dates for when good practice recommendations would be completed.
- Internal audits were not always robust enough to identify issues or concerns and bring about improvements. A recent medication audit had identified gaps in some of the medication administration records but failed to identify other issues within the service.

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 was a continuing breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We saw one example of an accident that had occurred at the service that the CQC had not been notified of as required. This had occurred when there had been no manager in place. The manager was aware of their responsibilities to submit notifications to CQC when needed.
- New internal audits to assess the quality of the service people received had been introduced and needed to become embedded into practice.
- A new manager had been employed who was supported by five senior members of staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives had the opportunity to put forward their views and opinions about the service and the care provided at one to one meeting's. Resident and relative meetings were poorly attended, and the manager was looking at alternative ways of gaining people's views. Staff told us they had team meetings and that staff morale had improved since the new manager had been employed.
- The manager knew people well and was able to describe in detail their care needs They were known to some people and one relative, but others did not know who they were.
- The service worked with external health and social care teams where this was required for people. A relative, staff and social care professionals felt the manager had brought about improvements to the way the service was managed.

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 was open and transparent when things went wrong and complied with their duty of candour.

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	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The provider had not always ensured the premises were suitable for the intended purpose and maintained. The provider had not ensured equipment used to deliver care and treatment was always used properly.</p>

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The governance of the service was not robust enough to identify shortfalls and drive improvement to the quality and safety of the service. Systems were either not in place or robust enough to demonstrate safety was effectively managed.</p>

The enforcement action we took:

We issued a warning notice.