

# Indigo Care Services (2) Limited

# Thornton Hall & Lodge

## Inspection report

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Date of inspection visit:

15 December 2022

19 December 2022

Date of publication:

03 February 2023

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

### About the service

Thornton Hall & Lodge is a residential care home providing personal care and accommodation to 86 people aged 65 and over at the time of the inspection. The service is registered to support up to 96 people over 2 floors.

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

Medicines were managed safely. However, some improvement was needed to ensure time sensitive medicines were consistently given at the required times, and with appropriate time between doses. We made a recommendation about this.

There were enough staff to support people safely. The provider had robust recruitment systems to ensure staff were safely recruited. Staff spoke knowledgeably about the systems in place to safeguard people from abuse.

People were supported by kind and caring staff who treated people as individuals and with dignity and respect.

People told us they felt safe. Risks to people's health and welfare were identified and managed. Risks were regularly reviewed to ensure people's changing needs were safely managed. Infection control measures were in place to prevent cross infection. Staff wore appropriate PPE and the home was clean throughout. Visiting was safe and followed current guidance.

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.

The management of the home promoted a person-centred service. There was an open and transparent culture and good partnership working with others. The quality and safety of the service was monitored through regular checks.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (published 20 May 2021).

### Why we inspected

We received concerns in relation to the management of medicines, staffing levels and management of people's care needs. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe and well-led sections of this report.

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 remained requires improvement 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 coronavirus and other infection outbreaks effectively.

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](http://www.cqc.org.uk).

#### Recommendations

We have made a recommendation about the management of some medicines. Please see the Safe section of this report for more details.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# 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. 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.

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

This inspection was carried out by two inspectors and a medicines inspector.

#### Service and service type

Thornton Hall & Lodge 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. Thornton Hall & Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service and 5 relatives about their experience of the care provided. We spoke with 10 members of staff including the registered manager, deputy manager senior care workers and care workers.

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. We spoke with three people who use the service and four relatives about their experience of the care provided. We spoke with eight members of staff including the manager, provider, senior care workers and care workers.

We reviewed a range of records. This included 6 people's care records, and 10 people's medication records. We looked at staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# 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 good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Some people were taking medicines where the time of administration or the gap between doses was important, for example antibiotics or medicines for Parkinson's disease. Some medicines administration records showed that these medicines were not always given at the right time or with the necessary gap between doses.

We recommend the provider consider current guidance on giving time sensitive medicines to people and take action to update their practice accordingly.

- Staff were trained to administer medicines and had their competency checked to ensure they were safe to do so.
- Medicine administration records were completed in line with best practice guidance.
- Medicines were managed and stored safely.

### Assessing risk, safety monitoring and management

- Risks to people were identified and plans were in place to minimise those risks.
- Risks within the environment were considered and assessed. Equipment was regularly checked to ensure it was safe to use.
- Plans were in place to ensure people's needs would continue to be met in the event of an emergency.

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 working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.'

### Learning lessons when things go wrong

- There was a process in place for reporting accidents and incidents which occurred at the home.
- Accidents and incidents were monitored and reviewed, and action was taken to reduce further occurrences.
- When something went wrong learning was shared across the team.

#### Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who were trained to recognise and report on abuse.
- People confirmed they felt safe at the home. One person told us, "Staff are very good and I feel safe here." A relative told us, "[Person] is safe and well cared for."
- Records showed that any potential safeguarding allegations had been reported, recorded and investigated by the registered manager in a timely manner.

#### Preventing and controlling infection

- Measures were in place to ensure the risks of the spread of infection were reduced. Staff had access to appropriate PPE and wore this as outlined in national guidance.
- We were assured effective infection prevention and control (IPC) policies and procedures were in place at the home.
- Appropriate plans were in place to ensure infectious outbreaks were managed safely. The home was clean throughout.
- Visiting arrangements at the home were safe and followed current guidance.

#### Staffing and recruitment

- There were enough suitably qualified staff to support people. The registered manager told us they had worked hard to recruit permanent staff to reduce the number of agency staff used.
- People's needs were assessed and used to support the calculation of safe staffing levels.

# 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 good. At this inspection this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

- Effective quality assurance systems were in place. The quality and safety of the service was well monitored and follow up actions had been taken appropriately.
- There was a clear commitment to drive continuous improvement at all levels of the organisation. Information from incidents was used to improve the quality and safety of the service.
- The registered manager was aware of their role and responsibilities, including what events they needed to notify CQC about.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- Governance arrangements promoted the provision of high-quality, person-centred care which fully protected people's human rights.
- The management and staff team had developed positive relationships with the people they supported.
- People achieved good outcomes because of effective partnership working. Staff made referrals to other services, such as dieticians, for additional input and advice when necessary to support people's health and well-being.
- The provider worked closely with other professionals, including the local authority, to improve the service.

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 understood their duty to share information in an open, honest and timely manner. There was a policy in place regarding this.

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

- There were systems in place to obtain feedback from people, relatives and staff about the running of the home. Feedback was used to improve the quality of care.
- People, and where appropriate their relatives, were involved with all aspects of care planning and asked for regular feedback. One relative commented, "They [managers] listen to feedback and take everything on board. The manager communicates well and tells us everything we need to know."
- Staff told us they were supported in their roles and felt the management team were approachable.

