

# Thornton Lodge Care Limited

## Arnside Lodge

### Inspection report

1 Arnside Crescent  
Morecambe  
Lancashire  
LA4 5PP

Tel: 01524832198

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Arnside Lodge is a residential care home providing personal care to 29 people aged 65 and over at the time of the inspection. The service can support up to 32 people.

The care home accommodates people in one adapted building.

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

We found no evidence people had been harmed but they were at risk of avoidable harm due to the ineffective governance arrangements in place. The provider's systems had not identified issues we found, including shortfalls with staff training and infection prevention and control.

Fire safety had not always been well managed or recorded to ensure staff knew how to respond in the event of a fire and to show that appropriate checks were carried out.

Care records and risk assessments did not always identify risks to people and the support they needed to keep them safe.

Safe recruitment processes were not always followed or in place to ensure staff were suitable to work with vulnerable adults and support the safe use of agency staff.

People felt safe with staff. They told us they received their medicines when they needed them. There were sufficient numbers of staff available to support people when needed.

The service had a positive culture, where people were happy. Staff felt able to make suggestions and confident they would be listened to. Staff shared in their commitment to promoting people's quality of life.

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

### Rating at last inspection

The last rating for this service was good (published 09 February 2019).

### Why we inspected

Initially we undertook a targeted inspection to look at infection prevention and control practices and review the provider's response to COVID-19. This inspection identified concerns, so we widened the scope of the inspection to become a focused inspection, including the key questions of safe and well-led.

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 improvement. 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 Arnside Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment, good governance and fit and proper persons employed. Please see the action we have told the provider to take at the end of this report.

### Follow up

We requested an action plan for 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 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Arnside 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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection site visits were carried out by one inspector. One inspector supported the inspection remotely on the second day by speaking to people that use the service and staff.

#### Service and service type

Arnside Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 had a manager registered with the CQC. 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.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection on both days because of the COVID-19 pandemic. We had to arrange safe working procedures for our inspection.

#### 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. The provider was not asked to complete a provider information return prior to this inspection. 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 judgements in this report. We used all this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service about their experience of care provided. We spoke with nine members of staff including the registered manager, team leaders, senior care workers, care workers and a housekeeper.

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

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data.



# 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 now been rated requires improvement. 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.

Assessing risk, safety monitoring and management

- Risks to people were not always safely monitored and managed.
- Risks linked to fire safety had not always been mitigated. A fire evacuation plan was not in place to explain how the service would be evacuated in the event of a fire and how staff should respond.
- Staff had not received recent fire training or fire drills to know how to respond safely in the event of a fire.
- Fire safety checks were not robust and did not show where fire equipment was located or when it had been checked.

The provider had failed to mitigate fire safety risks, which placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the provider took action to ensure staff knew how to safely evacuate the service in the event of fire. We made a referral to the local fire service to provide advice and information.

- Information about risks to people was not always accurately recorded, complete or up to date to ensure staff responded to these consistently. For example, two service users could present with behaviours which challenged the service. Their care records and risks assessments did not clearly identify risks linked to these behaviours and how staff should support people to achieve a positive outcome.
- Health and safety checks were not recorded to show what items had been checked and when. For example, wheelchair checks and window restrictors.

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 and full records were in place. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People felt safe with staff and looked to them for reassurance and support. One person said, "I can raise any concerns with staff."
- Staff we spoke to and observed showed an understanding of risks to people and responded to these.
- The registered manager advised work was in progress to improve people's care records and risk assessments. This had yet to be implemented.

Preventing and controlling infection

- Effective systems were not always in place to assess and monitor infection prevention and control practices in the home. This put people at risk of infection and harm from COVID-19.
- New admissions to the service did not self-isolate in-line with national guidance. Risks linked to this had not been assessed or measures put in place to reduce the level of risk.
- Staff had not always received infection prevention and control training to inform their knowledge and understanding of this area.

We found no evidence people had been harmed. However, the provider had failed to implement effective infection prevention and control practices, which placed people at risk of infection. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection, we wrote to the provider detailing our concerns. They provided assurances they were working with infection prevention and control professionals to address these shortfalls.

- Personal protective equipment was not always worn by staff in-line with national guidance. Improvements were noted following the second day of inspection.

#### Staffing and recruitment

- Safe recruitment processes were not always followed. For example, for one member of staff the provider could not demonstrate how gaps in their employment history and suitability for working with vulnerable people had been considered.
- Information was not obtained for agency staff prior to them working at the service to confirm their identity, qualifications, skills and experience to provide care.

We found no evidence people had been harmed. However, the provider had failed to ensure appropriate checks had been carried out and effective recruitment procedures were in place. This was breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection, the registered manager obtained agency profiles and advised these would be requested for any agency staff working at the service.

- There were enough staff available to meet people's needs.
- The staff skill mix was considered by the provider to ensure new or agency staff were supported by more experienced staff.

#### Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff had knowledge and understanding of safeguarding risks and when to raise concerns with the registered manager or local authority.
- Staff were able to share concerns about people's wellbeing or changes in their health with the staff team and registered manager to monitor these and take further action when needed.
- Accidents and incidents were recorded to identify any patterns or trends. It was not always clear what lessons were learnt and improvements made to prevent future re-occurrences or how this was shared with the wider staff team.

We recommend the provider reviews their processes for accidents and incidents and learning following these.



### Using medicines safely

- People received their medicines safely and on time. The registered manager had worked with staff to introduce a medicines system that worked effectively and review this.
- Records were not in place to show how decisions about 'as and when required' medicines were made to support the safe and consistent use of these medicines. Following our inspection, the provider confirmed they would introduce these.
- Medicine competencies were not completed annually to monitor staff practice and support the safe management of medicines. The registered manager advised this would be reviewed.

# 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 now been rated requires improvement. 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

- People were at risk of harm as effective systems were not in place to monitor quality and safety across the service.
- Staff had not always completed training relevant to their roles. For example, only two out of 27 care staff had completed dementia training and three care staff had completed training in behaviours that challenge. Management oversight had not identified these training gaps.
- People's care records were not always accurate, complete or up to date. This put people at risk of receiving inconsistent standards of care.
- The provider's quality assurance checks were ineffective and did not drive improvement. Audits were not reliable and had not identified the shortfalls we found including with fire safety, health and safety checks, infection prevention and control, care records, staff recruitment, agency staff checks and staff training.

Failing to operate effective systems to monitor quality, safety and maintain accurate and complete records was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection, the provider took action to monitor staff training.

- The registered manager was new to the role. It was not always clear how they had been supported by the provider to understand their regulatory responsibilities.
- Meetings were held by the provider to share practice and learning across their services.

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 registered manager understood their responsibility to be open, honest and apologise to people and relatives if things went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People felt happy living at the service and satisfied with the care they received. One person said, "I love my room, I don't know of anything that could be improved."

- It was not always clear how people's feedback on the service was regularly sought to inform any changes at the service.
- Relatives were kept updated on the service and any developments. Newsletters were used to inform relatives of changes to ways of working, such as visiting arrangements during the COVID-19 pandemic.
- Staff described feeling well supported in their roles and with their wellbeing. One care worker said, "I love working here, I really do, we work together to understand people's needs."
- Staff were committed to supporting people and improving their care. One care worker told us, "I care about the people here like my grandparents."

#### Working in partnership with others

- The registered manager and senior staff worked in partnership with other services to support people's care needs.
- The registered manager accessed support from voluntary organisations as part of the COVID-19 pandemic. For example, seeking advice on bereavement and memory boxes for relatives that had lost family members through COVID-19.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had failed to ensure staff employed had the qualifications, skills and experience required for their role. They had failed to operate effective recruitment processes.</p> <p>19 (1)(b)(2)(a)(3)(a)(b)</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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure care and treatment were provided in a safe way. They had failed to assess the risks to service user's health and safety and do all that is reasonably practicable to mitigate these risks. The provider had failed to assess the risk of and prevent, detect and control the spread of infections.</p> <p>12 (1)(2)(a)(b)(c)(h)</p>

### The enforcement action we took:

Warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure systems or processes were in place to assess, monitor and improve the quality and safety of the service and assess, monitor and mitigate risks to service users. They had failed to maintain accurate, complete and contemporaneous records for service users. The provider had failed to maintain other records relating to the management of the regulated activity.</p> <p>17 (1)(2)(a)(b)(c)(d)</p>

### The enforcement action we took:

Warning notice