

The Thorns Retirement Home Limited

The Thorns Retirement Home

Inspection report

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03 May 2016

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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

We carried out an unannounced comprehensive inspection of this service in October 2015. At this inspection breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach. We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Thorns Retirement Home on our website at www.cqc.org.uk

This unannounced focussed inspection took place on 03 May 2016.

The Thorns Retirement Home is situated in Hest Bank village near Lancaster. The home provides accommodation for a maximum of fifteen people who are 65 and over. Accommodation is provided in 11 singles and two double bedrooms over two floors. A lift is available for use between floors. The double rooms are used as singles, unless occupied by people who want to share. Ensuite facilities are available within some of the rooms. The home is set within its own grounds and has a designated car park.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the inspection we were informed the registered manager was in the process of retiring and they were inducting a new manager who was intending to start the registration process. We spoke with the manager as part of the inspection process.

There were thirteen people living at the home at the time of the inspection.

The service was last inspected on 07 and 12 October 2015. At this inspection we found the registered provider was not meeting all the fundamental standards. We identified a breach to Regulation 17 the Health and Social Care Act 2014 as the registered provider did not have systems in place to assess, monitor and improve the safety of services provided. We also identified a breach to Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 as the registered provider had failed to report notifiable events to the Care Quality Commission.

Following the inspection in October 2015, we asked the registered provider to submit an action plan to show what changes they were going to make to become compliant with the appropriate regulations. The registered provider returned the action plan to demonstrate the improvements they intended to make. We used this inspection to look to see if the action plan had been completed and to ensure all fundamental standards were now being met.

At this focussed inspection carried out in May 2016, we found improvements had been made.

Highlighted environmental concerns had been actioned to promote safety of the people who lived at the home.

Systems had been implemented to ensure all notifiable incidents were relayed to the Care Quality Commission in a timely manner.

Portable appliance testing had been carried out to demonstrate that appliances used within the home were suitable for use.

An expired fire risk assessment had been reviewed and updated by an external fire safety company.

However we found evidence the risk assessment had not been reviewed by the management of The Thorns Retirement Home. Immediate action was taken by the registered provider once we had highlighted these concerns. We have made a recommendation about this.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

We found that action had been taken to improve safety. Required improvements noted at the previous inspection had been made within the living environment to reduce the risk of harm to people who lived at the home.

However new concerns in relation to fire safety were identified at the inspection and the registered provider was issued with an action plan from the Fire and Rescue service.

We could not improve the rating for "Is the Service safe?" from requires improvement. We will check this during our next planned comprehensive inspection.

Is the service well-led?

Requires Improvement ●

The service was sometimes well led.

Improvements had been made to ensure all statutory notifications were reported to the Care Quality Commission in a timely manner.

Processes had been implemented to ensure systems were in place for monitoring assessing and improving services. However these were not consistently applied.

We could not improve the rating for Is the Service well-led?" from requires improvement. We will check this during our next planned comprehensive inspection.

The Thorns Retirement 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.

We undertook an unannounced focused inspection of The Thorns Retirement Home on 03 May 2016. This inspection was done to check that improvements to meet legal requirements planned by the provider after our October 2015 inspection had been made. The team inspected the service against two of the five questions we ask about services: is the service safe and is the service well-led? This is because the service was not meeting some legal requirements.

The inspection was carried out by an adult social care inspector.

Prior to the inspection taking place, information from a variety of sources was gathered and analysed. This included notifications submitted by the provider relating to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people.

We contacted the local authority commissioning team and safeguarding team as part of our planning process to see if they had any relevant information regarding the registered provider. They had no information of concern.

As part of the inspection planning process we spoke with Lancashire Fire and Rescue to see if they had visited the home since the last inspection. Lancashire Fire and Rescue confirmed they had not visited the home and agreed to carry out a joint visit with the Care Quality Commission on May 03 2016.

Information was gathered from a variety of sources throughout the inspection process. We spoke with the

registered manager and the manager of the home.

We looked at a variety of records. This included documentation which was relevant to the management of the service including health and safety certification & accident records.

Is the service safe?

Our findings

At the inspection carried out in October 2015 we identified safety concerns within the environment. We noted one tap in a communal bathroom did not have a thermostatic valve fitted. This meant that water temperature was not restricted to a safe temperature to prevent scalding. We used this focussed inspection to ensure the required improvement had been made. We looked in the communal bathroom and noted a thermostatic valve was fitted. On testing the water we noted the water was restricted to a temperature that was comfortable to touch. This no longer placed people at risk of harm from scalding.

At the October 2015 inspection we noted there had been an occurrence of safeguarding incidents which had been investigated by the registered manager but had not been reported to the Commission. At this inspection carried out in May 2016 we found improvements had been made. Prior to the inspection taking place we looked at information held by the Care Quality Commission in relation to this provider and noted safeguarding incidents had since been reported by the registered manager when required.

We discussed safeguarding incidents with the registered manager who confirmed there had only been one incident since the last inspection. This matched with our records. We looked at incident records held by the registered provider. This too confirmed there had been no other safeguarding incidents.

During a walk around the home we identified some areas of concern in relation to fire safety. It was noted some fire doors were kept open by wedges and an emergency fire exit was restricted with a piece of equipment. The registered provider took immediate action to remedy these concerns. Following the visit on 03 May 2016, Lancashire Fire and Rescue Service issued the registered provider with a further action plan of work to be carried out by 01 August 2016.

Following the inspection we received information from the registered provider. They confirmed work had commenced to ensure all actions set by Lancashire Fire and Rescue was completed by 01 August 2016.

Is the service well-led?

Our findings

At the inspection carried out in October 2015, we found systems were not in place for reporting of statutory notifications to the Care Quality Commission. This was a breach of Regulation 18 of the Care Quality Commission Registration Regulations. Following the inspection we asked the registered manager to provide us with an action plan to demonstrate what improvements were going to be made to ensure the fundamental standards were achieved. The registered manager submitted an action plan and this was looked at as part of the inspection process.

At the inspection carried out on 03 May 2016, we found improvements had been made. We spoke with the registered manager to see what action had been taken. The registered manager told us they were now fully aware of their reporting responsibilities. They said they had read the Care Quality Commission guidance regarding making statutory notifications and were now aware of all forms and reporting procedures. The registered manager said they were primary responsible for making all notifications as required. They had also provided the new manager with support and training on how to make notifications.

The registered manager told us there had been one safeguarding incident since the last inspection. This had been reported to the Care Quality Commission as a notifiable incident and had been reported to the Local Authority. This matched information held upon the Care Quality Commissions system in relation to the registered provider.

We asked the registered manager what systems had been put in place for monitoring incidents to ensure all necessary incidents were reported. The registered manager said they had implemented an auditing process whereby they checked the accident and incident forms on a daily basis to ensure all identifiable incidents are reported.

The registered manager said they also looked at the communication book to ensure any incidents reported within this record had been transferred to an accident and incident sheet. The registered manager said they signed the communication book to show it had been audited.

We looked at the accident and incident records maintained by the provider and noted there had not been any notifiable incidents since the last inspection.

During the inspection carried out in October 2015, we noted the registered manager did not have systems in place for monitoring, assessing and improving the safety of services provided. This was a breach of Regulation 17 of the Health and Social Care Act (2008) Regulated Activities, 2014. We identified Portable Appliance Testing had expired, as had a Fire Risk assessment. Following the inspection we received certification to show the portable appliance testing had been carried out and the fire risk assessment reviewed. The registered manager said they now had a system in place to flag up when risk assessments and portable appliance testing needed updating. The registered manager said they had agreed a call back system with the engineers who would contact the home when expiry dates were nearing.

At this inspection, carried out in May 2016, we looked at the up to date fire risk assessment that was completed by an external organisation following the October 2015 inspection. We noted within the risk assessment there were some highlighted concerns which needed action. We asked the registered manager about these concerns. The registered manager said they were unsure as to what the concerns were. The registered manager advised a previous member of staff had been responsible for monitoring and maintaining the fire risk assessment but they had left employment in December 2015. The registered manager had not delegated this task to another staff member. Nor had they followed up the fire risk assessment and taken action to ensure required tasks within the fire risk assessment had been completed.

The registered manager agreed to investigate the concerns identified in the fire risk assessment and take immediate action. Following the inspection we received confirmation the fire risk assessment had been reviewed with the external organisation that had developed the initial risk assessment. Information had been shared with staff working at The Thorns Retirement Home in a training session and action had been taken to manage the risks. A long term plan was being developed by the registered provider to upgrade the fire alarm system.

We recommend the registered provider ensures auditing systems are consistently applied to ensure all delegated tasks are actioned and completed in a timely manner.