

GN Care Homes Limited

# Thornton House Residential Home

## Inspection report

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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?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection was unannounced and took place on the 3 and 10 December 2018.

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 care home is registered to accommodate up to 22 people. At the time of the inspection there were 19 people living at the service one of whom was in hospital.

The home 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. 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 this inspection we found shortfalls in relation to the safety and governance of the service. This was because medication was not always managed and administered safely. Good practice infection control and health and safety guidelines were not always followed and repairs to the emergency lighting identified in as being needed in August 2018 had not been made. The provider had systems in place for assessing the quality of the service but these had not been effective at identifying shortfalls in the quality of the service and driving improvement.

The providers had policies and procedures in place for staff to refer to but these had not been written in accordance with best practice guidelines and held out of date information.

Staff were recruited safely and there were enough staff on duty to respond to people's needs. New staff had completed an induction and were required by the provider to complete a nationally recognised qualification which provided them with underpinning knowledge and an introduction to working in care. However, staff had not always completed the training the provider considered mandatory.

Staff knew what they needed to do if they had any safeguarding concerns about people who lived at the service. They could describe what abuse may look like and knew how to report any concerns.

People's needs had been assessed before they made a decision about moving in. This information had been used to create care plans which detailed the support they needed to meet their health and social care needs.

People had formed positive relationships with staff who they told us were kind and caring. People felt confident they would be listened to if they raised any concerns.

People who needed help to eat were supported appropriately. People enjoyed the food on offer and

mealtimes were a social and relaxed occasion.

People found the range of activities on offer stimulating and enjoyable. They also enjoyed trips out to local attractions and the entertainers that visited the service.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 and report on what we find. We saw that the registered provider had guidance available for staff in relation to the MCA and had made appropriate applications for the Deprivation of Liberty Safeguards (DoLS). Care records reviewed included mental capacity assessments and best interest meetings.

You can see what action we have asked the provider to take at the back of the full version of the report.

## 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 always safe.

The provider had not made sure that risks to people's health and safety were mitigated and infection control risks had not always been minimised.

Medicines were not always managed and stored safely however, most people received their medicines when they needed them.

There were enough safely recruited staff on duty to meet people's needs.

There were enough safely recruited staff on duty to meet peoples needs.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

The environment did not always meet peoples needs.

Staff had not always completed training and training updates within the providers own timescales.

People's needs had been holistically assessed and planned for and their dietary needs were met.

The registered provider followed the requirements of the Mental Capacity Act 2005.

### Is the service caring?

**Good** ●

The service was caring.

People were supported by kind and caring staff who had a good understanding of people's needs and personalities.

People's privacy was respected and people were treated with dignity and respect.

### Is the service responsive?

Good ●

The service was responsive.

People found the activities on offer stimulating and enjoyable.  
Care plans were individualised.

Complaints were responded to investigated appropriately.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The systems in place to assess and monitor the quality of the service people received had not been effective in driving improvement.

Policies and procedures were not written in accordance with good practice guidelines and held incorrect information.

Stakeholders had the opportunity to give their views on the running of the service.

# 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 checked 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.

The inspection was prompted in part by a statutory notification of an allegation of abuse we received from the provider and a safeguarding concern raised by a healthcare professional that the local authority informed us about. A statutory notification is information about important events which occur at the service which the provider is required by law to inform the CQC about.

This inspection took place on 4 and 10 December 2018 and was unannounced.

The inspection team on the first day of the inspection consisted of an adult social care 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 service. The expert had experience of supporting a person who used services for older people with age related conditions including living with dementia. The second day of the inspection was undertaken by one adult care inspector.

Before the inspection we reviewed all the information we held about the service including statutory notifications we had received from the provider. We also contacted the local authority quality monitoring, safeguarding and the fire safety teams for feedback. We reviewed an action plan the provider had been asked to complete following the most recent local authority quality monitoring visit to the service.

During the inspection we spoke with five people using the service and their visitors. We also spoke to staff including the registered manager, nominated individual, deputy manager, the cook, kitchen assistant, and four care staff. We looked at various records including people's care plans, medication administration

records (MAR) daily records and monitoring sheets, staff recruitment and personnel files, health and safety records and other records relating to the governance of the service.

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 observed staff supporting people throughout our visit.

# Is the service safe?

## Our findings

People told us they felt safe and visitors raised no concerns about people's safety. Despite the positive feedback we found the service was not always safe.

The administration and management of medicines was not always safe. For example, there were no records to show that the medicines that two people should take once a week, had been administered for the last three weeks. Two people had more pain relieving medicines in stock than the records stated they should have. This indicates they had been signed for but not administered. The stock of the providers 'Homely Remedies' pain relieving medicine, contained 18 tablets less than the records indicated there should be. The provider had no record of who these 18 tablets had been administered to or when so was unable to check the effectiveness of the medicine or be sure a safe dose had been administered.

We saw some medicines needed to be stored below 25 degrees Celsius. The room the medicines were stored in was very hot and had limited ventilation. Staff told us it had been even hotter in the summer but the temperature of the room had not been monitored. Therefore, the provider could not be sure that these medicines had been stored at a safe temperature.

The provider had not always made sure staff consistently followed good practice guidelines for the prevention and control of infection. There was a notice on the kitchen doors stating all staff entering the kitchen must wear an apron. However, we saw care staff who entered the kitchen did not do this. In addition, a member of staff working in the kitchen was not wearing an apron and did not have their hair covered or tied back. At meal times we saw people were not encouraged or supported to clean their hands before or after eating. Most of the recommendations made following the Environmental Health Officer (EHO) last visit to the service had not been acted on within the recommended timescales.

The provider had not ensured the environment and equipment were maintained appropriately and suitable to reduce and minimise the risk of cross infection. We saw the flooring in the room was concrete so was not impermeable and readily cleanable. The waste bins in most of the toilet and bathroom facilities had no lids. The waste bins in the disposal area in the car park were not locked and were overflowing, therefore they were accessible to rodents.

The provider had not always taken steps to keep the environment free from potential hazards to the health and safety of people and staff. For example, the stairs to the office on the first floor were open tread and very steep but there was no risk assessment in place for this. The door to the office was not locked when it was in use therefore there was nothing to stop people attempting to come up the stairs. The provider was not following their own fire risk assessment for the office because it was being used to store large amounts of combustible materials such as incontinence pads.

On both days of the inspection parts of the downstairs corridor and dining room were very dark because lightbulbs were not working but had not been replaced. A cupboard housing a boiler in a person's bedroom and another on the ground floor were not locked and some other unlocked cupboards were stacked high



with equipment which may fall if disturbed.

The temperature of the hot water outlets such as taps and showers were not being monitored to make sure they did not pose a scalding risk. The registered manager told us this was because they did not have the equipment they needed to test them. The water running from the hot taps in people's rooms that we checked by hand did not feel hot enough to scald. However, the provider had no way of knowing whether the temperatures were safe from all the hot water outlets that people had access to.

Accident and incidents were recorded and monitored by the registered manager to identify themes and trends. However, when slips, trips and falls had occurred risk assessments and care plans had not always been reviewed to reflect this. We noted that when one person had fallen to the floor the person had been 'Assisted to stand with the aid of a large flat sheet.' This is not in line with current good practice moving and handling guidelines.

Repairs needed to the fire safety equipment identified as needed at a safety check in August 2018 had not been made. The registered manager told us this was because the tradesman booked to make the repairs had cancelled or failed to turn up on three occasions. On 18 January 2019 the registered manager wrote to us to tell us further arrangements for the repair to fire safety equipment had been made.

The evidence above demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On the first day of the inspection we saw the provider had colour coded cleaning equipment such as mops and buckets. Colour coding is used to designate colours to cleaning equipment in certain areas reducing the spread of germs across areas and increase hygiene. However, staff were not using the colour coding properly. On the second day of the inspection the provider told us they had bought new mops and buckets, designated their use to specific areas of the service and told us they had informed staff of where they should be used.

On the first day of the inspection we also saw there were no paper towels or toilet rolls in the toilet facilities on the first floor. Staff explained these had been removed due to reduce the risk of a person putting them down the toilet and blocking the drains. On the second day of the inspection these had been replaced.

Most medicines that people were prescribed to take daily were dispensed by the pharmacy in a blister pack which specified the day of the week and time of day the medicines should be administered. Records showed these medicines had been administered to people as required by staff who were trained to do so. Medicines were stored securely and those that needed to be stored below 8 degrees Celsius were stored in a fridge specifically for medicines.

The suitability of staff to work with vulnerable people was checked as part of the recruitment process. These checks included obtaining proof of identity and a disclosure and barring check (DBS). The DBS is designed to ensure that staff do not have criminal cautions or convictions that could impact on the role they had applied for. A DBS check had been completed before each member of staff started work.

Although not up to date most staff had received some training in safeguarding people from abuse. When safeguarding incidents had occurred these had been reported to the local authority for them to consider under local safeguarding procedures. We saw staff responded well when people showed signs of agitation using distraction techniques to reduce the risk of the situation escalation and harm occurring. Some people's behaviour was monitored and recorded. This was available to relevant healthcare professionals as

necessary.

Most areas of the service were clean and hygienic and people's feedback about cleanliness as part of the providers customer satisfaction survey was positive. Domestic staff were employed and personal protective equipment (PPE) such as gloves and aprons were available. Cleaning materials and other substances hazardous to health were stored in locked cupboards.

There were sufficient numbers of staff on duty to respond to people's needs. One person told us that 'There's no problem with staff availability'. However, we saw all that staff all took their breaks at the same time leaving no staff to supervise the communal areas of the service. When we brought this to the attention of the registered manager and provider they told us they would make sure that staff staggered their breaks in future.

People had risk assessments in place where areas of risk had been identified. These included eating and drinking, moving and handling, risk of falls and personal care. When people required equipment to support safe moving and handling, risk assessments were in place that offered guidance to staff. We observed staff supporting a person to stand by using a stand aid. Staff explained what they were doing and offered reassurance throughout the intervention.

There were systems in place to ensure the safety of equipment and premises. For example, gas safety, hoists, slings and other equipment had been checked and serviced. Fire-fighting equipment had been tested to make sure it was safe and personal emergency evacuation plans were in place for each person. Some people had been assessed as needing bed rails to prevent them from falling from bed. Checks were completed to make sure the bed rails were operating safely.

## Is the service effective?

### Our findings

There were systems in place for new staff to receive an induction to their role which included shadowing experienced staff before working unsupervised. All new staff were also required to complete the Care Certificate. The Care Certificate is a nationally recognised qualification based on a minimum set of standards that social care and health workers follow during their daily working life. The standards give staff a good basis from which they can further develop their knowledge and skills. Staff also receive supervision from their line manager and an annual appraisal of their performance. Supervision provides staff with the opportunity to discuss their learning and training needs and future development needs.

People felt that staff had the knowledge and experience they needed to support them effectively and had no concerns about the support they received from staff. The provider had a range of topics they considered mandatory for all staff who delivered care to complete including moving and handling, first aid and safeguarding. Some staff had also completed training in topics to meet people's specific needs such as end of life care, warfarin and continence care.

The registered manager told us most staff had completed the training the provider considered to be mandatory and undertook refresher training as required. However, there were gaps on the training planner which indicated some staff had not completed up to date training. For example, only 13 of the 27 staff listed had completed up to date safeguarding training, only 12 staff had completed training in equality and diversity and seven staff had not completed the health and safety training. Although dementia training was planned for January 2019 only 12 staff had previously completed any training in dementia care and most of this training was out of date. This is an area of practice that needs improvement.

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 with appropriate legal authority. 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. We found some people were under continuous supervision and control and lacked freedom to leave which indicated a deprivation of liberty and the provider had applied for this to be authorised under DoLS.

Information in some people's care plans stated that family members held a Power of Attorney (PoA) and documentation had been obtained to confirm this. Some people had been assessed as not having capacity and needed assistance in making some decisions. Records showed that a process had been undertaken in line with the MCA to ensure that decisions had been reached in people's best interest and these were

available in people's care records. Most staff had received MCA training and had an awareness of the need to gain consent. They also told us they would never force someone to do something they did not want to do.

People's physical care needs had been holistically assessed and planned for. There were arrangements for people to attend routine health screenings appointments for example for blood tests, foot and eye care. There was evidence that support from healthcare professionals such as GP's and community psychiatric nurses (CPN's) had been sought. There were arrangements in place for the local GP to visit weekly and as and when needed. Records detailed that staff had regular contact with healthcare professionals including district nurses and kept them up to date with any changes to people's physical health and emotional wellbeing.

People told us they enjoyed the food much of which was homemade and of a good standard. Care plans outlined the nutritional needs of people and included an assessment of any risks people faced from malnutrition. People's specialised diets were catered for and people who needed help to eat were supported appropriately.

Some adaptations had been made to the environment to meet people's needs. For example, there was an electronic bath hoist and hand rails had been installed in the toilets and bathroom facilities and corridors. At the last inspection the provider had told us they were going to install a passenger lift but this had not happened. There was some signage around the building to help orientate people, for example, fire exits, signs on bathrooms and toilet doors.

## Is the service caring?

### Our findings

People and visitors felt staff were caring. One person told us "The staff are lovely". Another commented "The staff are kind to me" and a visitor told us "Staff seem to know people well. They always know who I've come to see and why I'm here. Staff always know where people are and direct me to where I can find them".

Staff knew people well and spoke to people in a respectful manner. Staff were aware of people's preferred term of address which they used when speaking with them. Staff treated people with dignity and steps had been made to make sure the dining experience was positive. We saw staff encouraged everyone who was in the communal areas to come and sit at a dining room table to eat their meals. The dining room was homely and contained tables which were laid with table cloths and set with place mats, napkins, cutlery, salt and pepper. There was no menu on display during the inspection but we heard staff speaking to people about the food on offer and saw some people had chosen an alternative meal to the main option. We also heard staff asking people if they would like to have condiments with their meal and checking whether they had finished before taking their plate away and asking if they would like a pudding.

The provider had made sure that there were arrangements in place for people to maintain their appearance. We saw an area with a sink and mirror had been made available for people to see a hairdresser who visited once a week. We saw that people received the support they needed to maintain their personal hygiene and were encouraged to do as much as they could for themselves. For example, staff explained they had given one person, who did not like to ask for assistance to get to the toilet, the option to move to an en-suite room. They explained the person accepted the offer and as a result their independence had been promoted.

Effort had been made to create a homely environment. People's rooms were personalised with items which were important and familiar to people such as photographs and pieces of furniture. We saw two people had pet budgies and staff told us another person had a pet cat which gave them company and helped them feel at home. Visitors were welcomed into the service and there were no restrictions on visiting times or length of visits.

We saw positive and caring interactions from staff. We observed staff spending time with people and sharing jokes with them as they went about their work. We saw staff directing people who had become disorientated to where the individuals wanted to go and offering reassurance to people living with dementia when they became anxious or distressed.

We saw staff encouraging people to remain independent and do things for themselves. For example, we heard staff encouraging a person to push on the arms of a chair to stand up. We also saw staff retrieving people's walking frames and encourage people to use them.

People's private information was protected. Records were stored securely in a locked office or on a password protected computer. There was information available to people about local advocacy services which the registered manager told us they would support people to access should the need arise. The registered manager told us one person did have an advocate with whom they consulted and who dealt with

the person's mail which they passed on to them when they visited.

## Is the service responsive?

### Our findings

The service was responsive to people's needs. Where possible, information about people's interests and personal history had been obtained at admission from the person and their family members. Care plans contained information about people's preferences such as whether they preferred tea or coffee, a bath or a shower and some said what time people liked to go to bed. Staff were aware of these preferences.

There had been a varied range of activities on offer that people enjoyed. The registered manager told us the activity organiser had left recently but they had recruited to the post and a new activity person was due to start in January 2019. They explained until that time, care staff were providing the activities. There was evidence that group activities, outings and entertainment were provided. Staff told us they also supported people to go for walks, go shopping and showed us photographs of when people had visited local areas of interest. One person told us they did not like many of the group activities but did enjoy using the greenhouse to grow plants in the summer.

There was a bar area in the conservatory which staff explained they used to serve drinks from during social events. They also used this area to hold a 'tuck shop' from which people could buy drinks, sweets and other snacks. We saw nine people watched television in the main lounge during the day. Other people had chosen to stay in their rooms and watch television or listen to the radio. Some people liked to walk around the communal area during the day and enjoyed talking to visitors and staff as they went by.

Daily records had been maintained for each person which provided an account of how people had spent their day. Daily records also detailed whether people had been involved in any accidents or incidents and whether they had taken any when required medication.

Assistive technology was used to help keep people safe and alert staff if people required assistance. Where it had been identified that a person was unable to use a call bell alarm, a sensor mat had been placed in their room next to their bed. This alerted staff if a person got out of bed without assistance or if anyone had entered the person's room. We saw staff responded quickly when these alarms were triggered.

We checked whether the service was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand any communication support that they need. We saw information in people's care files regarding the support they needed with communication for example whether they needed to wear hearing aids or spectacles. Some people's care plans stated staff needed to speak slowly and clearly to aid people's understanding.

A complaints procedure was available. This outlined the process for making a complaint and how it would be investigated. People's told us they had no complaints but would speak to the staff if there was a problem. Complaints received by the service since our last inspection had been investigated and responded to. The registered manager explained that day to day concerns were also recorded in a person's daily records.

No one using the service was receiving end of life care. The registered manager told us that relevant care plans would be implemented should the need arise staff would liaise with healthcare professionals to arrange for anticipatory medicines to be obtained. Where possible people's wishes on their funeral arrangements had been obtained and these had been documented within their care plans. We saw cards from family members thanking the staff for the end of life care they had provided to their loved ones.



## Is the service well-led?

### Our findings

The provider had not ensured staff always had access to up to date legislation and good practice guidance. Many of the policies and procedures were generic and had not been individualised to reflect actual practice at the service. They were also out of date and referred to legislation that no longer existed.

Since the last inspection an assessment of the environment had been completed in relation to reducing the risk of falls at the service and the effectiveness of the environment to meet people's needs. Because of the assessment the provider was given recommendations about changes they could make to improve the service but they had not taken action to implement all these recommendations. Recommendations made by an EHO in relation to the kitchen and a competent person who identified failures in the emergency lighting, had not been implemented. Therefore, the provider had not taken note of or implemented good practice guidelines and improve the safety of the service.

Quality assurance systems were in place to assess and monitor the quality of the service. However, these had not identified shortfalls in the management of medication, infection control and health and safety risks or that risk assessments had not always been reviewed when people experienced trips, slips and falls. Therefore, the provider had missed the opportunity to identify areas of concern and drive improvement.

The above evidence is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The nominated individual told us that they had obtained new policies and procedures that did reflect current good practice and legislation. They told us these would be individualised to reflect the practice at the service and made available to staff. They also told us that arrangements had been made for the repair of the emergency lighting and that the kitchen would be replaced in January 2019.

Staff meetings were held on a regular basis. Minutes of the meetings had been taken and were available to staff who had not attended so they could keep up to date with changes.

Residents and relatives meetings were held and people had the opportunity to give their views as part of a customer satisfaction survey. The results of the last survey were mainly positive.

The registered provider co-operated with the local authority and healthcare professionals that visited the home. Links had been made with the local community who were invited to come to the service for a summer fete. People were supported to use local community facilities and a community bus service. Local schools also visited to sing and entertain people.

People felt the management and staff were approachable and told us they felt they would be listened to if they raised any concerns. Staff felt supported by their line manager who they felt was approachable.

The registered manager was aware of their responsibilities to inform the CQC of significant events that

occurred at the service and to display the CQC rating for the service.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had not ensured people always received safe care and treatment and minimised the risk of harm.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had not ensured the systems to assess and monitor the services provided were effective in driving improvement in the quality and safety of the service people received.