

Thornton Care Limited

Thornton Lodge Care Home

Inspection report

23 Trunnah Road
Thornton Cleveleys
FY5 4HF
Lancashire

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Date of inspection visit: 22nd April 2015

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection visit took place on the 22nd April 2015 and was unannounced.

Thornton Lodge is a care home for people living with dementia, situated on Trunnah Road in Thornton, near Blackpool. The home is registered for 11 people. The service is situated close to a bus route into Blackpool and Cleveleys and there are local shops within walking distance from the home. At the time of the inspection there were 11 people living at the home.

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 last inspection on the 7th May 2013 the service was meeting the requirements of the regulations that were inspected at that time.

People who lived at the home and relatives told us they felt safe and secure living in a small home with staff to support them. We found people's care and support needs

Summary of findings

had been assessed before they moved into the home. Care records we looked at contained details of people's preferences, interests, likes and dislikes. Relatives we spoke with told us they had been consulted about their relative's care and were informed of any changes that occurred.

Care records were up to date, informative, and reviewed on a regular basis. Care records of people who lived at the home demonstrated people's risks were identified and reviewed to ensure they were up to date. Staff had a good understanding of people's needs. One staff member said, "It is only a small home so we get to know people very well and spot any issues early."

We observed staffing levels were sufficient to meet people's needs and staff we spoke with were happy with the amount of staff available to support people. The registered manager had safeguarded people against unsuitable staff by following their recruitment policy and all checks were in place before staff started work.

Medication was administered and stored safely. At the time of the inspection no controlled drugs were being administered. However we noted systems and facilities were in place should they have to.

Training was an ongoing programme for staff members and staff we spoke with told us access to training courses was good. Staff told us they received regular supervision and appraisal to support them to carry out their roles and responsibilities and discuss training and any issues and their own personal development.

We observed staff assisting people at lunchtime to eat their meals. They were kind and patient, engaging with the person they were attending to in conversation and making the lunchtime meal a pleasant and relaxing time. Comments about the quality of food were good. One person who lived at the home said, "The food is good, hot and tasty."

People who lived at the home were encouraged and supported to maintain relationships with their friends and family members. Relatives we spoke with told us they were always made welcome at any time.

The care plans we looked at were centred on people's personal needs and wishes. Daily events that were

important to people were detailed, so that staff could provide care to meet their needs and wishes. People we spoke with were confident that their care was provided in the way they wanted.

Staff were seen to organise meaningful activities designed to stimulate people living with dementia. For example in the afternoon staff and people who lived at the home were all playing with tambourines. They seemed to enjoy the sessions and we observed everybody joined in. One person said, "I enjoy the music playing."

We found a number of audits were in place to monitor quality assurance. Records demonstrated identified issues were acted upon in order to make improvements. The registered manager and provider had systems in place to obtain the views of people who lived at the home and their relatives.

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Summary of findings

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 safe.

From our observations and discussion with people we found there were sufficient staff on duty to meet people's needs.

The service had procedures in place to protect people from the risks of harm and abuse. Staff spoken with had an understanding of the procedures to follow should they suspect abuse was taking place.

Medication administration and practices at the service had systems in place for storing, recording and monitoring people's medicines.

Good



Is the service effective?

The service was effective.

People who lived at the home were supported by effectively trained and knowledgeable staff.

Staff supported people to make decisions about their care. There were policies in place in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards.

Records showed that people who lived at the home were assessed to identify the risks associated with poor nutrition and hydration.

Good



Is the service caring?

The service was caring.

There was evidence people's preferences, likes and dislikes had been discussed so staff could deliver personalised care.

Staff treated people with patience, care and respected people's privacy and dignity.

Good



Is the service responsive?

The service was responsive.

Care records were personalised to people's individual requirements. We observed staff had a good understanding of how to respond to people's changing needs.

There was a programme of activities in place to ensure people were fully stimulated and occupied.

The management team and staff worked very closely with people and their families to act on any comments straight away before they became a concern or complaint.

Good



Is the service well-led?

The service was well led.

There was clear leadership at the service and the provider and registered manager understood their legal responsibilities for meeting the requirements of the law.

Good



Summary of findings

A range of audits was in place to monitor the health, safety and welfare of people who lived at the home. These audits were analysed and action taken should any identified issues be found to improve the quality of the service.

The registered manager was open and approachable and demonstrated a good knowledge of the people who lived at the home.

Thornton Lodge Care 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.

This was an unannounced inspection visit carried out on the 22nd April 2015.

The inspection team 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 care service. The expert by experience for the inspection had experience of caring for older people.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. A PIR helps us plan our inspections by asking the

service to provide us with data and some written information under our five key questions ; is the service safe, effective, caring, responsive and well led ?. This provided us with information and numerical data about the operation of the home. We used this information as part of the evidence for the inspection. We also reviewed historical information we held about the service. This included any statutory notifications and safeguarding alerts that had been sent to us.

During the inspection we spoke with four people who lived at the home, four staff members We also spoke with the registered manager, the provider and three visiting relatives/friends. We had information provided to us from external agencies including social services and the contracts and commissioning team. This helped us to gain a balanced overview of what people experienced living at the home.

Part of the inspection was spent looking at records and documentation which contributed to the running of the service. They included recruitment of two staff members, three care plans of people who lived at the home, maintenance records, training records and audits for the monitoring of the service.

Is the service safe?

Our findings

This was a small home for people living with dementia. However we were able to talk with a number of people who told us they felt safe and cared for. One person said, "It's a small home and we are all close together, it makes you feel safe and relaxed." A relative we spoke with said, "I come here a lot and feel comfortable when I leave [relative] she is safe and sound."

During our observations we saw staff were always available to support people who required help with personal and social care needs. For example people were free to move around the building which one person liked to do. We saw staff were always on hand to watch over the person to ensure their safety. One staff member said, "We have a small home so we can let people move around safely from the lounge to the dining area and conservatory and be able to keep them safe." One person who lived at the home said, "Staff are always around they don't go missing and help me when I need them to." Call bells were positioned in rooms close to hand so people were able to summon help when they needed to." We observed people did not have to wait long when they required support in their own bedroom. One staff member said, "The residents who can press for help do, we are always around to keep people safe."

Care records were concise, and reviewed on a regular basis. Care records of people who lived at the home demonstrated peoples risks were identified and reviewed to ensure they were up to date. For example environmental risk assessments were completed which detailed each person's ability to move around the home safely and hazards to be aware of. The detail in care records looked at the process used to identify and manage individual risk in respect of peoples health needs. For example managing behaviour that challenged the service and the risk of people falling.

The service had an up to date safeguarding adults policy in place. Discussions with staff demonstrated they had a good understanding of how to safeguard people against abuse. For example comments from staff about recognising the signs of abuse and how to follow the procedures. One staff member said, "I know what to do to report any abuse issues. I would not meddle myself."

The staff and registered manager we spoke with told us they thought there was sufficient staff on duty to meet people's needs. With it being a small home staff prepared meals and attended to domestic tasks together. Staff we spoke with told us that there was good team work and that everyone worked well together. One staff member said, "I feel we have enough staff around to keep people safe."

Records were kept of incidents and accidents. We confirmed appropriate action by staff following incidents had been taken. For example if someone had a fall a brief description of when and how the incident occurred would be recorded. Also what was done to reduce the risk of it happening again.

People were protected against the risks of abuse because the registered manager had a thorough recruitment process. Checks included a Disclosure and Barring Service check (DBS) this is a check that informs the service of any criminal convictions recorded against the applicant, application form that required a full employment history and references. We looked at two recently recruited staff records. We found all required information had been in place prior to them starting to work at the home. One staff member said, "It was a very good induction period and I wasn't allowed to start work until all my checks had been done."

We looked at how medicines were administered and records in relation to how people's medicines were kept. We found medicines were administered at the correct time they should be. This was confirmed by observing the staff member administering lunchtime medication. Staff told us only staff trained could administer medicines. The organisation carried out regular audits of medicines to ensure they were correctly monitored and procedures were safe. The storage of refrigerated medication was being maintained regularly as were the maintenance records. Staff we spoke with confirmed that only staff trained to give out medication were allowed to.

Medication was stored safely. At the time of the inspection no controlled drugs were being administered. However we noted systems and facilities were in place should they have to. This meant medicine processes were undertaken safely according to the policy of the service and advice from the local pharmacist.

Is the service effective?

Our findings

We spent time talking with people and relatives and observing staff when supporting people who had difficulty communicating due to living with dementia. Responses were positive. People told us they felt staff were aware of the support they required. One person who lived at the home said, "I have been here a short while and know everyone well because it's a small place."

We spoke with staff about the people who lived at the home. They had knowledge of the person's backgrounds and what support they required. For example we looked at care records of a person who lived at the home. It was clear the staff knew the details about the person well. One staff member said, "Care plans are clear and with only a few residents here we know the details about their health, and social background." The staff member accurately described the plan of care required for the person, their likes and dislikes. They also talked about the history of the person which was accurate from the care plan we looked at.

We looked at training records for individual staff members and the programme for the all staff training for 2015. This informed the registered manager of what training staff had completed and when specific training such as dementia awareness and safeguarding adults was due. Mandatory training for staff included fire risk training and moving and handling. One staff member said, "Very good training access to courses the manager and owner are always supportive of training." Staff told us they were encouraged to develop their skills by completing professional qualifications such as, 'National Vocational Qualification' (NVQ) to level 2 and 3. This meant staff were competent to provide quality care because they had the skills and knowledge to support people. A relative we spoke with said, "The staff do seem skilled in caring for people with dementia."

Staff told us they received regular supervision and appraisal to support them to carry out their roles and responsibilities and discuss any issues and their own personal development. Supervision was a one-to-one support meeting between individual staff and a senior staff member to review their role and responsibilities. Records we looked at showed supervision sessions were held every three months and this was confirmed by talking with staff.

Comments from people were positive in how they were involved in planning their care and agreed to the support they required. Relatives also confirmed they were consulted in the process. One person who lived at the home said, "I have been here a short while but was asked all along how I felt and what I thought I needed in terms of support."

Policies and procedures were in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). CQC is required by law to monitor the operation of DoLS. We discussed the requirements of the MCA and the associated DoLS with the registered manager. The MCA is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. DoLS are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The registered manager and provider demonstrated an understanding of the legislation as laid down by the (MCA) and the associated (DoLS). We spoke with the registered manager and provider to check their understanding of the MCA and DoLS. They demonstrated a good awareness of the legislation and confirmed they had received training. This meant clear procedures were in place to enable staff to assess people's mental capacity, should there be concerns about their ability to make decisions for themselves, or to support those who lacked capacity to manage risk and protect their human rights. There had been no applications made to deprive a person of their liberty in order to safeguard them. During our observations we did not see any restrictive practices.

We observed during the day people who lived at the home and visitors were provided with food and drinks of their choice. Fresh fruit was available around the home for people to access when they chose to. Staff supported people when they required assistance.

We observed at lunchtime staff were patient and sensitive when supporting people who required help eating their meal. People ate at their own pace and were not rushed. The food was brought from the kitchen ready plated up and a good portion size, very little was sent back uneaten. The sweet was also plated again, very little was sent back. People we spoke with told us that the meal was good. One person said, "The food is good, hot and tasty, if I do not like what is on the menu they will give me something else".

Is the service effective?

We found the kitchen area clean and tidy, with sufficient fresh fruit and vegetables available for the people to have a healthy diet. The cook told us that people preparing food had all completed 'food and hygiene' training which was regularly updated.

The registered manager and staff had regular contact with visiting health professionals to ensure people were able to access specialist support and guidance when needed. Records we looked at identified when health professionals had visited people and what action had been taken.

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Is the service caring?

Our findings

People we spoke with who lived at the home told us the support and care they received was good. We observed during our visit staff were patient and kind towards people in their care. For example visiting relatives spent time with their relative and when they left the person got distressed. A staff member spent time with the person and gave her a doll to cuddle (Which was her possession) and took her mind off the situation. One person said, "Everyone I must say is kind and caring towards me." People told us the staff were approachable and friendly, they would sit and chat with them when they were not busy. One person who lived at the home said, "The staff come and chat to me sometimes, I feel that I can trust them if I told them something and I did not want my family to know."

Some of the people who lived at the home could not give feedback in a constructive way because of they were living with dementia. We observed the staff were kind and showed a caring attitude. They were at ease engaging in physical contact, for example, holding hands and stroking. A relative we spoke with said, "The staff show people they care it's nice to see."

We observed staff ensured people's privacy and dignity were protected. For example, staff knocked on people's doors before entering private bedrooms and tended to people who required support with personal care in a dignified manner. A relative we spoke with said, "Every time we come the staff make us feel very welcome and are so respectful."

We spent time in the communal areas of the service and witnessed interactions between people and staff were caring and respectful. We saw there was an understanding from staff of people's needs and different ways of communicating because of some people living with dementia. For example one staff member sat with a person chatting about years gone by. The person was laughing and joining in the conversation. A staff member said, "It is

interesting listening to people's history this person has dementia. However I know what makes her happy it is a way of respecting people and getting the best out of the individual."

We examined care records of people who lived at the home to check people's involvement in care planning. We found records were comprehensive and involved the individual. Where appropriate relatives were also involved. We found care records were signed by the individual or in some cases relatives. One person said, "We talked about everything when I came here so they got a good picture of my life." There was evidence of information about people's personal histories and life experiences. This supported staff to understand people better. This meant they were aware if anything was wrong with the person and could identify problems sooner. One staff member said, "It is a small number of people we support so the more information we know about the person helps us to spot when they are not well."

We spoke with relatives and staff about visiting times and they told us there was no restrictions. One relative said, "I come here a lot it does not matter what time the staff are always kind and offer me a drink."

Although this was a small building relatives were able to go somewhere private should they wish to be alone with their loved ones. One person who lived at the home said, "There are a couple of places to go to be private if I want to talk to my family".

The registered manager told us people who lived at the home had access to advocacy services. Information was available in the documentation staff gave to people, so that people were aware of who to contact should they require the service. Although people at the home were living with dementia at various stages the registered manager felt, this was important. This meant it ensured people's interests were represented and they could access appropriate services outside of the home to act on their behalf.

Is the service responsive?

Our findings

People told us they felt staff were supportive and able to respond to their care needs. One person who lived at the home said, “The staff encourage me to be independent I want to do as much as I can for as long as I can.”

There were people living with dementia at the home and staff were seen to organise meaningful activities designed to stimulate them. For example in the afternoon staff and people who lived at the home were all playing with tambourines. They seemed to enjoy the sessions and we observed everybody joined in. One person said, “I enjoy the music playing.” Another person said, “I like playing bingo and going to the tea dances.” A recent visit by a local singer/organ player had a good response from people we spoke with. Other activities included reminiscence sessions in the lounge area. We observed people enjoying the surroundings and interaction with staff members. One staff member said, “We do try and get people involved in activities.” A visiting relative said, “I come here a lot and the staff do try and put things on for the residents.”

The registered manager told us they have an activities co coordinator who comes in three times a week. One person said, “They are good they get everyone involved in events they put on.” We saw there was plenty going on. Also events and social outings were advertised on the notice board. The service had a mini bus available for trips out. One person we spoke with said, “When the weather gets better it will be nice to go out on trips.”

We spoke with the registered manager and staff about their process for care planning when people were admitted to the home. They told us care plans were developed with the person and family members if appropriate as part of the assessment process. We examined care records and found people had signed to agree to the level of care and support

they required. A relative said, “My [relative] has dementia so it was important that I was involved in the process. The manager and staff were very good during the time she was admitted.”

Care records we looked at were developed from the assessment stage to be person centred, which meant they involved the person and relatives in planning their care. The details demonstrated an appreciation of people as individuals. Personal histories were developed so staff had a better understanding of the persons past and their likes and dislikes. One staff member said, “The history of the person is very useful, it gives us a picture of the resident and helps build up relationships.”

We had a walk around the building and found signage around the home to support people living with dementia. For example there were pictures of activity events and personalisation of their rooms. This would help people communicate their wishes and be more familiar with their surroundings. This showed the service was responsive to people living with dementia. A relative we spoke with said, “The home is set up to help people with dementia, the staff are very good and seem to know how to help people with dementia.”

The service had a complaints procedure on display in the reception area for people to see. The registered manager told us the staff team worked closely with people who lived at the home and relatives to resolve any issues. Concerns and comments from people were acted upon straight away before they became a complaint. People we spoke with about the complaints policy were aware of it and knew the process to follow should they wish to make a complaint. One person who lived at the home said, “I know what and who to speak to if I have any issues.” Another person said, I never had to complain but would speak with the manager if I had a problem.”

Is the service well-led?

Our findings

People who lived at the home and visitors we spoke with told us how supportive the registered manager and owner was. Comments from people included, “The manager is always available and manages the home very well in my eyes.” Also a visitor said, “Any problems the manager will always spend time with you she is always on hand.”

Although some people who lived with dementia found difficulty communicating with the manager some relatives said the manager always had time and patience for all the residents despite the communication difficulties some have. One relative said, “I am afraid [my relative] does not understand anything. However the manager is so patient and spends so much time with her to make her feel relaxed and involved, she is very good as are all the staff.”

During the day of our visit we observed how the registered manager and the owner interacted with other staff members. Comments from staff showed us that the service encouraged a culture that was centred on the individual people they supported. We found the service was well led, with clear lines of responsibility and accountability. One staff member said, “We are a small home so everyone gets on like a family it is a good home to work in.” All staff members we spoke with confirmed they were supported by the registered manager.

People who lived at the home and their relatives were involved on a regular basis with the staff and management team in a productive meaning full way, to help continuous development of the service. For example relatives told us they were always asked about opinions on how the service could improve. One relative said, “It is a small home so we are constantly discussing things with the manager they are all open about things and want it to get better.” Another example was the registered manager regularly invited relatives and friends to staff/ resident meetings for their input.

The registered manager sent out ‘quality of care’ surveys on 31st January 2015 to relatives and people who lived at the home to ask for their opinions of how the service is performing and ways to improve the quality of care. Completed surveys were positive and included, “Staff treat residents with respect and care.” The registered manager and owner would analyse the responses and act on any negative returns. They would also discuss any ideas for improvement people suggested. For example one relative asked for more activities to be available. This was implemented and more outside entertainers come to the home. Also the activities co-ordinator provided a range of activities both as a group and on an individual basis.

During our inspection we spoke with the registered manager and the owner about the people who lived and worked at the home. They demonstrated a good awareness of the care needs of people we talked about. This showed they had a clear insight with the staff and the people who lived at the home.

Management, staff and ‘resident’ meetings had been held at the home and minutes of the meetings were available for inspection. The meetings provided people who lived at the home the chance to express their views on the quality of the service. People we spoke with told us the meetings were useful and gave them a chance to comment on how they felt the home was run. For example one person said, “Yes it is always interesting to hear other people’s ideas and thought.”

We found there were a range of audits and systems put in place by the registered manager and the owner. These were put in place to monitor the quality of service provided. Audits were taking place approximately every month. They included audits of the premises, medication records and training of staff. For example the registered manager showed us a copy of the findings from a recent audit of staff training that identified training schedules of staff required updating to identify their training needs for 2015- 2016.