

Morecambe Care Limited

# Thornton Lodge Residential Care Home

## Inspection report

43-47 Thornton Road  
Morecambe  
Lancashire  
LA4 5PD

Tel: 01524410430

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30 June 2021

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Thornton Lodge Residential Care Home is a care home providing accommodation and personal care to 32 people at the time of the inspection. The home accommodates up to 36 people in one building which has been adapted to meet people's needs. The home provides support to older people and people who have mental health needs. Accommodation is arranged over four floors and there is a lift to support people to access the upper and lower floors.

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

People were protected from abuse and avoidable harm. The provider had identified and managed risks to people's safety. There were enough staff to meet people's needs. The provider used safe recruitment procedures when new staff were employed. Medicines were managed safely and people received their medicines as they needed. The staff protected people from the risk of infection. The provider had systems to learn from incidents to ensure the safety of the service.

People received person-centred care which promoted positive outcomes. The provider monitored the quality and safety of the service. They asked for people's views and took account of their feedback to further improve the service. The provider understood and acted on their responsibilities under the duty of candour. The staff worked in partnership with other services to ensure people received appropriate care.

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

### Rating at last inspection

The last rating for this service was good (published 22 February 2018).

### Why we inspected

We received concerns in relation to the management of risks. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe section of this full report.

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.

The overall rating for the service remains good. This is based on the findings at this inspection.

#### Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Thornton Lodge Residential Care Home

## **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 was carried out by one inspector.

#### Service and service type

Thornton Lodge Residential Care Home 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 did not have a manager registered with the Care Quality Commission. A new manager had been employed and was preparing to apply for registration. A registered manager is a registered person. 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

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We contacted the local authority and healthcare services which worked with the home to gather their feedback. 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 the judgements in this report. We used all of this information to plan our inspection.

### During the inspection

We spoke with six people who used the service about their experience of the care provided. We spoke with five members of staff including the manager and four members of the care team. We also spoke with the provider's Finance and Operations Director. We looked around the building and observed how staff interacted with people who could not easily share their views with us.

We reviewed a range of records. This included four people's care records and medication records. We looked at two staff files in relation to recruitment and training. We also reviewed records relating to the safety and management of the service and how the provider maintained oversight of the quality of the service.

### After the inspection

We contacted one social care professional who had regular contact with the service. We reviewed additional evidence we had asked the provider to send us.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- People were safe and protected from avoidable harm. The provider had assessed risks to people's safety and taken action to manage identified risks. People's care records identified specific risks to their safety and gave instructions for staff on how to manage the risks.
- Staff knew people they cared for well. They identified if a change in a person's health meant they may be at greater risk of harm. They shared any concerns with the management team so people's risk assessments could be updated if required.
- Staff had completed training to give them the skills to provide people's care in a safe way. They told us they had the information they needed to support people safely.

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

- People were protected from the risk of abuse. Staff were trained in how to identify abuse and report concerns. They told us they would report any concerns to a senior staff member and were confident they would take appropriate action. They said they knew people well and would be able to identify from people's behaviour if they felt unsafe.
- People who lived in the home told us they were safe. One person told us, "Of course we are safe, the staff make sure of that." Another person said, "I feel very safe." People told us they would be confident to speak to a member of staff if they felt they, or another person, was at risk of abuse.

### Staffing and recruitment

- People told us there were enough staff to provide their support. We saw staff responded promptly when people required their assistance. They were unhurried and had time to spend talking to people. We observed people enjoyed talking to and joking with the staff.
- The provider carried out checks on new staff before they were employed to work in the home. New staff were checked against records held by the Disclosure and Barring Service. This checked they had not been barred from working in a care service and that they did not have criminal convictions which would make them unsuitable to work in the home. The provider also requested references to confirm applicants' good character and conduct in previous employment in care settings.

### Using medicines safely

- The provider had systems to manage medicines safely and people received their medicines as their doctors had prescribed.
- Staff who administered medicines were trained to give people their medicines safely. They asked people if they agreed to have their medicines and discreetly observed people taking their medicines to ensure they were safe.

- Staff completed clear records of the medicines they had given to people. This meant the provider could check people were receiving their medicines as they needed.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- The provider was committed to ensuring people were safe and had systems to learn and share lessons when incidents occurred. Learning from incidents and accidents was shared with the staff team. This helped to ensure learning was shared to further improve the safety of the service.



# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The focus of the service was on providing person-centred care which took account of people's needs and preferences and promoted positive outcomes for people.
- Staff included people and those who knew them well in decisions about their care. They knew people very well and knew what was important to them. They gave people time to talk if they were anxious or worried. One person told us, "It's good to talk [to the staff] if you are worried."
- There was a homely, open and inclusive atmosphere in the service. People told us they were happy living in the home and said it was "a nice place to live".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had notified us, as required, of significant incidents which had happened in the home. The notifications showed the provider had acted within their responsibilities under the duty of candour. This included sharing information about incidents with the individual or their representative.

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

- The manager and staff were clear about their roles and were committed to providing a high-quality service for people. The manager and provider monitored the safety and quality of the service to ensure high standards were maintained and people experienced positive outcomes. Where they found areas which could be further improved they took prompt action.
- There were clear lines of accountability between the provider, manager and staff. Staff felt well supported and knew who they could contact if they required guidance or advice.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider asked for people's views and used the feedback received to further improve the service. They held regular Covid-secure meetings with people in the home to gather their views. Notes from the meetings, and the actions taken in response by the provider, were displayed on the home's notice board.
- People and staff told us they were asked for their views and could make suggestions about how the service could be further improved. They said the provider listened to their views and was open to suggestions about how the service could be improved.

- People knew members of the home's management team and we saw they were confident speaking to them and sharing their views.

Working in partnership with others;

- Staff worked in partnership with other services to ensure people received appropriate care. They supported people to access social care and health services as they needed.
- The health and social care services which supported people were recorded in their care records. The social care professional we spoke with told us the service contacted them appropriately and worked cooperatively with them to promote positive outcomes for people.