Thornton Lodge Limited

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Inspection report

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Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Overall summary

We inspected Thornton Lodge on 25 February 2015 and the inspection was unannounced. A previous inspection had taken place on 27 May 2014 where the home was found to have complied with the regulations.

Thornton Lodge is a care home without nursing providing accommodation and personal care for up to 45 people with past or present mental health issues, older people and people with learning disabilities. At the time of inspection there were 42 people living in the home. The premises are in the form of a large residential home with ordinary domestic facilities.

The home was managed by 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.'

Summary of findings

People told us that the care staff treated them well and they felt safe. Staff had received training in safeguarding, health and safety and infection control and records were kept to ensure that this important training was kept up to date.

The home environment was safe from hazards and tidy. However, some areas were dirty and shabby looking, and where carpets were worn. Several of the rooms had very strong and offensive odours. The provider was not fully meeting regulations requiring providers to ensure appropriate standards of cleanliness and hygiene of premises. You can see what action we told the provider to take at the back of the full version of the report.

There were sufficient numbers of staff to support the people living in the home and there were adequate recruitment processes to ensure suitable checks were carried out on staff before taking up their post.

People using the service received support with their medicines from trained staff. People received their medicines safely with appropriate records kept. Where people were able to, they were supported in managing their own medicines.

We found care plans to be up to date and people's changing needs were identified and acted upon appropriately. We discussed with the manager and the managing director the scope for developing people's care records so that they expressed more explicitly and directly the views of the people and described the agreed plan of care from their perspective.

People using the service told us that staff treated them with respect and they were happy living at the home. People told us the food was good and we saw that the menu of the day was clearly displayed on the board and menu of the week on the dining room tables.

People said they knew how to make a complaint and felt able to approach the manager or other senior staff. We observed good professional and friendly relationships between staff and people and staff were knowledgeable about people's needs.

The provider and manager encouraged an open culture in the home and carried out quality assurance checks by involving staff in taking lead responsibility for various aspects of running of the home. However, there was little evidence that the provider looked to external sources for advice and guidance on best practice and further professional development of the service. This meant that the provider was not able to verify that the service was being run along the lines of updated research or best practice.

We recommend that the provider and registered manager seek appropriate professional advice on how to ensure their quality assurance processes meet best practice standards and take account of the views of people and their relatives.

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?

Not all aspects of the service were safe. Many of the rooms had a pervading smell of urine and were not clean. This presented a risk of infection and germs spreading to individuals and throughout the home by way of cross-infection.

There were arrangements in place to protect people from the risk of abuse and harm. People felt safe and staff knew about their responsibility to protect people.

Staff knew people's needs and were aware of any risks and what they needed to do to make sure people were safe. Medicines were managed and administered safely.

Requires Improvement

Is the service effective?

The service was effective.

People had their needs assessed and were supported to live the lives they chose.

People were encouraged and supported to be independent and staff had suitable training in how to care for people.

Staff understood the requirements of the Mental capacity Act 2005 and applied it appropriately to people in the home.

People had a balanced diet and varied meals and had access to health services for their on-going healthcare support.

Good

Is the service caring?

The service was caring.

People were positive in their comments about staff and described them as kind and helpful.

People's preferences for the way in which they preferred to be supported were clearly recorded in care plans.

Care staff knew people's background, interests and personal preferences well and understood their cultural needs

Staff promoted an atmosphere of respect towards people and treated people with dignity.

Good

Is the service responsive?

The service was responsive.

People were involved in their care planning and felt in control of the care and support they received. Care plans were updated and reflected people's care needs from their perspective.

Good

Summary of findings

The service encouraged people to express their views and had various arrangements in place to deal with comments and complaints.

People were confident to discuss their care and raise any concerns. People felt listened to and their views were acted on.

Is the service well-led?

Not all aspects of the service were well-led.

The provider and manager were visible on a daily basis at the home and were actively involved in ensuring that the home was led by example and regularly monitored.

However, the provider had yet to develop a quality assurance strategy which provided an objective, external analysis of the service and which took into account the views of people and their relatives.

There were good internal quality assurance checks and a culture of openness and support.

Requires Improvement

Thornton Lodge Limited

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.

The inspection took place on 25 February and was unannounced. The inspection team was made up of one 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 had expertise in mental health issues.

Before the inspection we reviewed the information we had on the service, including past reports. We also looked at notifications and correspondence received from or about the service. During the inspection we spoke with 13 people living at Thornton Lodge, three care staff, the manager and owner. We also spoke with a local Community Mental Health Team Occupational Therapist who was visiting one person using the service.

We looked at five care plans, three staff files, policies and procedures of the home, staff training records and medication records. We observed the interaction between people and staff and looked at how people spent their day. We tracked the care provided to people through their care records and other documents which specified care or activities that people were engaged in.

Requires Improvement

Is the service safe?

Our findings

All the people we spoke with felt safe living at Thornton Lodge. One person said, "Safe? Oh yes, I do feel safe here". Another person told us, "I do like it here" and another said, "No one scares me."

The premises were safe and free from hazards. However, in several places there were indications that the building was in need of some refurbishment or redecoration. We saw cobwebs on some ceilings, worn carpets and dirty doors. The home employed two domestic staff to work at the home and the manager discussed with us the various conditions that some people had which resulted in a disregard for their environment. This sometimes led to staff not being able to keep up with a cleaning regime they would like.

However, in several of the rooms there were strong smells of urine that had built up over time. Notwithstanding the mental condition of some of the people who lived at the home or the behaviours that some of the people displayed, the smell encroached upon communal areas of the premises such as corridors and this had a negative impact on people's surroundings. In addition it proved to be a risk of possible infection as there were no safeguards to minimise cross-infection. People were therefore placed at risk.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff were able to tell us confidently what they would do if they were concerned about someone, or if they felt someone was at risk of harm or abuse. They confirmed that they had received safeguarding training as well as other training which kept people safe, such as moving and handling, food hygiene and infection control.

We looked at the home's policies and procedures regarding safety and found that safeguarding policies were in place as well as records of staff training in this area. Staff had also received training in Equality and Diversity which raised awareness of different cultures and faiths and emphasised people's dignity.

As part of people's care plans, staff worked with them to identify any risks that might affect their stay. These included health conditions, mobility, mental health, and general situations that made anyone feel anxious. Notes were made as to how these risks could be minimised or managed. There were no unnecessary restrictions on people's freedom to come and go or to move around the home as they pleased.

People's care records included risk assessments which looked at the risk, the possible impact on the person and how the staff should respond and manage the risk. Risk was assessed depending on the area of concern for the individual. For some people it was health and lifestyle, for others it was finances or mobility.

We saw that the home had suitable numbers of appropriately skilled staff. During the inspection there were five care staff with one senior care on duty. At night there were two care staff, one waking and one sleeping-in staff.

The home had a clear recruitment procedure which included application and interview, reference checks and criminal record checks. Induction was provided for new staff and staff were not permitted to administer medication until trained to do so.

Medicines were administered and managed appropriately and records were up to date. People were supported to manage their own medicines where they could. One person was in control of her own insulin. There were policies on infection control and guidance displayed in the home, including the toilets and wash areas.

Good

Is the service effective?

Our findings

The service was effective in its care for people. People were cared for by staff who knew and understood their needs. One person told us, "They understand. They give you meals and talk to you. I see (the manager) on a daily basis". Another person was complimentary about her keyworker, saying "I know her well."

The policies, procedures and ethos of the home all expressed the aim of supporting people to live the life they chose and to be as independent as they wished. Care plans reflected the person, their needs and preferences. We saw people's changing care needs were being identified and discussed by care staff through their key worker responsibilities, care plan reviews, handovers, team meetings and supervision sessions with their line manager. For example, the manager had involved one person in discussions along with social services regarding the possibility of a move to a different service that might meet their needs better.People's assessed needs were being met by staff with the necessary skills and knowledge. We saw that staff had access to the training and supervision that helped them do their jobs well. Staff told us they felt supported and that they received supervision and appraisals as part of their work. Staff were able to describe the key working system and also showed us areas of work where they had a lead role as a "champion of responsibility", such as checking medication records, laundry checks and activities.

Records showed that staff received annual appraisals and supervision roughly every six weeks.

The Mental Capacity Act 2005 (MCA) sets out what must be done to ensure the human rights of people who lack capacity to make decisions are protected. Records confirmed that people's capacity to make decisions was assessed before they moved into the home and on a daily basis thereafter. The manager and staff had been trained in the general requirements of the MCA and the Deprivation of Liberty Safeguards (DoLS) and knew how it applied to people in their care.

People who lacked capacity to make decisions were protected by staff who were aware of the requirements of the MCA and who were able to explain how they supported people to make their own decisions or otherwise act in their best interests. We saw that one person in the home had been considered by an external organisation as not having mental capacity. The manager then supported the person by arranging a professional assessment by a consultant psychogeriatrician. This resulted in a positive outcome for the person who was free to make decisions about their lifestyle even though they were not considered to be very healthy ones.

No one was subject of a DoLS authorisation, although this was being kept under review.

There was a balanced diet and choice of food at mealtimes. People told us that the food was good. One person said, "The food is good here". Another person was able to tell us accurately what was on offer for lunch, which indicated that staff ensured people were provided with the menu choices for the day. Another person told us, "They cook well, a nice breakfast".

The menu of the day was clearly displayed on the board and menu of the week on the dining room tables. This included a choice of meal and people exercised choice by choosing different meals. Where people requested an omelette the cook took care to make the omelette to individual taste.

The assistant cook interacted in a friendly way with people and encouraged people to drink and eat.

People were supported to maintain good health and had access to healthcare services. At the time of our inspection an occupational therapist was visiting someone at the home. They said the staff were friendly and kind and that they always found the home consistent in their care of people.

Other regular services available to people were GP, dentist, community nursing and mental health support services.

Good

Is the service caring?

Our findings

People told us that staff treated them with respect and they felt cared for at the home. Feedback included "I want for nothing", "I do like it here", "We are fortunate to have places like this" and "Staff here are very kind. The manager couldn't be nicer; we're looked after very well".

People using the service told us they were able to make choices about what they did each day. One person told us, "We all have good facilities". Another said, "I watch television but not in my room, but that is my choice." Someone told us, "I go for a walk and to the shops."

We observed staff speaking and supporting people in a caring and compassionate manner, responding to people's needs quickly and reassuring anyone who was anxious or distressed. One staff member told us, "They are old and deserve to be treated with respect."

People were supported to express their views and be actively involved in decisions about support. One person told us, "I have access to bank with staff, monthly money into my bank account". Another told us, when asked about their care plan, "Yes they do that, it asks about your progress, and are they efficient, cleanliness and the activities".

People had their privacy respected, for example when they wished to remain in their room. However, staff were aware of people's support needs and were able to ensure that people were sensitively monitored by carrying out regular checks on rooms.

Good

Is the service responsive?

Our findings

Staff understood people's needs and how they preferred to be supported.

The service was responsive to people's needs and to their concerns. One person told us, "The only thing I worry about is the bank. I have a vivid imagination and worry a lot. But I can talk to the staff anytime."

Staff were positive about the key working role, describing it as a way to get to know individuals better and to ensure each person received some individual attention.

The five care plans we looked at were up to date and reflected the person's current needs and preferences. Each document addressed important areas such as health, personal hygiene, independent living skills and social needs. Recent events including incidents, accidents, hospital admissions and health appointments were documented and we saw appropriate referrals to other healthcare professionals were being made as people's needs changed.

We saw that people were supported to engage in social activities and maintain contact with relatives or friends.

People either went out independently or with the support of staff and there were allocated times for staff to go out with people to do shopping or enjoy a coffee or a meal. Indoor activities included games and exercises.

Whilst most people told us they enjoyed the indoor activities of games, bingo and scrabble, five people felt that the activities on offer in-house were boring, and did not like that they consisted mainly of board games. One person said, "There is bingo, which is quite depressing". Another told us, "I just wander about". Another person was asked about the activities they enjoyed doing and responded, "nothing comes to mind".

The home had an open visiting policy and people confirmed that they saw relatives and friends.

The home had a complaints procedure and policy and this was displayed in a clear and simplified way in communal areas. People told us they knew how to make a complaint and raise any concerns they might have. One person said, "I had poor reception on my radio and staff helped me". Another told us, "If I had a problem I would be able to discuss things with staff, sure."

There were systems in place to ensure people attended their hospital and other healthcare appointments and to ensure that all staff were aware of the appointments so that there was continuity of care.

Requires Improvement

Is the service well-led?

Our findings

People spoke positively about the person-centred and open culture in the home. One person told us, “The manager manages this place very well”. Another said that the manager saw them all on a daily basis and that they could talk to any staff or the manager at any time.

The management and quality assurance approach in the home was very much based on direct contact with the manager and clear lines of accountability within the staff team. Staff knew their roles and responsibilities within the structure. They also knew how to communicate concerns and had a good understanding of the service’s policies and procedures.

The provider was not part of any association or network and was unclear as to how he ensured his own personal development or that he kept up to date with best practice in care for older people and people with a past or present mental illness. He was aware of organisations such as Skills For Care (a body that offers workforce learning and development support, sharing best practice and raising quality standards) and of local care home associations. However, he had yet to make use of these to develop a quality assurance strategy which provided an objective, external analysis of the service.

We recommend that the provider and registered manager seek appropriate professional advice on how to ensure their quality assurance processes meet best practice standards and take account of the views of people and their relatives.

The provider had developed an employee handbook which each staff member had. This contained summaries of the main policies and procedures, statements about staff conduct and the philosophy of the home.

The provider visited the home at least weekly and held monitoring and quality meetings with the manager. Health and safety checks were carried out, including fire safety equipment, water temperatures, and medicines.

The provider and manager had involved the staff team and encouraged them to be part of the overall quality assurance process by encouraging each member of staff to be a “Champion Of Responsibility” for specific areas of care or other tasks. Areas of responsibility included the quality of food, the maintenance of care plans and activities within the home.

The registered manager was able to demonstrate his awareness of his responsibilities including the responsibility to notify the Care Quality Commission of incidents and accidents and was meeting his conditions of registration.

We looked at records, including medicines, staff records, care plans, daily logs and quality checks and found that these were up to date and held securely.

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 did not take formal enforcement action at this stage. 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 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control People who use services and others were not protected against identifiable risks of acquiring infection because of unhygienic rooms. Regulation 12(2)(c)(i)