

GN Care Homes Limited

Thornton House Residential Home

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Thornton House Residential Home is a residential care home that was providing personal care to 22 older people at the time of the inspection. The service can support up to 22 people in one adapted building. At the time of the inspection there were 14 people with age related conditions, including dementia, living at the service.

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

Governance systems remained ineffective. Quality assurance systems were not robust, and records were not accurate and complete. Poor practice was allowed to carry on and the provider did not properly identify or mitigate risks to the health and welfare of people living at the service. The provider had failed to act on actions and recommendations issued by professional bodies.

Improvements had been made to the environment although there remained substantial concerns and areas for improvement. Some areas of the service had been redecorated and communal bathrooms and some communal toilets had been updated and replaced.

Improvements had been made to ensure people were protected from the risk of abuse and improper treatment. Incidents and accidents involving people were reported, recorded, investigated and lessons were learned.

Improvements had been made to staffing. There were enough trained staff to meet people's needs. Staff had received mandatory training and training in relation to dementia care.

Improvements had been made and visitors were welcomed at any time and their access to communal areas of the service were not restricted. People enjoyed the group activities on offer but there was little else on offer for people to be engaged in or stimulated by.

Medicines were managed safely by trained and competent staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's food and drink needs were met. The chefs had a good understanding of people's dietary needs.

Relatives, social care professionals and staff felt the new manager had improved the quality of the service people received and was open and transparent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was Inadequate (22 November 2023).

Previous breaches

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

Why we inspected

This inspection was carried out to follow up on actions we told the provider to take at the last inspection. The overall rating for the service has remained inadequate based on the findings of this inspection.

Enforcement

We have identified breaches in relation to Regulation 12 Safe Care and Treatment and Regulation 17 Good Governance at this inspection. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 not safe.

Details are in our safe findings below.

Inadequate ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

Thornton House Residential 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 Health and Social Care Act 2008.

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 2 inspectors and a regulatory coordinator.

Service and service type

Thornton House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Thornton House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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 sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with 2 people who lived at the service and 6 relatives and visitors of people who lived at the service. We spoke with the registered manager, area manager, activities coordinator, senior support worker, 2 support workers, 2 x chefs, maintenance person and 1 domestic member of staff. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We received written feedback from 2 health care professionals who visited the service. We reviewed a range of records which included 8 people's care records. We looked at 2 staff files in relation to recruitment and a variety of records relating to the management of the service including policies and procedures were also reviewed.

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 also took photographs of the environment, furniture and fittings and some records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Inadequate. The rating for this key question has remained inadequate. This meant people were not safe and were at risk of avoidable harm.

Preventing and controlling infection; Assessing risk, safety monitoring and management;

At the last inspection systems were either not in place or robust enough to demonstrate that risk management and safety was effectively managed. This placed people at risk of harm and was a continued breach of regulation 12 (1)(2)(Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- The condition of some of the environment and equipment used to support the delivery of care was not of an appropriate standard and presented infection prevention and control risks. The surfaces on multiple pieces of furniture, fittings, some pressure relieving equipment and walls were damaged and uncleanable.
- There were many examples of infection control risks the provider had failed to identify and mitigate, including care and cleaning staff not wearing personal protective equipment (PPE), in line with good practice when handling dirty laundry and completing cleaning tasks. Dirty clothes and bedding were not placed in bags or laundry baskets when taken to the laundry and were piled high on a wet and dirty floor.
- There were many examples of health and safety risks and poor practice the provider had failed to identify, mitigate, and address, including water dripping through an extractor fan in an ensuite, electrical wires hanging from ensuites in 2 unlocked rooms, toiletries left in communal bathrooms, trip hazards caused by trailing extension cables, undated and unlabelled food in the freezer and poorly fitted extractor fans and light fittings in bathrooms and toilets.
- The provider had failed to identify, assess, and mitigate risks associated with a bed lever attached to one person's bed or assess the risks associated with rising damp in the ensuites of 2 people's bedrooms.

Systems established to assess, monitor, and mitigate risks to the health, safety and welfare of people using the service were ineffective. This placed people at risk of harm. This was a continued breach of regulation 12 (1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A refurbishment plan was in place which stated work to refurbish 2 ensuites was due to start before Christmas and 1 to be completed each month thereafter.' It also stated new chairs for the lounge would be delivered the first week in February 2024.
- Some of the environmental risks identified at the last inspection had been addressed. A window restrictor had been fitted to a first-floor window.
- The back garden grassed areas and paths had been cleared and were accessible to people.

Systems and processes to safeguard people from the risk of abuse

At the last inspection we identified a breach of regulation 13(1)(2)(3) (Safeguarding Service Users from Abuse and Improper Treatment) of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. This was because safeguarding concerns had not always been reported to the local authority safeguarding team in line with local protocols. enough improvement had been made at this inspection and the provider was no longer in breach of regulation

- Since the last inspection improvements had been made. Systems to protect people from the risk of abuse or neglect were in place and had been followed. When suspected abuse had been identified, prompt and appropriate action had been taken to safeguard people.
- Staff had received training for safeguarding adults and were familiar with how to report safeguarding concerns.
- People's personal emergency evacuation plans had been reviewed and updated to contain up to date information. Fire safety checks were in place and evacuations had taken place.

Staffing and recruitment

At the last inspection the provider had failed to ensure sufficient numbers of suitably qualified, competent, skilled and experienced staff were deployed. This was a breach of regulation 18 (1)(2) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvements had been made and the breach was met.

- Improvements had been made to the way the provider determined staffing levels. A dependency tool was used to assess the number of staff required. A dependency tool collates information about each person in receipt of care and support and calculates how many hours of staff support they need. The tool had been reviewed and updated to reflect people's needs.
- There were sufficient numbers of staff deployed to meet the needs of the people supported.
- Staff had been recruited safely however the previous employment history of 2 staff were not the exact dates as required.

Using medicines safely

- People had medicines care plans in place that included an up-to-date photograph of the person and details of any allergies. Instructions and guidance for 'as required' (PRN) medicines were in place.
- Medicine administration records (MARs) were accurate and up to date. Medicines were stored safely.
- Staff that administered medicines had received training and had their competency assessed.

Learning lessons when things go wrong;

- Accidents and incidents had been recorded, reported and analysed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At the last inspection we identified a breach of regulation 18(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people were supported by staff who did not have the right skills or training to meet their needs. This placed people at risk of harm. At this inspection we found that improvements had been made and the breach was met but further improvements are needed.

- Most staff had received training to enable them to understand and meet people's needs. This included training in the areas of supporting people living with dementia. However, there were still gaps in staff training which needed to improve.
- Improvements had been made and agency staff had received an induction when they started working at the service; however, they were still not given access to people's care plans and risk assessments or always provided with the guidance they needed to meet people's needs before they started work.
- Staff were supported through supervision in line with the providers policy.

Adapting service, design, decoration to meet people's needs

At the last inspection we identified a breach of regulation 18(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because premises and equipment were not always suitable for the purposes being used, and properly used and maintained. This was a breach of regulation 15 (1)(c) (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made and the breach was met but further improvements are needed.

- Improvements had been made to the environment. Hallways on the ground floor had been painted and lighting had improved, however, bannisters and railings were still in a poor condition.
- Nineteen bedrooms had been decorated 3 of which also had new flooring. The providers refurbishment plan stated the completion date for the rest of the bedrooms to have new flooring fitted was 'January 2024'. The date for replacement of some unspecified bedroom furniture was 'July 2024'. The provider wrote to us after the inspection and told us that the date for the delivery of the new bedroom furniture had been brought forward to February 2024.
- Three communal bathrooms and 2 communal toilets had been refurbished, modernised, and redecorated.

- Signage had improved to better meet the needs of people living with dementia.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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 when this is in their best interests and legally authorised under the MCA. 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- DoLS had been applied for by the registered manager. However, discussions with people, their relatives and professionals about decisions had not always been recorded in line with the MCA. This is an area that needs to improve.

Assessing people's needs and choices; delivering care in line with standards, guidance, and the law

- People's needs had been assessed and kept under review.
- referrals had been made to health professionals when needed.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs, risks and preferences were assessed and regularly reviewed. Referrals were made to external professionals as and when required.
- People's food and fluid intake each day was recorded.
- The chef was knowledgeable about people's individual needs and preferences as well as dietary requirements.
- Relatives feedback was largely positive; their comments included "My relative is getting fed and watered and has put weight on. I've had tea there about 3 times it was really nice. I am happy with it, a good selection as well and like what she would have eaten at home", and, "The foods' ok, it depends who it is cooking it", and, "The food is ok, we told them what my relative likes for breakfast, and they've had it a few times".

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access a range of healthcare facilities and health professionals as required.
- We received positive feedback from 2 visiting professionals. Their comments included, "There has been a vast improvement in the care given since the new management has started", and "Communication has improved, staff are well supported. The care given is of good standard".

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence;

At the last inspection we identified a breach of regulation 10(1) (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people were not always treated with dignity and respect. Improvements have been made and the breach has been met however further improvements are needed.

- The condition of the sheets on people's beds was poor and did not promote people's dignity. On the first day of the inspection the sheets on 5 people's beds had holes in and another was thread bare. We raised this with the manager and new sheets were provided, However, on the last day of the inspection we again saw threadbare bedding being used on the bed of a person living with dementia and a torn bed wedge on the bed of another person.
- Improvements had been made to the language used in records and care plans which referred to people in a dignified and respectful manner.
- Improvements had been made to ensure people's privacy, and independence were respected and promoted. Staff knew people well and spoke to them in a respectful manner.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in making day to day decisions. We heard staff offering choices about what they would like to eat and how they would like to spend their time.
- People had attended a residents meeting held by the registered manager.

Ensuring people are well treated and supported; respecting equality and diversity

- Improvements had been made to the way staff spoke to people and the interactions between people and staff were positive. However, we saw one staff member had written in a person's records that they had 'shouted' at a resident. The registered manager explained they had spoken to the staff member about this.
- Relatives felt staff were kind and caring and they felt welcome. Their comments included, "Staff seem really nice", and "It's much improved, it's a lot more welcoming than before", and "Everyone is really nice, my relative has dementia and they are good with her, they are very patient".

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences.

At the last inspection the provider's quality assurance systems and processes were not effective and had not identified areas for development and improvement within people's care records. This was a breach of regulation 17(1)(2) (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The quality and detail contained in people's care plans had improved, however care plans had not always been updated when people's needs had changed so did not reflect their current needs. For example, the care plan for 1one person who was cared for in bed stated staff were to check their shoes fitted properly to reduce the risk of falls. Another person's care plan stated they should be supported by a male member of staff or 2 females, but this was not a true reflection of the support provided in practice.

The quality assurance systems and processes were not effective and had not identified areas for development and improvement within people's care records. This was a continued breach of regulation 17(1)(2) (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Relatives and visitors felt there had been improvements to the care provided, however they also told us about areas of practice they felt could improve. Comments included, "Sometimes [person's name] look a bit scruffy", and "We often have to prompt them [staff] to arrange for nails to be cut and to replace toiletries when they have run out. It's a shame we have to do this".
- People living with dementia had plans and guidance in place for staff to follow on how to support people on their dementia journey.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People who chose to spend time in their bedrooms were not regularly offered engagement. We saw staff popping in to check on people and ask if they were ok but were not spending any length of time with them. When we checked the records, we saw little evidence of staff spending any quality time with these people other than when supporting them to eat.
- Improvements had been made to the activities available for people to participate in, people were encouraged to participate in communal activities within the lounge and dining room which they enjoyed. However, we also so people sat on chairs in the lounge for long periods of time without being engaged in

any meaningful activities and with no stimulation other than the television which the majority of people were not watching.

- Since the last inspection the activities coordinator had received training in dementia but had not received any training specific to their role as an activities organiser providing activities to people living with dementia.
- Visitors felt welcomed into the service and told us they were no longer restricted from accessing the dining room and conservatory. They welcomed the fact that visiting was no longer restricted to certain times of day and that they could join their loved one's for meals.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place.
- Relatives gave positive feedback in relation to raising concerns. However, one relative told us they had raised a complaint with the provider earlier in the year, but there was no record of this in the complaints folder or in the person's records.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had a communication plan in place to offer guidance to staff. Consideration was given for people living with dementia.
- The provider had an easy read service user guide available for people to read however, other easy read documents were still not available. A pictorial activities board and a pictorial menu board were in place however the menu board did not always reflect the food on offer.

End of life care and support

- Care plans demonstrated personal wishes were documented. Some people had chosen not to discuss this aspect of their care and this wish was respected.
- Where appropriate, Do Not Attempt Cardio-Pulmonary Resuscitation orders were placed prominently in care files.

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 our last inspection we rated this key question inadequate. The rating for this key question has remained inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

At our last inspection the provider's quality assurance systems and processes were not effective and had not enabled them to assess, monitor and improve the quality and safety of the service. This was a continued breach of regulation 17(1)(2) (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Quality assurance systems were not robust. There were many examples where the provider had failed to identify audits were ineffective, and records were not accurate and complete. For example, the manager 'daily walk round' the 'mattress checks' and the 'Domestic audit' had all failed to identify some sheets had holes in or were thread bare. Care plan audits had failed to identify the guidance they contained did not accurately reflect peoples current care needs.
- Governance systems remained ineffective. Poor practice was allowed to carry on and the provider did not properly identify or mitigate risks to the health and welfare of people living at the service. The provider had failed to act on actions and recommendations issued by professional bodies.
- The Infection Prevention and Control Team undertook an audit on 04 September 2023 and identified a range of issues including the laundry was a 'Very small space probably not fit for purpose', and the recommendation was 'Consider re-location / outsourcing laundering'. The provider had not taken effective action to plan or implement these good practice recommendations.
- On 09 November 2023 the Environmental Health issued an action to repair a loose socket in the kitchen using the services of a competent electrician, the time scale for this was 'Immediate'. The provider had failed to do this.
- During the inspection a new extractor fan was fitted by a person that was not a qualified electrician. The provider failed to ensure this was checked and certified as safe before it was used.

The provider failed to demonstrate they had taken reasonable steps to monitor the quality and safety of care provided, mitigate risk, maintain accurate, complete, and contemporaneous record in respect of each service user and ensure the records relating to staff and the management of the service were accurate and complete. This is a breach of Regulation 17 (1)(2) of the Regulated Activities Regulations 2014.

- The registered manager and nominated individual were open and transparent throughout the inspection

and took action to address concerns that were brought to their attention.

- Following the inspection, the provider sent us a copy of an e-mail dated 13th November 2023 from an electrician stating it was safe to continue using the socket in the kitchen until the part was ordered and they could return to complete the repair.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives did not always feel included and informed about what was happening at the service. After both the 2022 and 2023 relatives surveys, an action was set for the registered manager to send monthly newsletters. Relatives told us these had been introduced after the last inspection and they had found them useful. However, they had stopped receiving them so were reliant on staffing sharing information with them when they visited.
- Relatives, visiting professionals and staff felt communication had improved and the new registered manager was more open to discussion about any issues they raised.
- Relatives confirmed they had been consulted with when their loved one's care plans had been updated and rewritten after the last inspection.
- Staff told us the registered manager was approachable and supportive.
- A visiting health care professional told us, "The home (including the new manager) have worked extremely hard to improve standards. Residents we see are well cared for, the staff engage with our nursing staff and the general level of communication has improved greatly, we have no further concerns".

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; Working in partnership with others

- Improvements had been made and the registered manager had alerted the local authority, family members and the CQC when significant incidents occurred.