

GGs Care Home Limited

# Thornton Lodge Care Home

## Inspection report

67 Broom Lane  
Salford  
Greater Manchester  
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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Thornton Lodge is a residential care home located in Salford, Greater Manchester and is operated by GGS Care Home Limited. The home provides residential care to older people. The service can support up to 34 people, with 31 living at the home at the time of our inspection.

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

Since our last inspection of Thornton Lodge in October 2020, improvements had been made to governance systems to ensure legal requirements were being met.

People living at the home and their relatives told us the home was a safe place for people to live and staff demonstrated a good understanding about how to safeguard people from the risk of abuse. There were enough staff to care for people safely, although some staff reported to us more were required first thing in the morning at busier times. Staff wore PPE when delivering care and the home was clean and tidy throughout. We provided some feedback to the registered manager to ensure social distancing measures were followed whilst maintenance work was ongoing.

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. Staff told us they received enough training and supervision to support them in their roles. People received enough to eat and drink, with appropriate referrals made to other health professionals as needed.

The home had a registered manager in post who had worked at the home for many years. The feedback we received about management and leadership was positive. The current staff team spoke of a positive culture at the home. There were also good links within the local community.

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 (and update)

The last rating for this service was requires improvement (published December 2020) and there was a breach of the regulations. 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 improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this at all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We carried out an announced focused inspection of this service in October 2020. A breach of legal requirements was found and a warning notice was issued to both the registered manager and provider regarding Good Governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve the Safe, Effective and Well-led domains.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion (Caring and Responsive) were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Thornton Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Follow up

We will 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?**

The service was safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-Led findings below.

**Good** ●

# Thornton Lodge 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.

#### Inspection team

This inspection was carried out by an 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.

#### Service and service type

Thornton Lodge 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 home had a registered manager in post. A registered manager 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

We gave a short period of notice regarding the inspection. This was because we needed to discuss the safety of people, staff and inspectors with reference to COVID-19.

Inspection activity started on 9 February and ended on 18 February 2021. We visited the home on 9 February 2021 as part of our site visit to the service. Further inspection activity was completed via telephone and by email, including speaking with people living at the home, relatives and reviewing additional evidence and information sent to us by the service.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who worked with the service, including Salford local authority. 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.

#### During the inspection

We spoke with four people who used the service and five relatives about their experience of the care provided. We also spoke with seven members of staff including the provider, registered manager, area manager and four care staff.

We reviewed a range of records. This included three people's care records and a selection of medication administration records (MAR). We also looked at two staff files to check staff were recruited safely. A variety of other records relating to the management of the service were also taken into account as part of the inspection.

#### After the inspection

We continued to seek clarification from the registered manager to validate evidence found, including quality assurance documentation and staff training records.

# 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 requires improvement. At this inspection, this key has now improved to Good. This meant people were safe and protected from avoidable harm.

At our last inspection, the provider had also not always ensured the premises were safe for people to use. We reported on this issue further in the well-led section of the report under good governance.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- At our last inspection, we identified a number of electrical installation faults had not been acted upon by the service which could have placed people at risk of harm. We found the additional work had now been completed to ensure the premises were safe to use.
- Checks of firefighting equipment had been carried out and a full fire risk assessment had been completed. Appropriate maintenance work had also been carried out regarding gas safety, emergency lighting, hoists and portable appliance testing (PAAT).
- People living at the home had a range of risk assessments in place regarding their care. These covered waterlow (for skin), falls and nutrition. We found appropriate systems were in place to mitigate any risks presented to people, with equipment available and the necessary health professionals involved to provide additional support to people.
- People had the necessary equipment available for them to help keep them safe. For example, protective footwear to reduce the risk of skin breakdown on their feet.
- Accidents and incidents were monitored, with details about any measures to prevent re-occurrence documented.

Staffing and recruitment

- At the last inspection, staff were not always recruited safely. This was because references had not always been obtained from previous employers prior to their employment commencing. We looked at the recruitment files for two staff who had started working at the home since our last inspection and found these were now in place.
- Other recruitment checks were in place such as disclosure barring service (DBS) checks, carrying out interviews and the completion of application forms.
- There were enough staff to care for people safely, although some staff reported to us more were required first thing in the morning at busier times. Staff told us however this did not impact on the care people received. We provided this feedback to the registered manager and provider.
- A dependency tool was used to determine overall staffing levels and this was kept up to date based on any changes to people's needs. We looked at a sample of rotas and saw staffing levels were reflective of what was detailed in the dependency tool.
- The feedback we received from people living at the home and relatives was that staffing levels were sufficient. One relative said, "Yes before lockdown there certainly appeared to be enough." A person living at

the home added, "Yes they come to me more or less straight away and no one has to wait a long time. If I ring the bell they will come up".

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and had an understanding about abuse and how to report any concerns. A safeguarding policy and procedure was also in place.
- Both people living at the home and relatives told us they felt the service was safe. One relative said, "Oh yes definitely, I haven't had any issues at all". Another relative added, "Yes it certainly looks that way to me."

Using medicines safely

- Medicines were ordered, stored, recorded and administered safely. During the inspection we looked at four MARs which were all completed accurately with no missing signatures by staff. Each MAR was also accompanied by a photograph so staff could easily identify medicines were given to the correct person.
- Medicines were stored in secure trollies, within a locked treatment room which we saw was always locked when not in use. A medicines fridge was also used, with regular checks of the temperature taken to ensure medicines did not spoil.
- Both people living at the home and relatives told us they felt medication was given safely and on time. PRN (when required) plans were in place to guide staff as to when certain medicines needed to be given and under what circumstances. A relative said, "Yes he gets it on time every morning after breakfast and at night. He has to take his morning tablets with food because of his Parkinson's disease."

Preventing and controlling infection

- We were somewhat assured the provider was meeting shielding and social distancing rules. At the time of the inspection we observed people living at the home were not always socially distanced when an activity was taking place and were congregated in the lounge area.
- We spoke with the registered manager about this who said this was because a number of people who lived on the upper floor of the home had temporarily come downstairs because of maintenance work. We received an update however that this had now improved since the work had been completed. At the time of the inspection, there were no current COVID-19 cases within the home which could have meant this was a greater risk.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.



# 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 the last inspection, this key question was rated as Requires Improvement. At this inspection, this key has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment 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, and whether any conditions on authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection the provider did not have appropriate systems in place to ensure people were able to provide consent to the care they received. There was also a lack of evidence best interest meetings were being held where people lacked capacity. We reported on this issue further in the well-led section of the report under good governance.

- Best interest and decision specific mental capacity assessments were now completed where restrictive measures were in place. This included the use of restrictions such as the use of sensor mats, bed rails and crushing people's medication when they may be refusing to take it.
- We found signed consent forms were in place where people had given written consent to the care they received. Staff had also completed DoLS and MCA training.
- DoLS applications were submitted to the local authority as required where people lacked the capacity to consent to the care they received.

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

- We asked people living at the home what they thought about the food. One person said, "Yes I like it, it's alright." Another person added, "Yes, I think its basic but it's good. If I don't like what they give me, they give something else."
- People at risk of choking and aspiration received the correct consistency of food and drink. People's weights were being monitored. Where people were at risk of losing weight, we saw they had been referred to

the dietician service for further support and guidance. A relative said, "Yes she has lost a lot of weight recently. But it's healthy weight loss over time and she looked better for it."

Staff support: induction, training, skills and experience

- Staff told us they received enough training to support them in their roles. The homes training matrix detailed the training staff had completed and this included dementia, first aid, fire safety, infection control, moving and handling and safeguarding.
- Staff told us they received supervision as part of their ongoing development and we saw records of these taking place within staff files, as well as appraisals.
- An induction programme was provided to staff when they first commenced employment to ensure staff had an understanding of what was required within their roles.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People received visits and attended appointments with other services including opticians and chiropodists as needed. Details of their visits were recorded in care plans and included dieticians, speech and language therapy and the bladder and bowel service. A relative said, "The podiatrist goes in regularly and the dietitian too."
- Pre-admission assessments had been completed when people first moved into the home. These documented people's likes and dislikes and contained useful information to help the service deliver person centred care. A relative said, "They had social services and all the people who were dealing with him all involved."

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

- We looked around the home environment to ensure it was suitable for people living with dementia. We saw people had coloured bedroom doors with their name and photograph on the front. People had also been able to add personal memorabilia to the door making it easier to identify.
- Signage was also clear around the building, guiding people to different areas of the home.

# 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 Requires Improvement. At this inspection, this key has improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection, we identified concerns regarding governance systems. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Managers and staff being clear about their roles and understanding quality performance, Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- At the last inspection, quality assurance systems required further improvement to ensure there was a focus on areas such as staff recruitment, mental capacity/best interest meetings and ensuring the safe maintenance of the premises. These had all been areas of concern we had identified during this inspection. Since then, we saw these audits had now been introduced and were completed each month.
- Systems were in place to involve people using the service, relatives and staff in how the home was run. This included the use of satisfaction surveys and staff, resident and relative meetings so that feedback could be sought and used to make improvements.

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

- We received positive feedback from everybody we spoke with about management and leadership at the home. One member of staff said, "There is good management here and I feel well supported." A relative added, "I know the manager and they are absolutely fine, easy to speak to and they give me all the information I need."
- Staff told us there was a positive culture at the home, with good team work throughout. One member of staff said, "Everything is going well for me and I enjoy the job."
- Both people living at the home and relatives were complimentary about the care provided which ensured good outcomes were achieved. A relative said, "Yes I would say its outstanding. When my husband first went in there he was just in bed, but they got him up and encouraged him to be active."

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 ; risks and regulatory requirements;

- The provider and registered manager understood the requirements and their responsibilities under the duty of candour.
- Regulatory requirements of the service include submitting statutory notifications to CQC about incidents

such as deaths and serious injuries. Ratings from the previous inspection also need to be displayed and were located in the main reception of the home.

#### Working in partnership with others

- The home worked in partnership with a number of other agencies in the Salford area, including social workers and district nurses. People also attended dance classes (prior to the COVID-19 pandemic) for people living with dementia and attended the Irish heritage centre where people could have lunch and play bingo. A local Rabbi also visited the home each Friday to support people of Jewish faith during the Shabbas.