

Thornton Lodge Limited

# Thornton Lodge Limited

## Inspection report

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### Ratings

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

# Summary of findings

## Overall summary

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. On the day of our visit there were 39 people living in the home. The premises are in the form of a large residential home with ordinary domestic facilities.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. At this inspection we found the service remained Good.

People told us they felt safe. Many of the people had been living at Thornton Lodge for more than five years and they said they were safe and secure in their home.

People received care and support from staff who knew their needs and preferences well. People were supported by staff who had also worked in the home in the long term and knew how to keep people safe. Risks to people's health and safety were assessed. There were good risk management plans in place.

People were supported by appropriate numbers of staff. Robust staff recruitment procedures helped to keep people safe.

People were supported with the safe administration of their medicines and there were regular audits undertaken by the provider to monitor the processes in place and to ensure people remained safe.

People were supported by staff who were well trained and supervised.

The provider ensured people's nutritional needs were met. People contributed to the planning of their meals and were provided with choices so that they received healthy nutritious food.

People's healthcare needs were met and staff supported them to attend medical appointments. Staff had undertaken training in the Mental Capacity Act 2005 and were aware of their responsibilities in relation to people who might be deprived of their liberty. They ensured people were given choices and the opportunity to make decisions.

People, their relatives and professionals told us staff were consistently kind and caring and established positive relationships with them and their families. Staff valued people, treated them with respect and promoted their rights, choice and independence.

Comprehensive care plans were in place detailing how people wished to be supported. We saw people were

central to the process of how their care and support was delivered.

People participated in a wide range of activities within the home and in the community and received the support they needed to help them to do this.

There was a complaints procedure in place and relatives felt confident to raise any concerns either with the staff or the registered manager if they needed to. The complaints procedure was available in different formats so that it was accessible to everyone.

We found there was an open and transparent culture in the home where staff were encouraged to share in the development of the home for the people living in it.

We found the provider had a system in place that sought feedback about the quality of the service from different people involved with the service. There were good systems in place to use the feedback received to improve the service where necessary.

## 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 remains Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service remains Good

# 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.

This comprehensive inspection took place on 11 December 2018 and was unannounced. This meant the registered manager and staff did not know we would be visiting. At the last inspection in May 2016 we found the provider was meeting the regulations in all the five domains. We rated the service "good" overall.

The inspection team consisted of one adult social care inspector and one inspection manager.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

The registered provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with twelve people who used the service, one of the GPs who supported people in the home, three members of staff and the registered manager. We looked at three people's care files and three staff files which included staff recruitment, staff training and supervision.

# Is the service safe?

## Our findings

People continued to feel safe at Thornton Lodge. One person told us, "Yes I am safe here. The staff are good to me." Another person said, "I do feel safe, this is a nice home. I like it here." We observed interactions between staff and people. Staff respected people's wishes in the way they wanted to be supported. People appeared to be happy in the company of staff who supported them and when engaging in activities with staff such as playing bingo.

Staff had the training, skills and knowledge to protect people from abuse and neglect. All staff received training in safeguarding people and explained to us the provider's procedures for protecting people from abuse and reporting abuse if they suspected it. Staff were able to describe the types of abuse they might encounter in the home. One member of staff told us, "We have had the training and we also discuss it in team meetings. If I saw anything that I thought concerning I would report it to the manager straight away." Another member of staff told us, "I would tell the manager if I was worried about anyone in the home. I know social services also investigate concerns." Staff understood the provider's whistle-blowing policy and their responsibility to report to an external agency if the provider had not addressed their concerns about people's safety or the quality of their care.

We saw risk assessments were carried out for people and we noted they were comprehensive in their coverage of the risks faced by people and by staff. Good risk management plans were established to guide staff in managing and reducing the risks. Our discussions with staff showed they understood how to reduce the risks to keep people safe. Risk assessments and management plans were reliable for staff to follow as the provider kept them under review. The risks of people experiencing avoidable harm were reduced by the provider's risk assessments.

People lived in a safe environment. The registered manager ensured that the appropriate checks were undertaken to confirm the safety of the home and its equipment. The registered manager ensured annual checks for legionella were carried out to reduce the risk of harmful bacteria building up in the water system which could make people sick.

People were supported by staff recruited through robust processes. Staff had their details checked with criminal records, provided proof of their identities, addresses and eligibility to work in the UK. This meant that staff were safe and suitable to provide care and support to people. There were enough staff available throughout the day and overnight to keep people safe. One person told us, "There do seem to be enough staff on duty to help me and other people too." Another person told they thought there were good levels of staffing to help people. The registered manager told us they did not use agency staff. To maintain continuity regular staff covered the planned and unplanned leave of colleagues with overtime shifts. Staff had access to management in the event of an emergency.

Staff administered medicines to people safely. Each person had an individual medicines profile that set out all the relevant details for them. People's names were displayed as part of their profile to ensure staff supported people with the correct medicines. Photographs of people were not included in their profiles

which could have lead to some confusion for staff. No such incident had happened however the registered manager told us they would ensure these were included straight away. Where people received 'when required' medicines staff had guidance in the records about the dose and frequency of medicines administration. All staff who supported people with their medicines had successfully completed the provider's medicines administration competency assessment as well as regular refresher training.

Staff protected people from the risks associated with contact with hazardous chemicals by locking potentially dangerous cleaning products in a locked cupboard. People's equipment was safe to use. The registered manager ensured regular checks and servicing of the home's equipment was carried out to ensure its safety and we saw certificated evidence to support this. Examples of this were seen with hoists and portable electrical appliances which were tested to ensure they were safe for people to use in their bedrooms and communal areas.

Staff received food hygiene training and we saw food preparation was undertaken hygienically. The home's chef used coloured coded chopping boards for the preparation of different food types. People were protected from food poisoning by the safe food hygiene practices of staff. People and staff had information available to them in the kitchen about hand hygiene during food preparation.

Staff knew how to support people effectively in an emergency and regular fire drills were carried out every six months successfully. Records of fire evacuations included the date, time and how long it took to fully evacuate the building. Staff received fire safety training each year and the homes fire alarm was tested weekly. It is recommended the registered manager draws up personal emergency evacuation plans (PEEP) for people which detail the individual support people require from staff to respond safely in an emergency.

The service learned from mistakes and took action to improve people's safety. The registered manager reviewed accidents and incidents records. Accidents and incidents were analysed to see if people's care needed to be reviewed. Reviews of people's care included referrals to appropriate healthcare professionals. Where an issue arose appropriate action was taken to reduce the risk of reoccurrence. This evidenced the service learnt from incidents that arose.

## Is the service effective?

### Our findings

People's needs were assessed together with individual risk assessments. These assessments were comprehensive and covered people's physical and psychological needs, their social, spiritual and cultural needs as well as their health and their interests and activities. People were supported with reassessments as their needs changed and referrals to healthcare professionals were made when specialist assessments were required. The GP we spoke with told us appropriate referrals were made by the provider for people as necessary. He said the registered manager and staff actively liaised with health professionals to ensure people received the care and support they needed. The GP told us people were well looked after in this way.

New staff received an induction training that covered subjects considered mandatory by the provider before starting work with people. To ensure they had the skills required to support people effectively staff received training in areas including the safe administration of medicines, the Mental Capacity Act, first aid, health and safety, manual handling and safeguarding people. Staff also received additional training in topics related to people's specific care needs such as person centred care, dealing with violence and aggression, understanding mental health and privacy and dignity. We saw evidence these areas of training were refreshed with staff every three years.

People were supported by supervised staff. Senior staff including the registered manager held one to one supervision meetings with staff every two months. A member of staff told us, "Supervision is helpful because we can reflect on our work and get to share ideas about how else we could do things." We noted supervision contracts were in place between staff and their supervisors. This was a supervision agreement that covered the agenda, boundaries and the recording of future supervision meetings. Records were made of supervision meetings for later review. The registered manager displayed supervision dates for each member of staff for the entire calendar year. This meant staff could prepare for each supervision session in advance. The registered manager supported staff with annual appraisals. These meetings were used to evaluate staff performance over the past year, to set goals for the following year and to discuss staff development.

People were supported to maintain good health and have appropriate access to healthcare services. We checked people's care files and we found records of healthcare appointments they had, together with the date. We could see that all the people were registered with a local GP and had regular annual health checks. People's health care needs were also well documented in their care plans and this showed that people's health was seen as an important part of their overall care.

A five star food hygiene rating was awarded to the home in February 2018 by London Borough of Croydon's environmental health department. We saw people were supported to eat and drink enough to maintain a balanced diet. People told us, "The food is good, I enjoy the food here. I get enough and we can have a choice", "It's good, I like it" and "The food is OK." People told us they could ask for something different and the chef told us they asked people every morning if they wanted something different from what was on the menu. We observed lunch time and noted the dining room was welcoming with menu's, napkins and fresh flowers on each table. The chef told us the service catered for people's dietary needs and we were shown



records that evidenced this. We noted that these records corroborated with people's care plans and confirmed a suitably balanced diet was provided to promote people's health and well-being. They included risk assessments to identify if people were at risk of malnutrition. Meals and fluid charts were maintained to ensure people were receiving sufficient amounts. Care plans included a section on nutrition and hydration. Where people had problems, they were referred to appropriate professionals such as the GP, dietician, and speech and language therapist.

The environment was well presented and decorated. People had access to the gardens and quiet areas were available when people had visitors. Equipment was provided to meet people's care needs and support their independence. The registered manager explained no one at the service had been diagnosed with dementia but some people were experiencing signs of memory loss and occasional confusion. Each room had a nurse call system to enable people to request support if needed or people were given pendants to wear when they were mobilising around the service.

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. The application procedures for this in care homes and hospitals are 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 authorisations to deprive a person of their liberty were being met. The service assessed people's capacity around areas including finances, personal care and activities in the community. Where people lacked capacity best interests meetings were undertaken with health and social care professionals. Where people were subject to DoLS, details of the deprivation, the assessments supporting it and the duration it applied for were stated in care records. Where the outcome of further DoLS applications were awaited, the service kept copies of correspondence with the Local Authority team responsible.

## Is the service caring?

### Our findings

People told us they were happy with the care and support they received from staff. One person told us, "I have been here some years now and I like it here." Another person told us staff were very kind and went at their pace to help them. We observed staff supporting people in a kind and caring way throughout our inspection. People appeared to be relaxed and comfortable with staff. We saw people were supported to be as independent as they could be. We saw frequent and positive interactions between people and staff. We found the atmosphere was very relaxed between staff and people. Some people spent time in the gardens that offered a quiet relaxing space for them while others went out into the community, shopping or together with relatives.

People said they were consulted about all aspects of their care and treatment and they were encouraged to be involved in the regular six-monthly review of their care plans. Where appropriate, people's relatives or friends contributed to the planning of their family member's care. We saw evidence each person was allocated a member of staff as their own key worker. A keyworker is a member of staff who has the lead role for the care of that person and involving them in the development of their care plan. The registered manager discussed the plan to record the progress of keyworkers working with people to achieve their care plan objectives. The registered manager said they would establish with staff a process of holding and recording regular monthly meetings that keyworkers will have with people. This help to ensure people remain central to and involved with their care planning. Relatives told us they were kept well informed about their family members' support and care and when changes in people's needs happened.

The registered manager explained an important ethos of the home was to enable people to live as if they were in their own homes. He said people could get up when they wanted to; they could have a lie in when they felt like it. There were no restrictions on the times people woke up or where they wanted to spend time in the day either in their rooms if they wished or in the communal areas of the home.

Staff knew what people could do for themselves and areas where support was needed. Staff appeared very dedicated and committed. They knew in detail people's individual needs and personalities. They were able to talk about these without referring to people's care records.

People's privacy, dignity and independence was respected and promoted. Staff told us how they always asked people what they wanted and respected their wishes. We observed staff knock on people's doors before entering and closing people's doors while giving care. People were asked if they were ready for personal care or if they wanted staff to come back later, what clothes they wanted to wear and where they wanted to go. The registered manager told us all staff had recently completed training on respecting people's dignity and their wishes and preferences.

People's records were kept securely within the home so that their confidential personal information was protected.

## Is the service responsive?

### Our findings

As we found at our last inspection people continued to receive personalised care. We saw individualised support plans were in place that provided clear information for staff on how to deliver people's care. Relatives of people as well as health and social care professionals who knew people well had contributed to these plans.

People's care plans guided staff about meeting people's assessed needs in ways they preferred. People, their relatives and advocates participated in people's care plan reviews to ensure they continued to be person centred. People were supported to engage in a range of activities.

People's care plans included information about their preferences, backgrounds, family and religious beliefs for staff to learn more about people. Staff told us they read people's care plans before they started providing care to people. They said when reviews took place they kept up to date with people's changing needs. Staff were available to support people to do activities they were interested in when this was part of agreed their care.

People were supported to access and maintain links with their local community. We saw people enjoyed active social lives that contributed to their wellbeing and to their individual development. One person said they went to church when they wanted to. Other people told us they had gone on a trip to Brighton in the summer. They said they really enjoyed this day trip. One person told us they were able to go out shopping when they wanted to and other people said they visited the local library when they wanted to. The registered manager told us staff organised a Christmas party this year as well as summer fetes and BBQs for people and their relatives and family members. People told us they liked these occasions.

A variety of activities were available including playing bingo, art work, sewing and other group outings. We saw evidence that people attended training and awareness courses that assisted them to develop their skills to become more independent. We saw people received a responsive service that met their individual needs, preferences and aspirations. Staff were committed to ensuring people received individualised care and support.

People told us they were aware of how to make a complaint. One person said, "I haven't needed to complain but if I did I would talk to the staff or to the manager." There was a complaints procedure, which was available in an accessible format to help people understand how to complain. The registered manager confirmed that they had received no formal complaints since our last inspection.

From our discussion with the registered manager and from our review of people's care files we saw each person had an end of life care plan drawn up together with people their relatives and health and social care professionals where appropriate. People were able to discuss and record their wishes for end of life care. For example whether people wanted to be cared for in the home or a hospital or hospice. This was to ensure people had a choice about what happened to them and that staff had the information they needed to make sure people's wishes would be respected. The registered manager told us they had worked closely with St

Christopher's Hospice to complete this advanced care planning for people.

## Is the service well-led?

### Our findings

The service continued to be well-led. The registered manager had been in post for fifteen years and had worked in the home for twenty-five years. He was therefore very well acquainted with the service, the staff and the people. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we found a helpful team of staff that received support and encouragement from the registered manager. He had been in post for several years and had gained good management experience. We saw they had relevant and appropriate qualifications to manage this service.

One relative we spoke with said, "We are kept well informed about our [family member]. The home is well run and looked after properly." Staff spoke highly of the registered manager and said, "The manager and the owner really care about the people here and just like us they want the best for people." Another staff member told us, "The manager is very supportive and so is the staff team. We all know each other really well it's like a large family."

We saw the registered manager operated an open-door policy whereby people, relatives and staff could speak with them at any time. We observed people and staff seeking advice and guidance without hesitation. We understand that information was shared with the staff team through handovers and this meant that all staff were aware of any changes for people.

We saw documented evidence that showed the service had effective audit systems in place and these were kept up to date. This included a monthly health and safety check on the physical environment, a competency check on staff for medicines administration, an audit of people's care plans being maintained up to date, a review of complaints and of accidents and incidents. The provider sought feedback about the service provision. We saw completed feedback surveys from people and their relatives. Responses we saw were positive. The registered manager showed us their analysis of all the comments received in order to draw up an action plan for making improvements if and where necessary. This all meant there were quality assurance systems in place that helped to maintain and improve the service effectively.

All the records that we inspected in the home were well maintained and we found that the information we required to see was easy to access and chronologically stored. Old information had been archived appropriately but was also accessible if needed. This reflected on a well organised and efficiently run care home.

The provider had sent us written notifications telling us about important events that had occurred in the service when required. They are legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. This means that CQC were able review the notifications and decide whether any action was needed on their part.

