

Mr Barry Potton

Thornton Manor Nursing Home

Inspection report

Thornton Green Lane
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Chester
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Tel: 01244301762

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Thornton Manor Nursing Home is a care home that is set in its own grounds and located close to a rural village of Thornton-le-Moors between Ellesmere Port and Chester. The service is based over two floors and is registered to provide nursing and personal care for up to 47 people. At the time of our inspection there were 40 people living at the home.

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

There were a lack of robust systems to demonstrate quality assurance was in place and effectively managed. Governance systems in place had failed to identify the concerns we found and whilst regular checks and audits were in place, they were not effective at driving improvement.

People's care plans and risk assessments were not all up to date and did not always reflect their up to date needs. Language within care records was not always dignified or person centred.

Some areas of the environment were unsafe due to items that needed to be replaced or disposed of. The registered manager immediately addressed these issues.

The provider had commenced a refurbishment programme. However, we found multiple areas within the service where paintwork, flooring and furniture was damaged.

Safe recruitment procedures were in place. A clear training plan was in place to ensure staff revisited all mandatory training due to this not being up to date.

The staff and management team worked closely with health and social care professionals to ensure good outcomes for people.

Medication was managed safely by trained and competent staff. Medicines policies and procedures were available for staff along with best practice guidance. Medicines trolleys were stored securely.

People were protected from the risk of abuse. Safeguarding policies and procedures were in place and staff had received training to understand how to keep people safe. Staff told us they felt confident to identify and raise any concerns they had about people's safety. They believed the management team would take action.

Family members told us they felt their relatives were safe living at the home. They spoke positively about the staff that supported their relatives. People appeared happy with the care home and the staff that provided their care.

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.

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 requires improvement (published 3 December 2020) and there were two breaches of regulation. 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 not been made and the provider was still in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Thornton Manor Nursing Home on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to environmental risks as well as risks to people and also a lack of robust systems to identify areas for development and improvement at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Thornton Manor Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector, an Expert by Experience and a specialist advisor in nursing.

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 Manor Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced on day one and two then announced on day three.

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. 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 two people who used the service and ten relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, manager, nurse, support workers and a housekeeper. 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 reviewed a range of records. This included six people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with three support workers by telephone.

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 question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety of the service and welfare of people. This was a breach of regulation 12 (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.

- Some risks had not been considered within people's care plan records. For example; one person was at risk due to smoking within their bedroom as well as in outdoor areas. They did not have appropriate risk assessment documentation or guidance to manage the risk in their care plan.
- We also identified a number of risks to people within the environment. For example, outdoor areas accessible to people living at the home were not safe. Items of wooden garden furniture and planters were rotten and in need of removal or replacement.
- Following the inspection in November 2020, the registered manager had introduced a safe storage system for products that could be harmful to people. However, items were still left within communal areas including bath and shower gel, a hairbrush and sunglasses. This was a risk to people living with dementia.
- Areas of the service including paintwork, flooring and furniture was damaged. A programme of refurbishment had commenced at the service.
- A fire exit was partially blocked with furniture awaiting disposal. Within a communal lounge there were also items awaiting disposal. This was a risk to people living at the service.
- New wardrobes installed within people's bedrooms had not been attached to the wall in line with good practice guidance.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded immediately during the inspection. The unsafe furniture and planters were removed from the garden as well as the furniture and items awaiting disposal which was blocking fire exits and the lounge areas.

- Family members told us they thought their relatives were safe living at Thornton Manor. Comments included; "My dad is safe and secure", "No concerns at all about my father's safety" and "He's safer than he's been for some time."
- Simulated fire drills had commenced, and lessons learned had been considered and evaluated.
- All health and safety checks were being consistently completed.
- Personal emergency evacuation plans (PEEPs) had been reviewed and updated following our inspection in November 2020. This ensured staff had sufficient information available to them in the event of an emergency.

Staffing and recruitment

- Family members told us that there were enough staff and they felt staff knew their relatives well. Comments included, "There are always plenty on hand", "Staff know us as a family" and "Staff always have time for a chat."
- Staff told us there were enough staff on each shift and one commented, "We all pull together to ensure everyone receives the support that people need."
- Safe recruitment systems were in place to ensure suitable staff were employed.
- Staffing levels were based around people's individual needs.

Using medicines safely

- The administration of medicines was observed as safe.
- Medicines trolleys on both floors were secured to the wall within the medicines room for safety.
- People received their prescribed medicines safely from staff who had been trained and were competent to undertake the task.
- Some people were prescribed medicines, such as pain relief, on an 'as required' basis. Protocols were in place to guide staff on how to administer these medicines.
- Controlled drugs were stored, administered and recorded in line with good practice guidelines.
- Staff administering medicines had access to the providers medicines policies and procedures along with good practice guidance.

Preventing and controlling infection

- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. We identified gaps in the recording of cleaning tasks, mostly at weekends.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach.

Systems and processes to safeguard people from the risk of abuse

- Staff had completed safeguarding training and received regular updates.
- People were protected from the risks of abuse and harm. Staff were aware of the signs of abuse and how to report safeguarding concerns. They were confident the management team would address any concerns and make the required referrals to the local authority.
- The organisation had followed safeguarding procedures, made referrals to their local authority, as well as notifying the Care Quality Commission.

Learning lessons when things go wrong

- Accidents and incidents were documented and recorded. We saw incidents and accidents were responded to by updating people's risk assessments. Any serious incidents resulting in harm to people were escalated to other organisations such as the Local Authority and CQC.
- Staff took appropriate action following accidents and incidents to ensure people's safety and this was clearly recorded. Root cause analysis was completed to identify any learning and to ensure future risk was mitigated.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's needs were assessed before they moved into the home to ensure these could be met. However, we identified that people's current support and healthcare needs were not always recorded in their care plans or kept up to date.
- People's health needs were assessed using recognised risk assessment tools.
- Family members gave us mixed feedback regarding their involvement in the assessment and planning of their relatives' care. Comments included; "I would say I was not involved", "I wasn't involved but staff definitely know [Names] likes and dislikes", "I was asked about [Names] likes and dislikes, activities they enjoy etc" and "We were kept informed during the whole process",
- People's religious beliefs and needs were recorded in their care plan and supported by the service.

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

- There was some refurbishment being undertaken at the service. Some rooms needed attention for example, three rooms were found with torn flooring and damaged/peeling paintwork. The provider was responsive to this feedback and gave an assurance that prompt action would be taken.
- Family members commented on the décor of the service. Their comments included; "The décor is looking tired", "Might be a bit tatty" and "I've noticed the much-needed improvements and refurbishments going on."
- There was a 'Pets Corner' in an outdoor area that was accessible to most people living at the home. Animals included pygmy goats, rabbits, guinea pigs, ducks and a selection of birds within several aviaries. People living at the home had participated in naming all the animals. Comments from family members included; "[Name] likes going outside to the animals and birds that the home keeps" and "[Name] likes it when they bring the smaller animals in for petting."
- There were areas that provided quiet space for people. Corridors held interactive items on the walls and also had coloured handrails to support people's orientation around the building.

Staff support: induction, training, skills and experience

- Staff received an induction when they first started working at the service which included training and working alongside experienced staff.
- Staff received the training required to carry out their roles effectively. Staff stated most training had been e-learning recently due to COVID-19 restrictions. Staff told us they were reminded when training was due to be renewed. Staff were given the opportunity to complete additional training and development.
- Staff told us they felt supported in their roles. One staff member said, "The manager is supportive and

encourages development of staff."

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

- People's needs had been assessed in relation to eating and drinking. This included likes, dislikes and allergies.
- People were offered a choice of food from the menu and food was attractively presented.
- When staff supported people to eat their food, they sat next to them at an appropriate height.
- Some positive feedback regarding the food was received. One person said, "The food is nice. I like it". We observed people enjoying their meals and being supported appropriately by staff.

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

- Family members told us they were kept up to date regarding any changes to their relatives' health and support needs. Their comments included; ""Really good, always keep in touch" and "Will contact me if Mum's needs change."
- We saw evidence of referrals being made to health professionals where required such as dietician and GP's.
- People's healthcare appointments and follow up results were recorded.
- The registered provider worked closely with GPs, occupational therapists, speech and language therapists and the falls team.

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 authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Conditions were not always clearly evidenced within people's care plan records. We discussed this with the manager, and this was promptly addressed.
- Mental capacity assessments were in place to identify where people did not have the capacity to make decision about their care.
- Where people had been deprived of their liberty, we saw evidence of appropriate DoLS applications being made to the local authority.

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Care plans did not always contain up to date information. Four people's care plans were not fully up to date. This meant support staff did not always have sufficient information to meet people's preferred needs.
- We observed staff knocking on people's doors to seek consent before entering. Personal care was delivered in private and staff understood people's right to privacy. However, we observed one staff member not demonstrating discretion when discussing a person's personal care needs in a public area. We raised this immediately with the registered manager to address.
- We observed positive interactions between staff and people supported. Staff showed kindness, patience and demonstrated positive relationships had been established.
- Family members felt their relatives were well looked after. Comments included; "Staff know what she [Name] needs and when she needs it", "Staff are kind and caring and treat my father with dignity" and "They are very kind, they cheer him up and get him to smile."
- Confidential information was held securely in a lockable office.

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

- People's communication needs were documented in their care records; this supported staff to understand and communicate effectively with each individual person.
- Staff told us people and their families were involved in planning their care. However, there was little detail recorded that demonstrated this.
- Family members told us that contact regarding their relatives and visiting arrangements had been variable throughout the pandemic. Comments from family members included; "They have kept me updated during the lockdown", "It is difficult to speak to [Name] on the phone but staff always tell me how they are if I ring" and "Communication about visiting arrangements, could have been better."
- Resident and family meetings had not been held due to the pandemic. The manager confirmed that these would be re-instated as lockdown restrictions lifted.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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

- People were at risk of not receiving person centred care due to care plans not being up to date or factual. Not all care plans contained the relevant information required to support staff to understand the person's needs.
- One person's care plans and risk assessments had been reviewed and updated with comprehensive and detailed guidance for staff to follow. It was clear from the daily records and incident form recording that staff had not read the care plan. They did not detail that staff had used distraction techniques described and or supportive interventions to stop behaviours escalating.
- Terminology within some care plan documents was unprofessional and required immediate review. The registered manager acted promptly to address this.
- Daily records were consistently completed and included essential information about each person's mood, personal care, activities, medicines and diet. Some of the language used was not person centred or appropriate.

We recommend the provider review and update all care plans to ensure they are written with dignified language reflective of people's individual needs and preferences.

End of life care and support

- End of life care was not clearly identified within people's care plans. The provider used a preferred priorities of care document within people's care plan files. These were not fully completed.

We recommend the provider consider current guidance regarding palliative care pathways and take action to update their practice accordingly

- Care staff demonstrated compassion towards people at the end of their life. They told of how they supported people to be comfortable and pain free.
- Families were supported during this time and they could stay to be with their loved ones.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were documented within their care plans. We saw staff communicating

with people in their preferred method.

- The registered manager understood their responsibility to follow AIS and told us they would access information in different formats to meet individual needs. For example, easy read, large print or another language.

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 were supported to see their family members and friends in line with government guidelines on COVID-19. Visitors were tested before entry and provided with PPE.
- People were observed engaging in activities. Comments received from family members included; "Mum gets involved in painting and playing bingo, as well as other activities", "Father joins in the activities such as Karaoke and afternoon tea", "[Name] doesn't engage" with the activities" and "[Name] has plenty to do during the day, they get her to do things like ironing and laying the tables".

Improving care quality in response to complaints or concerns

- Family members told us they knew how to make a complaint. One said, "I know how to make a complaint; I would go to the manager." Another said, "I have never had cause to complain but would know what to do."
- We saw that all complaints had been fully investigated and responded to in line with the providers policy and procedure. The registered manager analysed all complaints to evidence areas for development and improvement within the service.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Systems and processes to monitor, assess and evaluate people's risk assessments and care plans were not effective. This put people at risk of receiving care that did not meet their current needs as care plans and risk assessments did not contain the information required.
- Systems and processes to assess, monitor and improve the service had not identified all areas for improvement and development identified during the inspection. Audits had been completed but the quality of data was variable.
- Environmental risks had not been identified and addressed. These included areas of risk in the gardens and within the home.
- Undignified language was used within care plan records and daily records.

The provider had failed to ensure that a robust system was in place to demonstrate quality assurance was effectively managed. Systems had not identified and addressed shortfalls in the service. This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Comments from relatives included, "The home is well managed and is getting better", "Things seem to be improving since day one of the manager taking over" and "I know the manager and they are approachable and easy to talk to."
- Staff comments included, "The manager is really approachable, they are working really hard to bring about change", "The manager keeps us updated through meetings" and "I am getting to know the manager, it takes me time to adjust to change."

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

- Complaints received had been appropriately responded to as per the providers policy.
- The provider and registered manager understood their responsibilities under duty of candour. The Duty of Candour is to be open and honest when untoward events occurred. We have received notifications as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff across all areas of the service attended regular meetings to discuss any concerns or issues.
- Resident and family meetings had not taken place during the pandemic. The registered manager told us they would recommence when restrictions lifted.
- The provider sent out questionnaires to families to seek feedback about the service. This information was used to further develop the service.

Continuous learning and improving care; Working in partnership with others

- We saw evidence of partnership working with other agencies to meet people's needs. Such as, dietician, speech and language therapists and the falls team.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

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 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 RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	Systems were either not in place or robust enough to demonstrate safety was effectively managed.
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	There was a lack of robust systems to demonstrate quality assurance was in place and effectively managed.
Treatment of disease, disorder or injury	