



Evaluating Care Homes

Enter and View REPORT

Thornton Lodge Care Home

Care Home Contact Details:

Thornton Lodge Care Home
67 Broom Lane
Salford
M7 4FF

Date of Visit:

24th August 2017

Healthwatch Salford Authorised Representatives:

Kathryn Cheetham
John Geoghegan
Mark Lupton
David Backhouse



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1.1 Introduction

Healthwatch Salford is the independent consumer champion for children, young people and adults who use health and social care services in the borough of Salford.

Healthwatch Salford:

- Provides people with information, advice and support about local health and social care services
- Listens to the views and experiences of local people about the way health and social care services are commissioned and delivered
- Uses views and experiences to improve the way services are designed and delivered
- Influences how services are set up and commissioned by having a seat on the local Health and Wellbeing Board
- Passes information and recommendations to Healthwatch England and the Care Quality Commission

Healthwatch Salford have statutory powers that enable local people to influence Health and Social Care services under the Health and Social Care Act 2012. One of these statutory powers is to undertake Enter and View visits of publicly funded adult Health or Social Care premises.

The Health and Social Care Act allows local Healthwatch Authorised Representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies.

Enter and View visits are undertaken when Healthwatch Salford wants to address an issue of specific interest or concern. These visits give our trained Authorised Enter and View Representatives the opportunity to find out about the quality of services, obtain the views of the people using those services and make recommendations where there are areas for improvement.

Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Salford also produces reports about services visited and makes recommendations for action where there are areas for improvement.

Information gathered and reported on is referenced against information from health and social care providers, commissioners as well as national and local research sources.

Healthwatch Salford Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch Salford safeguarding policies.

Further information about Enter and View is available at <https://healthwatchsalford.co.uk/what-we-do/enter-and-view/>.

The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 is also available to view at http://www.legislation.gov.uk/uksi/2013/351/pdfs/uksi_20130351_en.pdf.



1.2 Acknowledgements

Healthwatch Salford would like to thank the Thornton Lodge Care Home staff team, residents and relatives for their contribution to the Enter and View visit.

1.3 Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all residents and staff, only an account of what was observed and contributed at the time.



Enter and View report for: Thornton Lodge Care Home

2.1 Visit Details

Service Provider:	Thornton Lodge Care Home
Service Address:	67 Broom Lane, Salford, M7 4FF
Visit Date and Time:	24 th August 2017, 9am-13am
Authorised Representatives:	Kathryn Cheetham, John Geoghegan, Mark Lupton, David Backhouse
Healthwatch Salford Contact Details:	The Old Town Hall, 5 Irwell Place, Eccles M30 0FN Email: feedback@healthwatchsalford.co.uk Telephone Number: 0330 355 0300 Website: www.healthwatchsalford.co.uk

2.2 The Care Home

Owner: GGS Care Home Ltd

Person in charge: Caron Ratcliffe (General Manager)

Local Authority / Social Services: Salford City Council

Type of Service: Care Home with nursing – Privately Owned, Registered for a maximum of 34 Service Users

Registered Care Categories*: Dementia • Mental Health Condition • Old Age • Physical Disability

Specialist Care Categories: Alzheimer's • Cancer Care • Colitis & Crohn's Disease • Down Syndrome • Hearing Impairment • Multiple Sclerosis • Parkinson's Disease • Schizophrenia • Speech Impairment • Stroke • Visual Impairment

Admission Information: Ages 55+.

Languages Spoken by Staff (other than English): Panjabi, Punjabi, Polish, Urdu

Single Rooms: 34

Rooms with ensuite WC: 30

Weekly Charges Guide: Charges 'unknown,' please contact Thornton Lodge to find out

Facilities & Services: Palliative Care • Day Care • Respite Care • Convalescent Care • Separate Dementia Care Unit • Own GP if required • Own Furniture if required • Close to Local shops • Near Public Transport • Minibus or other transport • Lift • Wheelchair access • Gardens for residents • Phone Point in own room/Mobile • Television point in own room

Parking: Large car park at front of home.

See Care Quality Commission* (CQC) website to see their latest report on this home.

** Care Quality Commission is responsible for the registration and inspection of social care services in England.*



2.3 Purpose and Strategic Drivers

Purpose

- To engage with residents of care homes and understand how dignity is being respected in a care home environment.
- Identify examples of good working practice.
- Observe residents and relatives engaging with the staff and their surroundings and to experience the care home using the 3 primary senses of sight, sound and smell.
- Capture the experience of residents and relatives and any ideas they may have for change.
- We asked questions around 8 'care home quality indicators,' produced by Independent Age in partnership with Healthwatch Camden. (2016)

Surveys and questions are based on '8 care home quality indicators'.

A good care home should;

1. Have strong, visible management
2. Have staff with the time and skills to do their jobs
3. Have good knowledge of each individual resident and how their needs may be changing
4. Offer a varied programme of activities
5. Offer quality, choice and flexibility around food and mealtimes
6. Ensure residents can regularly see health professionals such as GPs, dentists, opticians or chiropodists
7. Accommodate residents' personal, cultural and lifestyle needs
8. Be an open environment where feedback is actively sought and used

Strategic Drivers

Update from CQC dataset 10 May 2017 states that there are 39 Salford Based Care Homes CQC Inspected between December 2014 and May 2017.

Each of the 39 Care Homes were rated based on a 4-scale rating;

- Outstanding
- Good
- Requires Improvement
- Inadequate

The breakdown of Care Homes and their ratings:

21 – were rated Good
17 – were rated Requires Improvement
1 – was rated Inadequate
0 – were outstanding

Salford has more homes that require improvement across all the judgement criteria compared to the rest of Greater Manchester. Based on CQC Ratings and comments received locally Healthwatch Salford have made Enter and View of local care homes a priority to contribute to the local strategic improvement plans for care homes in Salford.



3. Methodology

This was an announced Enter and View visit. On first arriving for the visit, we approached a member of management before we spoke to anyone in the care home and took their advice on whether any residents should not be approached due to their inability to give informed consent, or due to safety or medical reasons.

Authorised representatives conducted interviews with seven members of staff at the care home, plus the registered manager. Topics such as quality of care, safety, dignity, respecting and acknowledging the resident and families' wishes and staff training were explored. Authorised representatives also approached twelve residents at the care home to ask them about their experiences of the home and, where appropriate, other topics such as accessing health care services. No family members or friends were spoken to as there were none present at the time of visit.

A proportion of the visit was also observational, involving the authorised representatives walking around the public/communal areas and observing the surroundings to gain an understanding of how the home works and how the residents engaged with staff members and the facilities. There was an observation checklist prepared for this purpose.



4. Summary of key findings

Overall, from the twenty individuals we spoke to and from what we observed at Thornton Lodge, it was clear that the management team acknowledge there are areas requiring improvement following a CQC inspection in March (report published in May).

The residents and staff were very positive about the care home but identified issues around providing personalised care, meals, access to activities, staff training and support and the environment which need to be addressed.

Since the visit, the Care Quality Commission have published the report of their visit on 31st July 2017 rating the service inadequate (published 10th October 2017).



5. Results of visit

At the time of our visit Thornton Lodge had recently had a change in registered manager and had been rated as requiring improvement following an inspection on 13th March 2017 on the areas: effective, responsive and well led. We visited with four authorised representatives from Healthwatch Salford and stayed at the service for approximately 3 hours.

The Healthwatch Salford Enter and View authorised representatives spoke to the manager, twelve residents and seven staff members.

The residents that we spoke to required various levels of nursing care and where residents didn't have capacity to speak to us we left leaflets to encourage visitors to get in touch with us directly.

Resident Feedback

- **Environment:**

Generally the residents were happy with their environment in the home. They told us that they could bring furniture and ornaments of their own to make their rooms and the shared spaces to feel more comfortable. Some people commented on not liking their lack of independence and that they would like to be able to go outside or leave the home more often. Unless residents had relatives or friends that could take them somewhere that wasn't a scheduled medical appointment, they didn't leave Thornton Lodge. One resident said that the doors were quite thin to the bedrooms, so their sleep was often disturbed by the sound of doors banging in the night.

- **Activities:**

The residents indicated that there were regular activities across the year including baking, music nights, singing, gentle exercise and parties for birthdays or special occasions. Many did activities like reading and knitting independently. However, the residents highlighted that the day room activities were mainly watching television and that they would like more choice and consideration given to past hobbies. There was a view that they wanted to go outside more but there were some barriers to access, as in getting wheelchairs into the garden.

- **Food:**

The residents we spoke to were happy with the quality of the food but told us there was a cook who had left recently because his food wasn't liked. A few raised the point that they would like to see more choice in meals, although one resident was very positive about staff making allowances for her diet. All residents said they were regularly prompted about drinks and snacks throughout the day. They had a choice about whether to eat together in the dining room or in their own bedroom.

- **Religion:**

The residents that we spoke to with religious needs said they were being met. A rabbi visits every Friday and some residents go to church every Sunday with priests visiting them on request.

- **External Medical Needs:**

The residents said they saw dentists, opticians and specialists either at Thornton Lodge or at the hospital when they needed to. There was an issue raised that it had been difficult to get a podiatrist to come regularly.



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- **Having A Say:**

The residents that we spoke to indicated that they felt comfortable raising complaints and that there were ways to give feedback at a forum monthly. However, one resident who had a complaint against the previous manager had taken it to the responsible person (owner) and felt that whilst they were listened to this was not resolved.

- **Management:**

The residents that we spoke to were familiar with the manager and felt that they were approachable. They indicated that she had a presence in the communal areas and talked to them regularly.

- **Staff:**

The residents made comments about liking the staff and holding them in high regards. However, when asked about whether they get to chat to staff many indicated that the staff were very busy, but they would like more interaction. Some residents did mention that the nature of the shifts meant staff rotation and turnover had been quite high making it hard to form a rapport.

Staff

- **Resident and Relative Involvement:**

The staff told us about the monthly residents and family forum where people could raise issues formally. They also told us about their input into care plans, meal planning, room decorating and medical care. They indicated that family pop in and raise issues informally regularly with staff and the manager.

- **Care Plans:**

The staff said all residents have care plans in place but that the information they receive is mostly medical and that more needs to be done to ensure they have information about the individual's life history. Half the people we spoke to said that the social workers were not carrying out in-depth holistic assessments meaning that the care home had to redo this work before or on arrival. The care plans are updated and reviewed monthly for changes but mainly around medical needs, risks or incidents and nutrition.

- **Nutrition:**

The staff were aware of the procedure for monitoring nutrition levels of residents and said there were times of the day they would monitor and prompt intake levels. There were three meals provided each day and snacks offered in between meals. If people weren't hungry they could eat later or have something else made. They did indicate that more choice of meals in the kitchen would mean residents ate more as they would like variety particularly where people required Kosher meals.

The staff said they encouraged people to sit together if they wanted. Although, it was said that more support from senior staff at mealtimes on the floor would increase their capacity to make them sociable. The kitchen staff did tell us that they had asked for more choice of ingredients and a new cooker to help them improve meal choices and quality.

- **Activities:**

The staff told us that there is a part-time Activities Coordinator, but the full-time staff member had gone off sick some time ago. They showed us where the activities were displayed and told us about activities that mirrored what the residents had said. They felt having a full-time person again would help and that there needed to be more trips outside organised. They felt that they didn't always have enough time to help people participate fully in activities.



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- **External Medical Care:**

The staff said residents have visits whenever they need one from external health professionals but finding dentists to provide consistent dental care had been a challenge. They indicated that often the hospitals and councils involved in residents' care planning would get into conflict about who should provide or pay for equipment.

- **Religion:**

The staff indicated that rabbis and priests came regularly, and that people were assisted to attend church or the synagogue as they wished. They said all religious festivals that were of importance to the residents were celebrated together.

- **Training and Personal Development:**

Staff told us that they have a basic training requirement and annual refresher courses, but it must be done in their own time unpaid. They said the system felt quite informal and that they would like more opportunities for personal development and learning new skills.

- **Working Environment:**

The staff all indicated that they enjoyed working at Thornton Lodge and were passionate about providing safe care and a good quality of life to residents. However, they said they were very busy and at times it was challenging. Staff indicated that they would like better handover across daily shifts to ensure they were clear about the residents' needs and health as it would reduce risks. They said they had regular staff meetings and appraisals where they could raise issues or make comments. We were told that the current registered manager was responsive to suggestions from staff, but this had not been the case with previous management.

- **Management:**

The staff were very positive about the current management of Thornton Lodge describing the manager as approachable and friendly. The registered manager was previously a senior member of staff and had recently returned. They said she was making lots of improvements and being very flexible and responsive to their needs as employees and the needs of residents. However, they commented that the previous registered manager had taken a medical model approach and that it hadn't allowed for residents to indicate their personal likes and dislikes enough.

Management

- **Management:**

The current manager had recently been put into post when we conducted the visit and told us that she had been asked to come back after their last manager left and the CQC report was published. She told us that the responsible person (owner) speaks to her every day and is very responsive to what she says needs to be done to make improvements.

- **Care Plans:**

The manager told us that the previous plans just detailed medical and health needs but didn't have enough detail about the individual residents. She showed us her plans to redesign the forms and said she had started to go out to meet with social workers, potential residents and relatives – "Coming from a social care background there are changes I want to make to make sure we know everything about the people that live here".



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- **Activities:**

The manager told us that while there were activities, she was working with staff and residents to look at how they could plan trips and add some diversity to the activities running within the care home.

- **Medical Needs:**

The manager said she had just hired a clinical lead for nursing so that they could concentrate on standardising all the care and on the improvements she wanted to make.

Environment

This section is based on a Dignity in Care Observation Checklist that looks at various areas relating to how people are treated, personal choice, just like being at home, privacy, and quality of life. Thornton Lodge was rated as good in most areas as we felt that we always observed certain behaviours and standards.

However, we observed the following areas for improvement. Improvement was needed around supporting residents to have more choice around meals, to be able to use the outside space in the gardens and have individual control over accessing external community places.

Each resident's door had their name and picture to assist people in finding their rooms and to individualise their personal space. The communal spaces were well signposted and had images as well as text to label dining, lounge and toileting facilities.

Additional Notes

Two of our authorised representatives did note that the paintwork and carpets looked like they had been in situ for some time; and that there was a faint smell of urine on entering the property.



6. Recommendations

It is recommended that:

- 1) Care Plans – continuing to improve the care plans so that residents' needs and personal preferences are reflected by the care but also when planning activities and meals.
- 2) Activities – more staff support should be put in place to help residents to engage in activities in the home, carry on past hobbies where possible; and to go outside or arrange trips.
- 3) Food – more choices of meals should be made available for residents and more staff put in place to encourage sociable meal times.
- 4) Training – more opportunities to access training and providing opportunities for professional development should be put in place and this should be during paid work time.
- 5) Staff Support - staff would benefit from daily handovers as shifts end and start to make sure they are aware of residents' changing needs.
- 6) Environment – the care home would benefit greatly from internal painting, changing flooring and improving the outdoor spaces so that residents can fully utilise communal areas.



7. Service Provider Response

Care plans continue to be updated to include more person-centred information, especially around their past and social history which I am very keen to pursue.

This links into recommendation 2) as the care plan now reflects the persons' past hobbies and interests.

When speaking to staff they informed you that the activities coordinator had gone off sick some time ago. She is now back and working on a full-time basis from Monday to Friday. We are also in the process of arranging for volunteers to start coming into the home on a daily basis, working alongside the activities coordinator.

We have adapted new menus to incorporate particular choices that the residents have chosen themselves.

Staff informed you that training had to be done in their own time and is unpaid, whereas they are paid on an hourly basis for any training that they attend. Training had not been kept up to date before I took up position in July but we are now in the process of all staff being paid to attend mandatory training.

Staff already have a detailed handover at the start of shifts in the morning and at night time when all issues are highlighted and passed to staff and nursing teams.

We are presently in the process of redecorating all the communal areas, corridors have been glossed and awaiting emulsion. The residents have been consulted as to what preference they would like to have with regard to colour schemes, wallpapers etc.

As you are aware I took up the post of manager shortly before your visit and have made lots of changes since July and continue to do so. I think if you were to revisit you would be pleased with the ongoing progress.



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