

Presidential Care Limited

# Thorndene Residential Care Home

## Inspection report

107 Thorne Road  
Doncaster  
South Yorkshire  
DN2 5BE

Tel: 01302327307

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Thorndene is a residential care home providing accommodation and personal care to up to 22 older people, some of whom live with dementia. Accommodation is provided across 2 floors with a communal lounge and dining area on the ground floor. At the time of our inspection 11 people used the service.

From this location a domiciliary care service was also provided. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of this inspection 27 people received assistance with their personal care needs.

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

The service had improved since the last inspection; however, further improvements were still required. People and relatives were happy with the service and told us they felt safe.

Management of medicines had improved since the last inspection, but improvements needed to be embedded and reviewed. We recommended medicine audits include a review of how the effectiveness PRN (as required) medicine is recorded and checks on risk assessments for creams kept in people's rooms. The provider took action to address these recommendations immediately following feedback at the time of inspection.

Risks to people were assessed, monitored and managed appropriately and systems were in place to protect people from harm and abuse. The provider had acted to manage infection risks and there were enough staff on duty to meet people's needs.

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.

The provider had made improvements to the way in which the service was led and managed. These improvements needed to be embedded and sustained. We made a recommendation about the continued use of an action plan approach to implement changes and developments to embed and sustain the improvements the service had made.

There was a calm and happy atmosphere in the home. Staff were kind and caring and it was clear improvements had been made since our last inspection.

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 inadequate (published 6 July 2023) and there were breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

This service has been in Special Measures since 10 February 2023. During this inspection the provider demonstrated improvements had been made.

The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

We undertook this inspection to check whether the Warning Notices we served previously, in relation to Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, had been met. This focused inspection checked the provider 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 and Well-Led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We have found evidence that the provider needs to continue to make improvements. Please see the safe and well led sections of this full report.

#### Recommendations

We have made recommendations about reviewing how the effectiveness of PRN (as required) medicine is recorded and risk assessments for creams kept in people's rooms. We also made a recommendation that the service should continue to use an action plan approach to sustain and embed the improvements made since the last inspection.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Thorndene Residential 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 Health and Social Care Act 2008.

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

#### Inspection team

The inspection was carried out by 2 inspectors and a regulatory co-ordinator.

#### Service and service type

Thorndene Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Thorndene Residential Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Thorndene Residential Care Home also provides a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

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

At the time of our inspection there was a registered manager in post but they were off work. The head of service was on site and facilitated access to the service, records and paperwork.

#### Notice of inspection

This inspection was unannounced. Inspection activity started on 4 December 2023 and ended on 20 December 2023. We visited the location's service on 4 December 2023.

#### 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 including the local Healthwatch organisation. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 4 people and 2 family members to gain their feedback of the service. We spoke with 4 members of staff, including the head of service, team leaders and a support worker. We observed people in the dining room, the lounges and in their rooms. We reviewed 4 care records, a variety of medicines records and various records relating the management of the service.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. 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.

### Using medicines safely

At our last inspection the provider had failed to implement robust systems to ensure medicines were safely managed. This placed people at risk of harm. This was a continued 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 breach of regulation 17. However, further improvements were needed.

- Improvements had been made since our last inspection, however, further improvements were needed. Systems used to review and audit were not embedded effectively to ensure medicines were managed as safely as possible or stored appropriately.
- Where people were prescribed PRN (as required) medicines, guidance was in place to inform staff how and when these should be given but there was no information recorded about the effectiveness of the medicine following administration.
- There were no risk assessments in place for prescribed creams stored in people's bedrooms.

We recommended medicine audits include a review of recording the effectiveness of PRN medicine and checks on risk assessments for creams kept in people's rooms. The provider took action to address these recommendations immediately following feedback at the time of inspection.

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

At our last inspection the provider had failed to ensure risks to people were appropriately assessed, reviewed or actioned, placing people at risk of unsafe care and treatment. This was a breach of Regulation 12 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 12.

- Improvements had been made since our last inspection. The provider had systems to assess and mitigate risks to people which they should continue to embed and review.
- Where some people were at increased risk of becoming distressed, they had appropriate support plans and risk assessments which guided staff on how to support them safely and to reduce the risk.

- Behaviour charts were used as a record of an incident but they were not written in a way which identified what happened before, during and after the behaviour so learning could be identified.
- People's care plans were reviewed regularly and risk assessments updated. Assessments of risk for a range of areas including moving and handling, bed rails, falls and continence were completed.
- Family members were involved in developing care plans. One person told us, "[The staff] involved us with care plans to make sure that [relative] was cared for how they wanted to be cared for."

### Staffing and recruitment

At our last inspection the provider had not ensured sufficient and suitably qualified staff were in place. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Improvements had been made since our last inspection. Staff had received appropriate training in a range of competency areas including catheter care, nutrition and hydration, fire safety and equality and diversity. Changes in staff training and support needed to be embedded and reviewed to ensure continued improvement.
- There were sufficient staff on duty to meet people's needs. They provided support in a kind and caring manner.
- People had their needs assessed to determine how many staff were needed to safely support them. This information was recorded in people's care plans.
- A member of staff told us, "Training is mainly online but we access [face to face] training such as first aid and moving and handling. There is always a first aider on site."

### Systems and processes to safeguard people from the risk of abuse

At our last inspection, the provider had failed to ensure robust systems and processes were in place to protect people from the risk of abuse and improper treatment. This was a breach of Regulation 13 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 13.

- Systems to protect people from the risk of abuse had been improved and need to be embedded and sustained.
- Safeguarding records were maintained and organised. The information in the records would benefit from analysis to identify causative factors or precursors which would identify learning and improvements for the service.
- Staff accessed appropriate training to keep people safe and they were able to demonstrate how they would take action if they suspected someone was at risk of harm or abuse. One member of staff told us, "I have had training for safeguarding and would recognise if someone was being abused. I would go straight to management and report it to the safeguarding team in the Local Authority."

### Preventing and controlling infection; Visiting in care homes

At our last inspection, the provider did not have systems in place to ensure people were protected from the



risk of infection. This was a breach of Regulation 12 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 12.

- Improvements had been made since our last inspection to promote safer infection, prevention, and control measures.
- The home was clean and odour-free but there were shortfalls around cleaning of the laundry area and freezers. The outside bins were overflowing as a result of their position and organisation of the bin area.
- People were supported to have visitors and during the inspection there were visitors present including some family members who stayed most of the day.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.'

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. 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; Continuous learning and improving care; Working in partnership with others

At our last inspection the provider's continued lack of oversight and effective systems placed people at risk of receiving unsafe care. Accurate records were not maintained, and the registered manager failed to demonstrate effective leadership. The provider had failed to implement robust systems to ensure medicines were safely managed. This placed people at risk of harm 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. However, further improvements were needed.

- The provider completed a high-level analysis of accidents and incidents. Patterns and trends were identified when they completed more detailed analysis for incidents. This approach should be embedded as standard practice to enable the provider to take appropriate action when needed to reduce the risk of reoccurrence.
- A fire risk assessment had been completed by an external specialist and the installation of a new fire panel, zoning system and fire doors was being carried out.
- Following the previous inspection, the provider had appointed a head of service who was responsible for overseeing the improvements, developments and actions required to ensure a safe and effective service.
- Medicines audits were undertaken but improvement was needed to ensure PRN protocols and risk assessments were reviewed. We made a recommendation about this in the Safe section of this report.

We recommended the provider continues to use its action plan approach to implement changes and developments to embed and sustain the improvements made.

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

- There was a positive and calm atmosphere in the home. People were supported by kind and caring staff. A family member told us, "[The staff] are the best to look after [relative]. They need 24-hour care and [relative] would always need help and support."
- Activities for people were provided by care staff. A member of staff told us, "We celebrate events such as Christmas and the King's coronation. We sometimes have singers that come in and pantomimes at

Christmas."

- Following our previous inspection new flooring had been installed and redecoration and refurbishment of rooms and communal areas was taking place. The main lounge had recently been completely redecorated and people were happy with the improvements.
- The cook listened to feedback about menus and meal choices and was able to make specific changes to meet individual need. For example, chicken curry was not a popular choice for people but one person really liked it. The cook was able to provide chicken curry specifically for them.

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

- Regular resident meetings took place where people had the opportunity to make suggestions about improvements they wanted to see. People had requested a karaoke machine and this was being actioned by a team leader.
- Staff meetings took place regularly where a range of topics including infection prevent and control and resident of the day reviews were discussed.
- The provider had continued to work closely with the infection prevention and control team, commissioners and the local fire and rescue service to make improvements to the service. An action plan was in place to monitor and report on continued improvement.

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

- The provider understood their responsibilities under duty of candour, which requires them to be open and honest when things go wrong.
- Since our last inspection the provider had informed the local authority and CQC of notifiable incidents. The provider was receptive to our feedback on the day of inspection and was honest about continued improvements required and the need to embed changes to sustain the improvements made.