Enter and View Report
Thornton House Care Home

Care Home Contact Details:
Thornton House Care Home
94 Chester Road
Childer Thornton
CH66 1QL

Date of Visit:18 December 2018

Time of Visit: 10 am

Healthwatch Cheshire Authorised Representatives (Ars):
Andrew Firman Jennifer Young Joanna Brookes.

Manager: Olive Davies

What is Enter and View?

Healthwatch Cheshire (HWC) is part of a network of over 150 local Healthwatch across England established under the Health and Social Care Act 2012. HWC represents the consumer voice of those using local health and social services and trades as both Healthwatch Cheshire East and Healthwatch Cheshire West.

The statutory requirements of all local Healthwatch include an 'Enter and View' responsibility to visit any publicly funded adult health and social care services. Enter and View visits may be conducted if providers invite this, if HWC receive information of concern about a service and/or equally when consistently positive feedback about services is presented. In this way we can learn about and share examples of the limitations and strengths of services visited from the perspective of people who experience the services first hand.

Visits conducted are followed by the publication of formal reports where findings of good practice and recommendations to improve the service are made.

Contact Details: Healthwatch Cheshire, Denton Drive, Northwich, Cheshire, CW9 7LU Tel: 0300 323 0006

1. Description & Nature of Service

Details of home (obtained from carehome.co.uk)

Type of Service: Care Home only (Residential Care) – Privately Owned , Registered for a maximum of 22 Service Users

Registered Care Categories*: Dementia • Mental Health Condition • Old Age • Physical Disability • Sensory Impairment • Younger Adults

Admission Information: Over 65. Ages 65+.

Single Rooms: 22

Rooms with ensuite WC: 16

Facilities & Services: Day Care • Respite Care • Convalescent Care • Own GP if required • Own Furniture if required • Smoking not permitted • Near Public Transport • Minibus or other transport • Stairlift • Wheelchair access • Gardens for residents • Phone Point in own room/Mobile • Television point in own room • Residents Internet Access

GN Care owner Paul Gill has Thornton House in his portfolio. Acorn Court (Atherton Lodge) in Pooltown Road is also in his group.
Thornton House is a Care Accommodation where residents' needs and wishes are respected. A friendly and versatile approach is taken and care is based on a personalised life history taken by a team that is highly-trained experienced staff. Note that registered Care categories includes younger adults. This is at odds with Age Admission information -65 years-Age 65 plus.

Latest CQC Report – Last inspected December 18 and assessed as requires improvement.
https://www.cqc.org.uk/sites/default/files/new_reports/INS2-3692604708.pdf refers.

2. Acknowledgements

Healthwatch Cheshire would like to thank the service provider, care home manager, residents, visitors and staff for their contributions to this Enter and View visit.

3. Disclaimer

This report relates to findings gathered on a specific date of visiting the service as set out above. Consequently, the report is not suggested to be a fully representative portrayal of the experiences of all the residents and/or staff and/or family members/friends but does provide an account of what was observed and presented to Healthwatch Cheshire Representatives at the time of the visit.

4. Purpose of the Visit

- To enable Healthwatch Cheshire Representatives to see for themselves how the service is being provided in terms of quality of life and quality of care principles
- To capture the views and experiences of residents, family members/friends and staff
- To consider the practical experience of family/friends when visiting the service in terms of access, parking and other visitor facilities
- To identify areas of resident satisfaction, good practice within the service and any areas felt to be in need of improvement
- To enable Healthwatch Cheshire Representatives to observe how the service delivers on the statements it advertises on its website.

5. Introduction/Orientation to Service

On arrival ARs joined a representative of the Community Care Team waiting to gain entry. The front door had no shelter from the elements. We were met by Olive Davies, Manager, who ushered us into the homes 'quiet room'. The space was warm but had a faint odour. It transpires there is a problem with the front porch which may contribute to the faint odour. Generally, there were no apparent smells in other areas including the corridors.

6. Methodology

Representatives were equipped with various tools to aid the gathering of information. The following techniques were used by the Representatives:

- Direct observation of interactions between staff and residents
- Participant observation within therapeutic/social activities where appropriate
- Assessing the suitability of the environment in which the service operates in supporting the needs of the residents
- Observing the delivery and quality of care provided
- Talking to residents, visitors and staff (where appropriate and available) about their thoughts and feelings regarding the service provided

- Observing the quality and adequacy of access, parking and other facilities for visitors.

7. Summary of Key Findings

8. Detailed Findings

- The outer building requires some attention it is an older building not easy to maintain. It has some structural issues
- Staff on days 2 carers and 1 senior carer 2 domestics plus chef-only
- Manager who is very caring (having been a carer) appears to have evolved into the Mangers role. She appears to have difficulty in seeing solutions to some day to day and on-going problems
- Some internet and computer problems which are ongoing and not being resolved
- The home is not at capacity
- The home is anticipating a re-furbished kitchen in the next month.

8.1 Location, external appearance, ease of access, signage, parking

Home is ideally situated on a main arterial road. Signage is clear on the outer wall. The general outside of the home is in need of decoration the garden is neglected. They share a gardener with Acorn Court their sister home locally. Mitigating circumstance is the time of year we were inspecting. The extensive grounds at the rear of the building still had remnants of the summer fete in the trees.

8.2 Initial impressions (from a visitor's perspective on entering the home)

Thornton House looks tired and in need of some TLC. Slight odour in the quiet room but not in the corridors. Because the house is an older property the corridors are quite narrow and feels cramped.

8.3 Facilities for and involvement with family/friends

Families are encouraged to attend residents' meetings. One resident has family overseas and due to Internet problems, she is unable to have as much regular contact. Families have repeatedly requested action regarding the stairlift, internet access and the hot water heaters all items raised at the September 2018 meeting. As at the time of this report nothing appears to be resolved.

8.4 Internal physical environment

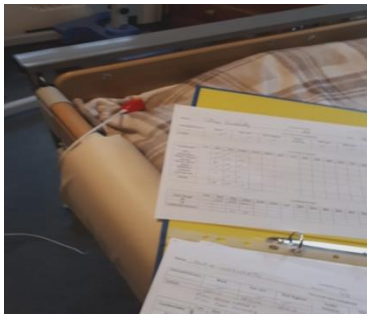
8.4.1 Décor, Lighting, heating, furnishing & floor coverings

The décor requires some attention and refurbishment. Carpets are cleaned. There was slight odour in the room of a client who was bed fast.

8.4.2 Freshness, cleanliness/hygiene & cross infection measures

The rooms looked clean on the surface. All bathrooms and toilets had cleaning tick charts which were ineffective. There were no months on the charts and no indications to which bathroom or toilet it was related too. Similarly, the care charts in patients' rooms were lacking patients' name/date of birth or room number, month. In the room I went in the bedfast patient did not have access to the nurse call bell despite having access to it ticked.

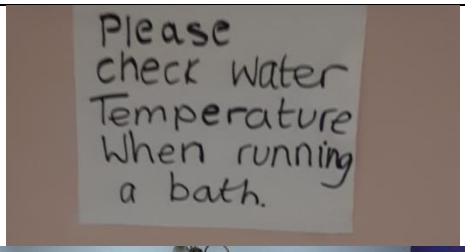
Signs on doors and walls were not laminated to enable them to be wiped down. Hand antiseptic dispensers were few in evidence. Chairs required wiping down in the dining room and wheelchairs for clients would benefit from being cleaned by carers/staff.



Checklists as discussed above.

8.4.3 Suitability of design to meet needs of residents

It is an older property which has been extended over time but the corridors are narrow and only have room for one person to go down at a time. As a result, it has problems associated with an older property.



Handwritten sign in the bathroom. Residents dining area.

8.5 Staff support skills & interaction

8.5.1 Staff appearance/presentation

Staff were tidy in appearance and bare below the elbows. Uniforms are to be supplied by the owner but the order has not been completed in full. Awaiting completion of the order.

8.5.2 Affording dignity and respect/Approach to care giving

There was little opportunity to observe care provision at the time of the visit. Clients who spoke to us were happy with level of care given.

8.5.3 Effective communications – alternative systems and accessible information

There appears to be an issue with communications despite a comment in the September 2018 meeting there would be a communication book in each client's room to enable continuity of care. There was no evidence in the rooms. The records are becoming computerised –however the computer system requires updating. Each level of the carer can only access their level of care therefore it is senior carers who assess and form care plan.

8.6 Physical Welfare

8.6.1 Appearance, dress & hygiene

Clients appear well dressed. Clothes were clean. Laundry is done on the premises. However the Laundry room is in the cellar accessed from the hall. The door to the room is locked.

8.6.2 Nutrition/ mealtimes and hydration

The food is nutritious. There is a chef and kitchen on the premises. Menus are changed on a monthly basis. There is a vegetarian option. There was a query from a relative at the September meeting as to where the meat was purchased as they

felt the quality had dropped. Relatives had concerns regarding hydration of clients particularly those who are prone to urinary infections. They felt water jugs were not filled (or cleaned) regularly, or placed where clients could access them easily. If the kitchen is to be re-furnished in the coming months the manager was not forthcoming as to how this problem will be solved.

8.6.3 Support with general & specialist health needs/Maximising mobility & sensory capacities

There appears to be gaps in the Manager's knowledge as to how to access specialist health care for clients as required, eg Parkinson's support or long-term care involvement for clients with long term conditions. Specialist care items such as a pressure relieving mattress appeared to have conflicting information. Relative's meeting stated that the owner had supplied pressure relieving mattresses –air mattresses. These are then rented to privately funded clients. The manager stated the owner had now bought specialist mattresses for the home and these were then rented back to the clients –privately funded –for approx. 15p per hour for the length of time in bed. Walking aids were supplied by clients. One client stated he would like to have the choice of Western films on the TV however the remote control was unavailable and the DVD player was out of work.

Conservatory

8.7 Social, emotional and cultural welfare

8.7. 1 Personalisation & personal possessions

Does not appear to be a major issue. Bed fast patients had a check list to ensure comfort- however once again the lists had no client's name, month, or room number on them, therefore not easily to cross check.

8.7.2 Choice, control & identity
There are planned family/resident and carer meetings and residents can have personal items within their rooms.
8.7.3 Feeling safe and able to raise concerns/complaints
Clients feel safe. Concerns are raised at residents' meetings but remedial actions are not obvious. Relatives' meetings in September 2018 were evidenced and attended.
8.7.4 Structured and unstructured activities/stimulation
No activities co-ordinator has been employed for 3 months. A person has been appointed, however, due to circumstances they have been unable to take up the position. A summer fete as a fund raiser was carried out in July money raised has gone towards the staff sourcing and building a bar area in the conservatory. Clients had requested the bar.
8.7.5 Cultural, religious/spiritual needs
Spiritual leaders visit the home and some residents attend their (choice) place of worship.
8.7.6 Gardens – maintenance & design/suitability for use/enjoyment
Gardens need some maintenance; however, the time of year doesn't show any garden in a favourable light. The Gardeners time is shared with the sister home in Pooltown Road Acorn Court.
9. Observations
9.1 Elements of observed/reported good practice
The general fabric of the building requires some attention as an older building is prone to need. The internal furbishing requires some updating. Notices require lamination to allow cleaning for prevention of cross infection. Antiseptic hand wash should be available outside rooms. None were observed in the corridors. The way doors to sluices laundry and other prohibited rooms are locked. Some doors are locked with a padlock to a bolt and hasp. Perhaps there are other forms of locks available.
9.2 Other observations / findings of note applicable
It appeared to the Authorised Representatives that good care is provided by the Home and staff. The care home website implies it takes younger disabled clients. There was no evidence of younger clients within the facility on the day of the visit.
10. Comparisons
10.1 Comparisons of observations against providers website
Not observed.
10.2 Comparisons with previous Healthwatch visit (s) where applicable
Not previously visited.

11.	Recommendations
	• Computer system upgrade • Television system /DVD availability-in more than 1 room. Facility client choice • Investment in fabric of building • Communication records in client's rooms • Owner attending on a regular basis and being available for a face to face with relatives.

Feedback from Provider of Service
To be completed prior to publication from comments received from feedback form.

Notes for completion.

This new template has been designed for ease of use.
Simply type responses into the box below each section – the box should expand automatically as it fills up.

Where possible complete all sections even if it is only a basic sentence.

Do not worry about the lines – these will be removed prior to completion.

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2. *LEFT Click into that section*
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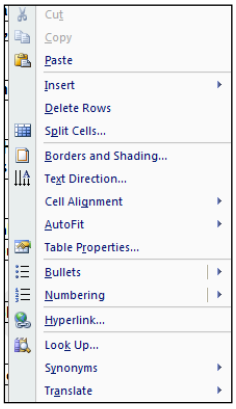

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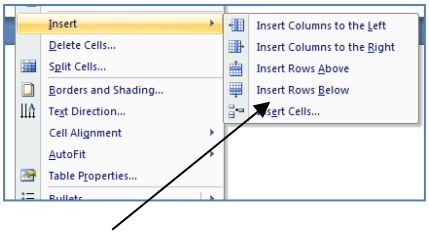

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