Enter and View Report
Thornton Manor

Care Home Contact Details: Tel: 01244 301762
Thornton Manor
Thornton Green Lane
Thornton-le-Moors
Chester
CH2 4JQ

Date of Visit: Thursday December 5th 2019 at 10am
Healthwatch Cheshire Authorised Representatives:
Andrew Pleass and Pat Clare
Staff Present: Josephine Senior Carer, Angie Owen Nurse in Charge

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

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1. Description & Nature of Service

Details of home

- **Group:** Casicare
- **Person in charge:** TJ Adamson (Manager)
- **Local Authority / Social Services:** Cheshire West and Chester Council (click for contact details)
- **Type of Service:** Care Home with nursing – Privately Owned , Registered for a maximum of 45 Service Users
- **Registered Care Categories*:** Dementia • Learning Disability • Old Age • Physical Disability • Sensory Impairment • Younger Adults
- **Specialist Care Categories:** Alzheimer's • Cancer Care • Cerebral Palsy • Colitis & Crohn's Disease • Down Syndrome • Hearing Impairment • Huntington's Disease • Motor Neurone Disease • Multiple Sclerosis • Muscular Dystrophy • Neuropathic • Orthopaedic • Parkinson's Disease • Speech Impairment • Spina Bifida & Hydrocephalus • Stroke • Visual Impairment
- **Admission Information:** Ages 18+.
- **Languages Spoken by Staff (other than English):** Italian, Polish, Russian
- **Single Rooms:** 45
- **Rooms with ensuite WC:** 23
- **Facilities & Services:** Palliative Care • Day Care • Respite Care • Convalescent Care • Physiotherapy • Independent Living Training • Sheltered Housing • Separate Specialist Dementia Care Unit • Own GP if required • Own Furniture if required • Pets by arrangement • Near Public Transport • Minibus or other transport • Lift • Wheelchair access • Gardens for residents • Bar/Cafe on

premises • Residents Kitchenette • Phone Point in own room/Mobile • Television point in own room • Residents Internet Access

Latest CQC Report – the location was subject to CQC inspection in June 2018 when it was rated GOOD in all aspects

Website information: There is no website at present (Parent Company's IT dept working on it)

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 (ARs) 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

Thornton Manor is a privately managed care home, which provides residential and nursing care. The present mix of residents has both mental and physical disabilities.
The funding is a mix of self and social funding. Fees are approx £900 minimum with options for more specialised care.
It may be difficult to visit residents without personal transport.

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

- A large, busy residential and nursing home which was virtually full to capacity at the time of visit
- High-dependency dementia residents some with challenging additional medical conditions
- Staff appear to be caring and well-motivated despite a demanding work-load.
- The building itself appears somewhat tired and would benefit from a face-lift.

8. Detailed Findings

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

Thornton Manor is located adjacent to the M56, between Chester and Ellesmere Port. Despite being on a country lane, it is relatively easy to find. It is sign posted from the main road and has another large sign before the drive.
There is a large car park. The building looked rather shabby and could do with re-painting. The property appears originally to have been a large farm house (there are old farm buildings to the right of the main building) which has been extended to house the principal accommodation wings on two floors.
The untidy external surroundings did not provide a pleasing first impression.

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

The bell on the external door wasn't answered so we opened the door and rang another bell on the inner door. Whilst we were waiting, we signed the visitors book and noted the literature and registration certificates.

When the door was opened, we were informed that the manager/lead nurse wasn't available today. We explained our role and asked to see the person in charge. There was only one nurse on duty and she was doing the medicine round. We suggested that she wasn't disturbed and we would see her later if someone else could show us around.

We met Josephine, the Senior Carer who had been asked to show us round. She obviously loved her job and cared for the residents. She has worked here for four years.

No one was expecting a visit from Healthwatch.

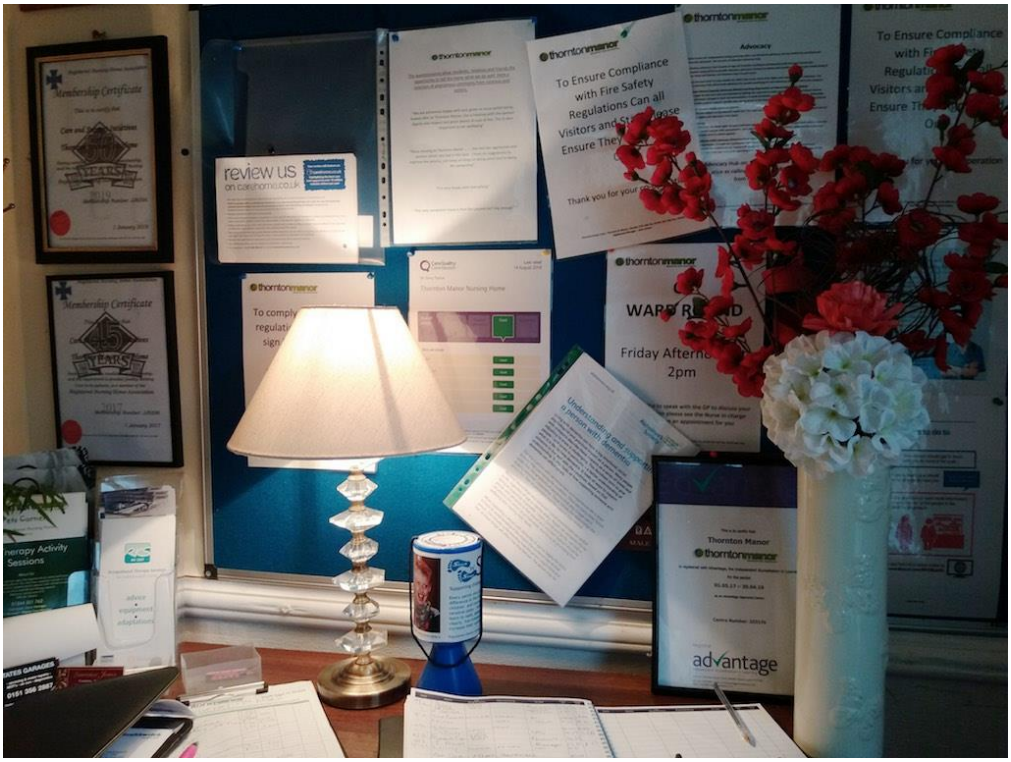
8.3 Facilities for and involvement with family/friends

Families and friends are welcome to visit anytime. A number of what we assumed to be resident visitors known to staff arrived during the Healthwatch visit. Staff, however, prefer visitors to avoid mealtimes if at all possible. There are no dedicated rooms for family members to visit relatives, but there are several lounges, a conservatory, garden areas and resident bedrooms to offer elements of privacy when required

8.4 Internal physical environment

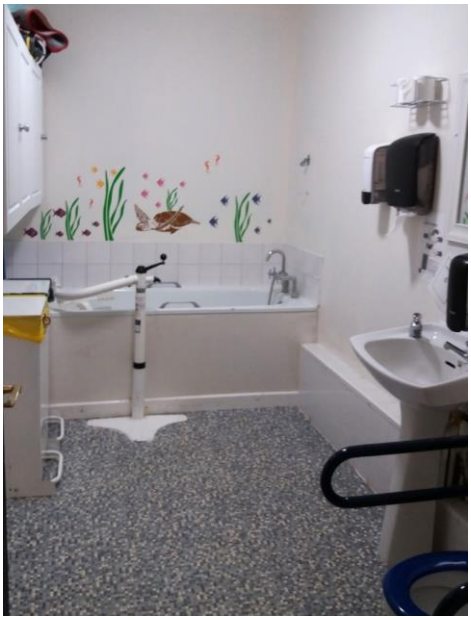
8.4.1 *Décor, Lighting, heating, furnishing & floor coverings*

All corridors were carpeted and all bedrooms and communal areas has vinyl flooring. All areas visited were pleasantly warm. Furnishings were homely, curtains were modern and clean. All areas appeared bright and small lamps and artificial flowers brightened the entrance areas. Christmas trees were already in place at corridor intersections. However due to the age of the building and the profusion of long narrow bedroom corridors, there is a general atmosphere of tiredness and wear in the overall building fabric.



8.4.2 ***Freshness, cleanliness/hygiene & cross infection measures***

All areas appeared to be clean and free from unpleasant odours. The bathrooms looked exceptionally clean. A Food Hygiene Rating of 5 is prominently displayed on the kitchen door. Hand sanitisers were in evidence in the reception porch, at entrances to dining areas and at other locations in the building. The senior nurse volunteered that they were aware of instances of norovirus in the area and that they are keeping a very close watch on residents at Thornton Manor. Due to its rural location it is relatively easy to quarantine any outbreaks should they occur.



8.4.3 ***Suitability of design to meet needs of residents***

All corridors had coloured handrails, doors were painted different colours as well as having memory boxes to help residents identify their own room. The room call panel was very visible. Toilet seats are bright blue.

The senior carer explained that the more severe cases of dementia and those needing 1 to 1 care were accommodated on the first floor, those with less severe symptoms on the ground floor. Although she explained, and it was observed, that a number of residents are, in her words, '*wanderers*' there appeared to be no restrictions, such as keypad controlled doors, to separate different areas of the home and access to or from upper and lower levels.
Corridors are signposted e.g. Maple Walk. Bedroom doors are clearly marked, as are communal areas, wet rooms and WCs, with visual symbols. There are larger and quieter lounges and dining rooms on both floors which all appeared to be in use by residents.

8.5 Staff support skills & interaction

8.5.1 *Staff appearance/presentation*

All staff were very busy but made every effort to welcome us.
Staff work 12 hour shifts, 8.00am to 8.00pm and vice versa, with a 10 minute handover at the start of each shift. Daytime staffing consists of up to 10 carers and two nurses with six carers and 1 nurse covering night shifts. There are several male carers. More carers are generally deployed on the upper floor than the ground floor to cater for the higher dependency residents accommodated on the first floor. All staff have completed specialist dementia care training, one nurse is a registered mental health nurse. Staff retention was said to be good although a recruitment open day was held two weeks previously and there were stated to be current shortfalls due to sickness. Nursing, carer and housekeeping staff wear different coloured uniforms and the activities coordinator wore an orange polo shirt with Thornton Manor logo.
There was only one qualified nurse on duty on the day we visited there are normally two. Staff appeared to be happy and most of the staff we spoke to had worked at Thornton Manor for some time. The chef had been there for 16 years. The senior carer had worked there for four years. She had previous experience in mental health but had also worked in business. She spoke highly of the new manager and the commitment to training. Management was very supportive when she had been ill earlier in the year.
She said the nurses listened to the carers and took note of their concerns.

8.5.2 ***Affording dignity and respect/Approach to care giving***

We observed several interactions between staff and residents and we were impressed by the obvious affection on display.

The facility allowed residents to choose how they dressed, when and where they ate and were allowed to "wander the premises". Quote from a carer "it is their home, we only work here."

Independently, both the senior nurse and the senior carer we met stated: '*We come to work in their home*' and '*We allow them to do what they want to do. We work to their timetable'*. The senior nurse was observed giving a spontaneous hug to a distressed female resident '*It's alright, sweetheart'* to which the lady responded '*thank you'*.

The majority of referrals to the home are by Health or Social Services professionals with a number being referred after discharge from Bowmere hospital. Typical resident conditions include dementia, personality and social skill disorders, depression, Downs' syndrome, often with associated medical treatment requirements, such as obesity, either resulting from or directly contributing to their mental health symptoms.

8.5.3 ***Effective communications – alternative systems and accessible Information***

All walls were decorated with tactile framed pictures which used different colours and surfaces or motor skills/puzzles (see pictures)

Pictorial displays of weekly activities, menu choices and even a pain symptom diagram were in evidence. Corridors and room functions are all signed with images. Bathrooms and wet rooms are coloured blue.

8.6 Physical Welfare

8.6.1 *Appearance, dress & hygiene*

As an estimate, roughly half of the residents were up and either walking in corridors, sitting or sleeping in lounges. A number were still in bed or in bedrooms: four or five were said to be bedridden '*often by choice*'. All residents who were up and about were fully dressed, several however did appear to need to have their hair washed. The senior carer explained that some residents '*often get an aversion to water at a certain age*' but showers and baths are always available and carers assist at least three or four every day.

8.6.2 *Nutrition/ mealtimes and hydration*

Dining rooms appear clean, with well-spaced tables. We spoke to the chef who has been in position for 16 years and has one part-time assistant. All food is prepared freshly on site. The lunch menu choice that day was ham and eggs, a home-made vegetable soup, a choice of sandwiches, chocolate sponge with chocolate sauce. A weekly menu is published but residents are free to make individual choices on the day as required and subject to availability. A tuck shop is also available in the main hall offering snacks through the day, although this was closed during the Healthwatch visit, and was said to be necessary to be kept locked when not manned due to the potential for '*collection*' by certain residents. We observed the mid-morning drinks trolley being taken round.

Most residents were said to use the dining rooms although residents are free to take meals wherever they choose and to take as long as they like over their meals.

As the senior carer explained: *'We know who moves and who doesn't. We make ourselves available to them wherever they need us. We encourage them to eat wherever they are sitting. We will go to them to assist them wherever they are, rather than force them to come to the dining room'*.

The majority of residents were said to eat quite happily by themselves, apart from two: one who needs to be monitored for weight loss and one lady who has a tendency to hold food and liquid in her mouth and to spit them out if carers are not looking.

Fluid and diet charts are kept and monitored by staff.

Alcoholic drinks are permitted subject to any personal medication restrictions.

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

We saw walking aids and wheel chairs. Residents are able to use the lift if they wish. GP services are provided by Helsby and Elton Practice, with regular weekly visits undertaken to the home by Dr Gregson. A pharmacy in Elton provides medication. A physiotherapist, Matthew, visits regularly and, as part of the activities programme, each Wednesday morning a lady visits to deliver exercise sessions.

One of the Thornton Manor nurses is qualified in reiki healing. When asked if there are certain patient conditions which Thornton Manor would not feel able to accept, the senior nurse commented: '*We pride ourselves in our ability to look after all the nursing needs of our residents*'.

8.7 Social, emotional and cultural welfare

8.7.1 *Personalisation & personal possessions*

The activities coordinator explained that staff ask residents' families for information on their interests, likes and dislikes to help in planning activities which they are most likely to enjoy. Relatives are encouraged to bring in any family pets which may help to stimulate residents and their memories. Memory boxes containing small personal possessions were seen outside many resident bedrooms.

8.7.2 *Choice, control & identity*

We saw one resident with dementia being discharged to another nursing home nearer to her husband and home. He said his wife had been happy at Thornton Manor and only moving to make visiting easier for him. He had no complaints.

Seven "Deprivation of Liberty Standards" (DOLS) are currently in place and a further 37 are outstanding. A number of bedrooms are kept locked during the day due to the propensity of certain residents to, in the words of the senior carer, '*wander and collect*'.

A call system is in place to alert staff to any residents in their rooms requiring attention. Although it was activated by one resident and was responded to during the Healthwatch visit, it was not noticeably intrusive compared with systems seen in other care homes previously visited by Healthwatch ARs.

8.7.3 *Feeling safe and able to raise concerns/complaints*

Family meetings are held every three months but have been poorly attended. Since visiting is open, relatives can raise any concerns or complaints on the day.

8.7.4 *Structured and unstructured activities/stimulation*

A programme of activities is on display. We spoke to Louise who tries to bring in four external entertainment providers each month: choirs and singers are popular. "Music seems to calm the residents" she said. The home has a very extensive petting farm in its grounds and small animals such as guinea pigs and rabbits are regularly brought inside for therapy, at the risk of over-vigorous petting if not supervised.

A hairdresser visits weekly and she also does manicures. Both men and ladies use the service.

8.7.5 ***Cultural, religious/spiritual needs***

Religious visits take place weekly and communion is provided for individual residents.

8.7.6 ***Gardens – maintenance & design/suitability for use/enjoyment***

A paved garden and seating area was observed at the rear with raised flowerbeds although this was clearly not in use and not in peak condition due to the unfavourable season. A variety of bird boxes were visible, all hand-painted by residents.

A very extensive small animal farm including two Shetland ponies and two donkeys, pigs, hens and various species of bird is attached to the home for the enjoyment or residents. Eggs from the hens are on sale by the entrance. This is staffed by two full-time animal carers. On occasions the care home manager brings in his pet parrots to the farm for residents' diversion.

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9. Observations
9.1 Elements of observed/reported good practice
• One bariatric resident (presently in hospital) had been a resident for three years and had never developed pressure sores despite the manual handing difficulties. The staff are proud of this example of good nursing practice. • Visitors/workmen ID badges seen • Pictures of named staff on display • The pet farm is surprisingly large, varied and certainly innovative in comparison with care homes previously visited.
9.2 Other observations/findings of note applicable
Resident occupancy at the time of the Healthwatch visit was 42 out of a maximum capacity of 45. One new admission was anticipated for the day following our visit with the possibility of two further admissions in the following week, bringing the home back to capacity. The senior nurse received several phone calls during our visit clearly enquiring about availability, which she was forced to decline.
10. Comparisons
10.1 Comparisons of observations against providers website
N/A
10.2 Comparisons with previous Healthwatch visit(s) where applicable
Recommendations suggested by Healthwatch in 2017 on taking advice from families on residents' past interests and on provision of picture format menus appear to have

been adopted. Support from local volunteers still appears to be an issue, however, perhaps as a result of the home's rural location and associated transport difficulties.
11. Recommendations
First impressions are important • The exterior rendering would benefit from refurbishment • Make efforts to tidy up the debris and rubbish in the approach from the car park to the main entrance. • Some internal rooms could be tidier and made to look more attractive. • Ensure a new website is available to help with referrals and staff recruitment.

Animal farm

Feedback from Provider of Service
Were you happy with the arrangements/requests <u>prior</u> to the visit? Please feel free to comment as appropriate. *I wasn't given a specific date for the visit which is a shame as I would have appreciated the opportunity to meet you and to show you around myself. I was told to expect you in the next couple of weeks but a specific day would have been good.* *The staff highlighted how friendly you were and said they found you very accommodating and understanding.* *Please note that Thornton Manor is actually registered for a total of 47 residents, across 45 rooms.* *It notes in section 1 that there is a separate dementia care unit, this isn't the case, there are no separate units at Thornton Manor.* *Section 8.1 (Untidy External Surroundings) please note that there was a largescale building project taking place on sight at this time and as a result there were more builders waste, skips and bins present creating the untidy appearance.* *In section 8.2 you note that no one was expecting a visit from Healthwatch. This was because we were not provided with a date you would be attending.* *Section 8.4.3 The senior carer explained that the more severe cases of dementia and those needing 1 to 1 care were accommodated on the first floor, those with less severe symptoms on the ground floor – This is not by design and is purely coincidental. We do not segregate service users based on need. Thornton Manor does not have units and residents are free to access any part of the building. At various times the dependency on each floor can change depending on admissions and discharges and staffing is allocated as appropriate.* *Section 8.6.3 Please note that we provide a range of therapy interventions for our service user, in addition to our physiotherapist, nutritionist and reflexologist. Myself and one of our nurses offer reiki, we have a massage therapist and provide animal therapy.* *As a service we pride ourselves on NEVER using PRN medication to manage behaviour and instead manage any challenges using the therapies available on site.* *8.7.6 The raised vegetable garden had been cut back for the winter but we did have a very good first crop including pumpkins, strawberries, potatoes, sweet peas and carrots, all of which are sold on our craft cart in front of the building during the season.* *In addition to the patting farm we are currently installing a small crazy golf course and giant chess set to further increase and encourage the use of outdoor spaces. We are also developing a sensory walk alongside the pony paddocks.* *We have also begun building a suite of 3 rooms for our therapy staff to enable a peaceful and private place to receive various therapy.* *There is plans to have the building repainted when the weather improves this is scheduled for late spring. Since building works have finished the car park is looking much tidier however we are in the process of creating a new storage area for general waste bins away from the front of the building.*

We should also note that residents bedrooms are fully personalised and several residents are reluctant to allow us to paint or remove their belongings that may be considered clutter, this is about creating a person centred space for all residents so their rooms feel like home.

Thornton Manor is currently undergoing a rebranding to From Thornton Manor Nursing Home to Thornton Manor Care Centre, this will include new signage, new stationary, new logos and a new website. The projected relaunch date for the new brand is April.

Healthwatch Cheshire CIC values any comments or suggestions that would improve future Enter and View visits. Please use this space to make a comment on how you feel the arrangements could be improved.

Providing a specific date of the visit would be beneficial to ensure I am on site and able to help would be beneficial.

T.J. Adamson Registered Manager

Healthwatch response: *We contact all providers to notify them that any time during a specified three-month timescale we will visit their premises. We do not specify a precise date.*