

**We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Thornlea Rest Home

308 St Annes Road, South Shore, Blackpool, FY4  
2QP

Tel: 01253345574

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2013

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Meeting nutritional needs</b>	✓	Met this standard
<b>Management of medicines</b>	✓	Met this standard
<b>Supporting workers</b>	✗	Action needed
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard

## Details about this location

Registered Provider	Mr Timothy Davies Wood
Overview of the service	<p>Thornlea provides residential accommodation for up to fifteen people.</p> <p>It is a bungalow, situated on a main road in the South Shore area of Blackpool. There are regular transport links close by.</p> <p>There is a rear garden including a decking area with a range of seating.</p> <p>There are a range of aids and adaptations in place to meet the needs of people who live there.</p>
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 7 May 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information sent to us by commissioners of services. We talked with commissioners of services and talked with other regulators or the Department of Health.

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### What people told us and what we found

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We spoke with a range of people about the home. They included, the registered provider, some of the staff members on duty, people who lived at the home and a visiting relative. We also had responses from external agencies including social services. This was to gain a balanced overview of what people experienced living Thornlea residential home.

People were seen to be cared for in ways that suited them. Some of those we spoke with told us that they had been involved in the planning of their own care. We saw that people were given opportunities to inform staff of their personal support requirements.

We spoke individually with four people living at Thornlea. They told us they were happy living at the home and that they liked the staff team. A more in-depth discussion took place with a visiting relative, who told us they were 'very satisfied' with the care and support provided by the staff. "I come most days and feel very confident with the way my relative is cared for. My relative likes living here and likes all the staff". A resident we spoke with told us, "It's like a home from home. I like living here".

The provider was taking a person to a doctor's appointment shortly after we arrived. When they came back they told us the provider always takes people for appointments. They told us, ".m, is very good, he doesn't let you go on your own".

You can see our judgements on the front page of this report.

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### What we have told the provider to do

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We have asked the provider to send us a report by 12 June 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

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### Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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### Reasons for our judgement

Individual records were kept for each person with a personalised plan of care. These set out the action to be taken by the staff team, in order to address assessed needs. This ensured that all aspects of health, personal and social care needs of people were known and met. Risk assessments had been completed to identify the potential risk of accidents or harm to the people being supported. These were being reviewed and updated monthly or sooner if changes had occurred. We spoke with staff about those risks and how they were managed. It was clear that the staff knew about them. They knew how to keep people safe.

Staff we spoke with confirmed assessment information was used in the planning and delivery of appropriate care and support. Staff we spoke with told us that as people's needs changed, adjustments to the plans of care for that person were also made. We saw evidence of this in care plans we looked at. We saw this included change in people's physical and mental health needs and were influenced by information from other professionals. This meant that staff always had the most up to date information, so that an appropriate level of care could be consistently delivered.

**Food and drink should meet people's individual dietary needs**

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**Our judgement**

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The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

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**Reasons for our judgement**

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We saw the home had a four week cyclical menu. The menu included a balanced meal plan for each day. The staff we spoke with told us they thought the plan was a useful tool. They told us it was followed but there could be changes for various reasons. One staff member told us, "We usually use the menu plan but it can change sometimes, it's only a guide". In order to inform people of what meals were available that day, there was a daily menu completed in the communal area. This meant people could see what choices were available to them each day. On the day we inspected the service a staff member was asking people about the choice they wanted for the main lunchtime meal. Two people we spoke with told us, "I like the meals they are very nice". Another said, "I am a bit picky but I like what they cook here". A visitor told us they thought their relative had their nutritional needs met by the home.

We saw the home took account of people who required special diets. This included people who had difficulty eating food and those who had conditions including diabetes. Records identified where this was the case so that staff understood specific dietary needs.

People's weights were being monitored regularly and in one instance we saw where medical advice had been sought following a change in eating pattern and loss of weight. This meant staff were acting in people's best interest when dietary changes had occurred.

Care plans included a nutritional assessment which identified any risk or special diets required. In one instance a persons hydration was being monitored due to the risk of dehydration.

There was a dining room available for people to use at mealtimes. However, this room accommodates up to nine people with fifteen people living in the home. The provider does provide the option of separate meal sittings. However when we spoke with people and observed the lunchtime meal, we saw some people chose to eat in their own room and two people chose to eat in the lounge area.

We saw staff assisting those people who required support to eat their meal in a sensitive and dignified way. This meant people could be confident that they would receive support from staff where it was required.

**People should be given the medicines they need when they need them, and in a safe way**

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## **Our judgement**

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The provider was meeting this standard.

Procedures were in place for people's medicines to be handled safely.

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## **Reasons for our judgement**

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We looked at this outcome as we had received information telling us that medication administration practices for two people living at Thornlea were not safe. In order to measure this outcome we looked at what procedures were in place and focused on the medication records.

We saw the home had reviewed how medication was being administered. The record for one person where concerns had been raised had clear administration advice for each item prescribed for them. This was due to the persons needs when taking medication. There was evidence staff administering medication were aware of the persons needs and had taken advice and guidance from the pharmacist. Another issue related to signing records prior to administration of medication. The records we looked at were accurate and up to date. Medication was being signed for only at the time of administration. In instances where medication was refused this was recorded. This meant there was an accurate audit trail to ensure safe practice.

Medication training was being updated and three staff members had enrolled to carry out this training. Another two staff had yet to receive training. The provider might like to note by ensuring all staff have access to medication training would ensure current good practice guidelines are adhered to.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## Our judgement

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The provider was not meeting this standard.

By not providing training updates in areas of care meant staff may not have access to current good practice to support people.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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## Reasons for our judgement

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We looked at what systems were in place to ensure staff were trained supervised and appraised in their roles. We did this by looking at some staff training and development records. We saw the training matrix recorded what training staff had received and when they had attended the training. In some instances there were gaps in individual training records. This included some staff members requiring training in moving and handling, safeguarding, dementia and nutrition. We spoke with the registered provider about this. They told us all staff training was under review and access to training courses suitable to meet the needs of people living at the home, were being sourced. Where staff were not receiving learning and development opportunities meant there may be constraints in them carrying out their role effectively.

We looked at two staff records. They showed there was a staff induction programme being used. The provider told us the probationary period was a three month process. We saw it involved an initial induction, including health and safety issues and the homes staffing protocols. The manager told us they only sign off the programme when the member of staff has shown competence in all areas of the programme.

We looked at two supervision records. They showed staff had access to regular formal supervision. The records showed supervision noted performance and development opportunities. Staff we spoke with told us they felt supported in their role by this. One person told us, "We get the support we need".

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had a system to assess and monitor the quality of service that people received.

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### Reasons for our judgement

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We looked at systems in place to monitor the quality, safety and care it provided to people. The records showed that internal quality audits were undertaken to ensure that the service provided remained consistent. We saw evidence that the fire alarm and equipment systems were tested on a regular basis. Assessment and monitoring of the service provided to individuals was ongoing. Amendments to care plans were undertaken as necessary at each review or when there had been a change of circumstances. Risk assessments were undertaken as required with outcomes incorporated in the individual care plans. A record was kept of any accidents or incidents that had taken place and actions taken to reduce the potential for risks in the future.

We saw records of equipment being properly maintained and checked. These checks promoted the safety of staff and people living at the home.

People appeared comfortable in saying what they thought or asking for things. Meetings for people living at the home and their families were ongoing. This enabled people to meet and discuss topics of interest that helped to influence how the service was provided.

Staff members we spoke with told us there was ongoing discussion between all stakeholders of the service. Comments included, "This is a small home and we are talking about things all the time". Another told us, "Decisions about residents care are not taken lightly, there is always discussion with doctors or social workers and families are always involved". A relative we spoke with told us the home keeps them informed about what is going on with their relatives care. They told us if there were any changes they are always involved in the decision making process.

This section is primarily information for the provider

✕ **Action we have told the provider to take**

## Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<b>Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Supporting workers</b>
	<b>How the regulation was not being met:</b> By not providing training updates in areas of care meant staff may not have access to current good practice to support people.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 12 June 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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