

Enter and View Report.

Unannounced visit to:

Thornton Hall & Lodge

16-18 Tanhouse Road

Thornton, Liverpool

Merseyside. L23 1UB

Monday 5th August 2019, 5pm



Contents page.

Content	Page
What is 'Enter and View'	3
Acknowledgments	4
General Information	4
Purpose of the visit	5
Type of 'Enter and View' visit undertaken	6
How the visit was planned	6
On arrival	7
Observations	8
What we learnt from listening to the manager, staff, residents and family members	14
Safeguarding observations	20
Conclusions, recommendations and considerations	20
Healthwatch follow up action	26

What is Enter and View?

Healthwatch have a legal power to visit health and social care services and see them in action. This power to '**Enter and View**' services offers a way for Healthwatch to meet some of their statutory functions and allows them to identify what is working well with services and where they could be improved.

Enter and View is about seeing and hearing for ourselves how services are being run and allows us to collect views at the point of service delivery. This might involve talking to staff, service users or observing service delivery.

Visits are conducted by 'authorised representatives' who are trained volunteers and staff members. The full list of representatives can be found on our website: <https://healthwatchsefton.co.uk/about-us/meet-healthwatch-sefton/enter-and-view/>

Visits can be announced (we plan the visit with the service provider) or unannounced (when the service doesn't know when we are visiting).

- The legislative framework for Healthwatch is split between what Healthwatch must do (duties) and what they may do (powers). Healthwatch have a power under the Local Government and Public Involvement in Health Act 2007¹ to carry out Enter and View visits.
- Healthwatch should consider how Enter and View activity links to the statutory functions in section 221 of the Local Government and Public Involvement in Health Act 2007²

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 that we can learn and share examples of what they do well from the perspective of people who use the service first hand.

¹ Section 225 of the Local Government and Public Involvement in Health Act 2007

² Section 221 of the Local Government and Public Involvement in Health Act 2007

Acknowledgements

Healthwatch Sefton would like to take this opportunity to thank staff on duty at the time of the visit. We would also like to thank the residents for taking the time to speak to us and for their contribution to this unannounced Enter and View visit. We would also like to thank the manager (Stewart), staff and the family member who was visiting at the time of the visit, for sharing their feedback and for taking the time to fill out surveys.

Please note that this report relates to the findings observed on the specific date and time of the visit and feedback from staff, residents and family members.

Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

The visit also takes into consideration that some of the residents spoken to, may have an illness and/or disability, including dementia, which may have an impact on the information that is provided.

General Information

Thornton Hall and Lodge is registered to provide residential care and support for up to 96 people. The home is purpose built and the accommodation is in four units over two floors. Two of the units within the home are designed to support people living with dementia. The home has aids and equipment to help people who are less mobile and the first floor is accessible by a passenger lift and staircase.

https://www.cqc.org.uk/sites/default/files/new_reports/INS2-3905140331.pdf

Purpose of the visit

Thornton Hall & Lodge currently has an overall rating of 'Inadequate' from the Care Quality Commission. We were also aware from our discussions with local stakeholders that issues relating to the standard of accommodation, food and staffing were areas of recent concern. We therefore agreed to undertake an unannounced visit. Our visit was planned to focus on the Lodge side of the home.

National charity, Independent Age, have been carrying out research looking at the things that older people and their families want to know when choosing a care home, as well as consulting care experts for their views on what are the most useful indicators of quality. Surveys were developed and we used the surveys as part of the visit process, to gather information from the manager, staff, residents and family members, as well as observing a number of different areas. Copies of the surveys are available on request.

Findings from this visit will help individuals and families make more informed decisions, while also helping the Care Quality Commission (CQC), local authorities and Clinical Commissioning Groups (CCGs) to build up a comprehensive picture of quality in care homes. Through this work we aim to:

- 🎯 **Provide a different perspective** based on personal testimony, to help fill the gaps in what people can find out from the Care Quality Commission, the local authority and the care homes themselves.
- 🎯 **Seek out and share best practice** and provide feedback to care home providers based on our observations.

Type of Enter and View visit undertaken

This was an unannounced Enter and View visit undertaken by the following authorised representatives from Healthwatch Sefton:

-  Wendy Andersen
-  Maurice Byrne
-  Joan Carton
-  Ken Lowe

How the visit was planned.

The visit is not an inspection, but offers a lay perspective. This visit was **unannounced with no notice.**

The aim of this programme of work is to observe services provided by Sefton based; residential, nursing and care homes, consider how services may be improved and share good practice.

The team of trained authorised representatives record their observations along with feedback from residents, staff and where possible families and friends. Surveys with freepost envelopes are left for completion by the manager, staff and family members. Enter and View visits are not intended to specifically identify safeguarding issues, however if safeguarding concerns arise, they are reported in accordance with Healthwatch Sefton safeguarding policies.

A report reflecting observations and feedback, is sent to the manager of the service for comment. Any response from the manager is included within the final version of the report which is published on the Healthwatch Sefton website: www.healthwatchsefton.co.uk/about-us/meet-healthwatch-sefton/enter-and-view

On arrival.

On arrival, the lead for the visit, Wendy Andersen introduced herself and the team, explaining that they would be undertaking an unannounced visit and handed over the letter of authorisation.

The member of staff who answered the door, did not tell the team who they were and told us to take a seat whilst they reviewed the letter. When they returned they were also handed the Healthwatch Sefton Enter and View information leaflet.

We found out that the person we were dealing with was the manager, Stewart who was very unhappy that the visit was taking place and felt that notice should have been provided.

Stewart was provided with the contact details for one of the directors of Healthwatch Sefton (Manager was on annual leave) and went into his office to speak privately. On his return, Stewart was polite and was helpful throughout the visit.

We were not asked to sign in on arrival and each team member signed in themselves. We did observe other people signing in however and we believe that if the circumstances had been different on our arrival we would have been asked to sign in.

During the visit, Stewart was very helpful, chatty and polite. We were informed that he worked for 'Orchard Care Homes' at a national level and that he had been brought in to work at this home due to the current Care Quality Commission rating. Stewart had only been in post for 4 weeks.

Observations

Exterior of the building.

Exterior	Excellent	Good	Okay	Poor	Terrible
Parking	★				
Signage	★				
Controlled Access (inc. directions on how to gain access/security).	★				
Physical Access (inc. disability access)	★				
Upkeep of grounds	★				
Upkeep of building's exterior	★				

On arriving at the home, we considered the external environment including upkeep of the grounds, parking, signage and physical access, all being rated as excellent.

At the front of the home, there is a large car park and on street parking was also available. The home had controlled access in place, there being an electronic buzzer with options to contact the lodge side or the hall. The building looks clean and modern and the car park was clean.

There was a very large garden area and we observed both **residents** and **staff** in the garden during the visit. There were seating areas and a gazebo. The grass had recently been mowed and there was a circular path for **residents** to walk around the garden. There were raised flower beds and we were informed by the **manager**, that he intended to start outdoor gardening for **residents**. High secure fencing was in place.

Reception

Reception	Excellent	Good	Okay	Poor	Terrible
Information provided on care home	★				
Décor	★				
Freedom from obstructions and hazards	★				
Lighting (inc natural light)	★				
Hygiene, cleanliness (free from odours)	★				

All areas of the reception were rated as excellent. A signing in sheet was present and we observed visitors being asked to sign in and out of the home.

The reception area for the hall side was large and it was bright and clean and free from obstructions. There was a disabled toilet in this area which was also accessible for visitors. We observed the toilet as being Dementia friendly.

The area on the lodge side was also bright and clean and there was lots of information present including information on the care home, including their whistle blowing policy. There was information available on Sefton Advocacy and information on Dementia. There were pictures of the **residents** up on the wall. Signs informed visitors that **staff** may look like they are on their phones but that this was because of the person centred care system the home used. We were informed that **resident's** information was accessed via the phones which **staff** could update on a continuous basis.

We also observed signs asking **family members** to bring in sun cream for their loved ones, as **residents** were sitting outside in the sunshine.

Corridors, Lifts and Stairways.

Corridors, Lifts and Stairways	Excellent	Good	Okay	Poor	Terrible
Physical Access (inc. grab rails etc)	★				
Décor	★				
Freedom from obstructions and hazards	★				
Hygiene, cleanliness (free from odours)	★				
Lighting (inc. natural light)	★				

Again, in observing corridors and stairways, all areas were rated as excellent.

The home has lifts and corridors were wide, bright and clean. We observed walls being painted in colours which were 'dementia friendly'. Hand rails were present and rails were in different colours. All bedroom doors had been painted in different colours and had been decorated with large picture signs stating 'bedroom' and with a picture of the **resident**.

There were lots of pictures hung along the corridors and the stairway was observed as being wide, clean and bright. On the second floor, there was low level lighting and there were grab rails along the corridors and up the stairway.

Dining Area.

Dining area	Excellent	Good	Okay	Poor	Terrible
Physical Access (inc. disability)	★				
Décor	★				
Freedom from obstructions and hazards	★				
Hygiene, cleanliness (free from odours)	★				
Dining Area (ambience/atmosphere)	★				
Lighting (inc. natural light)	★				

The dining area was rated overall as excellent. The dining area and sitting area were open plan.

In the dining area, there was a ‘dementia friendly’ clock but it was telling us the date and time for Saturday (this visit took place on a Monday evening). Menus were present on each table but they also showed the menu for Saturday and we observed that the menus were limited in choice.

The sitting area overlooked the garden and had large windows and patio doors. There were different chairs available and separate cushions were used to ensure that chairs could change height when needed.

Communal sitting area(s).

Communal Sitting Area	Excellent	Good	Okay	Poor	Terrible
Physical Access (inc. disability)	★				
Décor	★				
Freedom from obstructions and hazards	★				
Hygiene, cleanliness (free from odours)	★				
Communal/ Sitting area (general ambience)	★				
Lighting (inc. natural light)	★				

There was a lounge which we had a quick look at. There was a quite lounge but it was locked. We asked the **manager**, why it was locked and were told that a glass cabinet needed to be removed before the lounge could be accessed by residents.

In looking in at the lounge area, it was nicely decorated and had many comfortable chairs.

Kitchen facilities/Food preparation area.

We didn't observe the kitchen area. However when we were in the dining area, there was a work top which had jugs of cold drinks which had been made up and some basic kitchen facilities.

Bathroom/Washing/Toilet Facilities

Bathroom/ Washing/ Toilet facilities	Excellent	Good	Okay	Poor	Terrible
Physical Access (inc. disability)	★				
Décor	★				
Freedom from obstructions and hazards	★				
Hygiene, cleanliness (free from odours)	★				
Assistive equipment available	★				
Lighting (inc. natural light)	★				

In observing bathroom areas they were all rated as excellent. There were three disabled toilets that were 'dementia friendly', all being accessible to both **residents** and their **visitors**. All of the toilet areas observed were clean and bright. In all toilet areas, grab rails, emergency pull cords and assistance chairs were in place. All toilet areas had large pictorial signs.

We were invited into one **resident's** room and went into one which was unoccupied. Both bathrooms were nicely decorated, having large wet rooms and were clean. We were also told that there were communal bathrooms for **residents** who preferred to have a bath.

The communal bathroom was very big and again clean and bright. There were pictures on the walls and there were also tiled walls. Water was temperature controlled and assistive equipment was in place.

Additional Observations.

	Yes	No	Not seen
Is the complaints policy displayed?	☆		
Are the activities which are due to take place/ taking place/ took place for the day displayed anywhere in the home?	☆		
Have you seen any residents during the visit being offered drinks/ or see drinks available?	☆		

The complaints policy was displayed and during the visit, we also observed large 'You said, we did' posters which were printed in colour.

An activities board was observed in the dining/sitting area but there was no information on the board which told us what days they would be taking place and what times. We observed a cinema room which had a large screen and comfortable couches. The walls were decorated with pictures from old films. The room looked comfy, it was bright, the windows were open and it was very clean.

During the visit, we observed a member of **staff** who was giving out drinks to residents from a trolley.

We were told about the person centred system which was used within the home. **Staff** used mobile phones to access the system through an app. Every time something was carried out for a **resident**, this was added to their records, this included whenever they had a drink for example. The **manager** could access information in real time.

Staff told us that they think this system worked well. A member of **staff** showed us how they could access both mandatory and other training through the app. They felt this was easy to access and also felt that they could take some ownership of their personal development. We were told how **staff** could

apply for a training course and if approved by the **manager**, they would attend, the home paying for their taxi to get there and back. The member of **staff** we spoke to felt that they felt motivated to attend training and felt appreciated in work.

What we learnt from listening to residents, family members and staff.

During the visit we were able to speak directly with two **residents**.

During the visit seven members of **staff** spoke with us, answering questions from the **staff** survey we used. There was only one **family member** present during the visit and they shared their views on the home and told us that the relative they visit was very happy residing in the lodge and had made friends.

Have a registered manager in post.

One **resident** we spoke with didn't know who the **manager** was, with the other **resident** sharing that they often seen the **manager** around the home and they would talk with him. A **family member** we spoke to agreed that there was strong, visible management within the home.

Two of the seven **staff** strongly agreed, with the rest agreeing that the home had strong, visible management.

- 🗨️ *“Management are always available to discuss any issues that may arise.”*
- 🗨️ *“Management are at the home daily and only a phone call away if need be.”*
- 🗨️ *“Any problems, you can see the manager.”*

Getting to know residents and recording changes to health and care needs.

The one **family member** we spoke with strongly agreed that **staff** have good knowledge of their relatives and their conditions. They shared;

 *“They all know her medication and personal needs. She has been a resident here since earlier in the year.”*

One member of **staff** strongly agreed, with five agreeing (one member of **staff** didn't answer this question) that they had good knowledge of individual **residents** and that the person centred system they used helped.

 *“We are all able to access portable devices with all the information about our clients.”*

 *“I don't have long time her and I need to improve my knowledge for each individual resident.”*

The **family member** who shared their feedback with us, told us that they had access to their relatives care plan and they could see this when they asked.

 *“You can ask them for anything and they tell you.”*

Time to care for residents and staffing levels.

We observed the **manager** on a number of occasions during the visit talking with **residents** and it was evident that the **manager** had a great rapport with both **residents** and **staff**.

One **resident** we spoke with told us that **staff** members have the time to stop and chat with them and the **family member** we spoke to strongly agreed that staff had the time and skills to care for their relative.

Despite four members of **staff** agreeing that they had the time to properly care for **residents**, three disagreed and the common reason was due to **staff** shortages on shifts. We were told that this was often due to sickness and that agency **staff** would sometimes be called on to support. **Staff** wanted more permanent **staff** to be employed rather than agency **staff**.

- 👉 *“Although we are a busy home, we always have time to care for all our residents to the best of our abilities.”*
- 👉 *“Although at times, we can be short of staff due to sickness, but they arrange agency staff.”*
- 👉 *“Not enough staff, only AGENCIES.”*
- 👉 *“Need more staff.”*
- 👉 *“Not as much as we should have.”*

Offer a varied programme of activities and support residents to get involved.

Both of the **residents** told us that activities took place, however one said that they didn't take part in them due to their mobility. The other **resident** shared how the activities are always held in the other building (the hall side) and not in the lodge.

The **family member** shared how her relative was helped by **staff** and other **residents** to access the garden but that the activities which took place over in the hall side were not suitable for the level of dementia that their relative had. They felt strongly that suitable activities need to take place in the lodge area and be suitable for those with dementia. We were told there were no activities in which **family members** could also engage with and that the family were not encouraged to take their relatives out with them on trips.

Five of the **staff** members agreed that the home offered a varied programme of activities (one didn't answer). One member of **staff** disagreed and

confirmed that activities don't take place in the lodge area and that this needs to be addressed. A member of **staff** who agreed there was a variety of activities also confirmed that activities mainly took place on the hall side and not the lodge and that it should be equal.

- 👤 *"Activities coordinator is on hand daily."*
- 👤 *"We have activities coordinators that work very hard with residents on a daily basis."*
- 👤 *"Not enough activities at the lodge."*

Offer quality, choice and flexibility around food and mealtimes.

One **resident** we spoke with told us that there was a good choice of food and the quality was good, sharing that it was always the right temperature. The other **resident** told us that you often had a choice of two options and that the average portion size was too small.

This was supported by four of the seven **staff** members who disagreed that the home offered good quality and choice of food. We were told about small portion sizes and lack of choice;

- 👤 *"We only have two choices at meal times."*
- 👤 *"Although it is of good quality, I think the portion size could be bigger and more choice given."*
- 👤 *"Some choices are not what the residents like but you can request from the kitchen."*
- 👤 *"They should offer more choice and snacks."*

The **family member** told us that their relative had never complained about food and that they had been told by **staff** that they could bring food in for their relative.

Access to health and care.

Residents told us;

 *“No dentist, I go to the GP if needed.”*

 *“Yes, have a dentist and an Optician comes in.”*

The **family member** who spoke with us said that the family would arrange for dental or optician appointments for their relative. **Staff** told us that they were aware of health professionals such as opticians coming into the home to see residents.

Accommodating resident’s personal, cultural and lifestyle needs.

All seven members of **staff**, agreed that the home supports and respects **residents** needs. We were told about a weekly communion session which takes place.

During the visit we observed two **residents** who wanted to get access through a door. The **manager**, Stewart let them through and let them sit in the corridor. When the **residents** got up and tried to get through the next door, Stewart spoke to them saying *“lets all go this way together”*, encouraging them back into the lounge area. Stewart explained later that it’s best practice not to say *“no you can’t”* to someone with dementia and to offer them choice and direct them accordingly.

Open environment where feedback is actively sought and used.

One **resident** shared that *“now and again”* they were asked for views and suggestions about how the home is run, with the **family member** we spoke with sharing that if they raised issues, the were *“normally dealt with”*.

Staff agreed that the home tried to find out and use feedback and suggestions from **residents**, **family members** and **staff** sharing;

🌱 *“We have a monthly survey.”*

🌱 *“The families make suggestions to which the management act on.”*

Staff

All **staff** members were friendly and made us welcome during the visit. All of the **staff** we spoke to were happy to chat to us.

All of the **staff** members who we spoke to enjoyed their job. We were told

🌱 *“I love working in this particular home as its an enjoyable, happy place with lovely staff and residents.”*

🌱 *“Yes I love my job but we need more staff and not agency staff.”*

🌱 *“I love my job. I like knowing that I have done all I can in my working day for every resident.”*

🌱 *“I love my job, I look after all of our residents.”*

🌱 *“I enjoy my job because I like helping older people.”*

A member of **staff** showed us how they could access both mandatory and other training through the app. They felt this was easy to access and also felt that they could take some ownership of their personal development. We were told how **staff** could apply for a training course and if approved by the **manager**, they would attend, the home paying for their taxi to get there and back. The member of **staff** we spoke to felt that they felt motivated to attend training and felt appreciated in work.

Another **staff** member shared that *“training is very much welcomed and it is payed for by the company. I feel appreciated.”*

One member of **staff** felt that there should be a more flexible rota for shifts. They suggested that shifts should be 6am – 2pm / 2pm – 10pm and 10pm – 6am.

Safeguarding observations.

'Enter and View' visits are not intended to specifically identify safeguarding issues but if concerns arise during the visit they are recorded. There were **no** safeguarding concerns identified at the time of the visit.

Conclusions, recommendations and considerations.

Members of the Enter and View team fed back that this had been a very positive visit, being welcomed by the **manager**, **staff** and **residents**. In reviewing all areas, the home is rated throughout as **excellent** and everyone working at the home should be congratulated on making sure **residents** have a safe and comfortable home to live in.

- 🎯 **Staff** we spoke to, felt that there was strong visible management and Stewart was observed as having a good rapport with both **residents** and **staff** despite him only being in post for 4 weeks. All of the staff we spoke with, told us that they loved their job!
- 🎯 We were told about the person centred system which was used within the home. **Staff** used mobile phones to access the system through an app. Every time something was carried out for a **resident**, this was added to their records, this included whenever they had a drink for example. The **manager** could access information in real time. **Staff** told us that they think this system worked well.
- 🎯 **Staff** also told us how using the system helped them to get to know **residents** individual needs.

- Despite four members of **staff** agreeing that they had the time to properly care for **residents**, just under half (three) disagreed and the common reason was due to **staff** shortages on shifts. We were told that this was often due to sickness and that agency **staff** would sometimes be called on to support. **Staff** wanted more permanent **staff** to be employed rather than agency **staff**.
- The **family member** shared how her relative was helped by **staff** and other **residents** to access the garden but that the activities which took place over in the hall side were not suitable for the level of dementia that their relative had. They felt strongly that suitable activities need to take place in the lodge area and be suitable for those with dementia. We were told there were no activities in which **family members** could also engage with and that the family were not encouraged to take their relatives out with them on trips.
- Five of the **staff** members agreed that the home offered a varied programme of activities (one didn't answer). One member of **staff** disagreed and confirmed that activities don't take place in the lodge area and that this needs to be addressed. A member of **staff** who agreed there was a variety of activities also confirmed that activities mainly took place on the hall side and not the lodge and that it should be equal.
- One **resident** told us that you often had a choice of two options and that the average portion size was too small. This was supported by four of the seven **staff** members who disagreed that the home offered good quality and choice of food. We were told about small portion sizes and lack of choice.
- **Residents** have access to health and care services and during the visit, we observed how **residents** personal needs are met. During the visit we observed two residents who wanted to get access through a door. The **manager**, Stewart let them through and let them sit in the corridor. When the **residents** got up and tried to get through the next door, Stewart spoke to them saying "lets all go this way together",

encouraging them back into the lounge area. Stewart explained later that it's best practice not to say "no you can't" to someone with dementia and to offer them choice and direct them accordingly.

- During the visit, we found the complaints policy displayed and also large 'You said, we did' posters. We were told that surveys are used and the **family member** who spoke with us, told us that if they raise anything they would normally get sorted.

- There were no safeguarding concerns relating to the visit.

The following table shows the areas which following the visit we asked the manager to consider and respond on.

We will be following up on all of the issues we have raised and the issues shared by the provider.

Healthwatch recommendations following the visit.	Response from the provider
Recommendations relating to the dining room	
Manager to put a procedure in place to ensure that the dementia friendly clock is updated on a daily basis.	This is now a task for the Team Lead as part of the daily routine.
Manager to put a procedure in place to ensure that the menus in the dining area are updated on a daily basis.	Menus are placed by the Housekeeping Team and are checked in a daily Managers walk round
The activities board which we observed in the dining/sitting area to include the days and times for each activities.	Presently due to Covid-19, activities are restricted as residents are assisted to isolate. Every effort is made to keep all active and entertained whilst maintaining social distancing.
Recommendations relating to the communal sitting area	
To ensure that the glass cabinet is removed as soon as possible from the quiet lounge so that residents can access this room (room was being kept locked during the visit).	Removed.
Recommendations relating to activities	
The manager to provide an explanation as to why activities only take place in the hall.	As Covid-19 presently has restricted activities, once all is clear the home will have activities throughout the home

<p>The manager to explore options for activities to take for residents in the lodge side and to ensure they are suitable for residents with a diagnosis of dementia.</p>	<p>Orchard Care has resources to enable and to enhance activities and has a designated Dementia Care specialist who will assist in creating a menu of suitable , meaningful activities in a person centred way for residents with a diagnosis of dementia.</p>
<p>Recommendations relating to meals and options</p>	
<p>Manager to look at increasing the options which residents have at each meal (2 currently provided) per meal time.</p>	<p>Menus are varied and choice is available beyond the two main courses.</p>
<p>Manager to review the portion sizes which are in place and look to increase them.</p>	<p>Portion size does appear more than adequate and no one complains of not having enough to eat.</p>
<p>Staffing and management</p>	
<p>Manager to review staffing levels and work with ‘Orchard care’ to ensure that there is an increased level of permanent staff who work at the home, there being less reliance on agency staff.</p>	<p>Significant work to recruit and retain staff has resulted in a reduction on the need for agency use and this work will continue to ensure the correct staffing levels.</p>
<p>A suggestion from one member of staff was for staff to work under a more flexible shift system. The suggestion was for shifts to run: 6am – 2pm / 2pm – 10pm and 10pm – 6am.</p>	<p>Flexible working is considered and is made available with a mind to ensuring that the needs of residents are met.</p>

<p>Would this be viable? Manager to review this suggestion.</p>	
<p>We were informed that Stewart worked for 'Orchard Care Homes' at a national level and that he had been brought in to work at this home due to the current Care Quality Commission rating. Stewart had only been in post for 4 weeks. Could Orchard Care update Healthwatch on plans to recruit a permanent manager to provide consistency to the care home, its staff and residents.</p>	<p>Nigel Francis now in post as Permanent Manager for the Home.</p>

Healthwatch Sefton follow up action

In sending this report in draft to the care provider we didn't receive a response. We requested a response on a number of occasions and unfortunately didn't receive one.

We followed this up in May 2020 with the national provider (Orchard Care Homes) and David Williams, the 'Operations Director' responded.

We received the response from the provider as detailed in the previous section, Nigel Francis, the home manager for Thornton Hall & Lodge responding.

Our next steps will be to review the response from the provider and follow up on the information shared. This could mean a further visit to speak further with residents, staff and relatives to make sure that what the provider has shared with us is in line with their experience and feedback.

This report will be shared with our Healthwatch community which includes our members and key stakeholders across the borough, as well as sharing this information with our national body, Healthwatch England.

Healthwatch Sefton
Company Limited by Guarantee Reg. No: 8453782

Healthwatch Sefton Registered Office:
FREEPOST RTCG-HGXH-LHRS
Sefton Council for Voluntary Service (CVS)
3RD Floor, Suite 3B,
North Wing, Burlington House,
Crosby Road North
Waterloo,
L22 0LG

www.healthwatchsefton.co.uk

info@healthwatchsefton.co.uk

Twitter: @HWatchSefton

Facebook: <https://www.facebook.com/healthwatchsefton2013>

