

Smallwood Homes Limited

# Thelwall Grange Nursing Home

## Inspection report

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Tel: 01925756373

Date of inspection visit: 05 March 2015  
Date of publication: 21/05/2015

### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

We carried out an inspection of Thelwall Grange Nursing Home on the 05 March 2015. The visit was unannounced.

We last inspected Thelwall Grange Nursing Home on 15 July 2013 and found the service was meeting all but one of the requirements of the current legislation in the outcomes assessed. We found that the provider was not meeting the requirements in relation to the safety and suitability of premises and we asked them to take action to address this. Following this the provider sent us an action plan telling us about the improvements they intended to make. During this inspection we looked at

whether or not those improvements had been made. We found that the communal areas of the home and some bedrooms had been redecorated. The laundry area had been improved.

Thelwall Grange is registered to provide accommodation for up to 43 older people with personal or nursing care needs. Respite care is also offered. The home is situated within its own grounds in a rural location and has access to local amenities. There were 31 people living in the home on the day of our visit.

The home was managed by a registered manager. A registered manager is a person who has registered with

# Summary of findings

the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). We found the location to be meeting the requirements of DoLS. People using this service and their representatives were involved in decisions about how their care and support would be provided. The registered manager and staff understood their responsibilities in promoting people's choice and decision-making under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. We saw information that best interest meetings had taken place where people lacked capacity to make decisions for themselves.

People told us they were cared for very well and they felt safe. They said they had never had any concerns about how they or other people were treated. Routines were seen to be flexible to accommodate people's varying needs such as times of rising and having breakfast.

People were cared for by staff that had been recruited safely and were trained to support them in their duties. We found there were sufficient numbers of suitable staff to attend to people's needs and keep them safe and we observed calls for assistance were responded to in a timely way. People told us there was enough staff and they were attended to quite quickly most of the time.

Care plans and risk assessments were in place for each person. People's health needs were monitored and staff worked well with other professionals such as GP's to ensure their needs were met.

People had their medicines when they needed it. Medicines were managed safely. We found accurate records and appropriate processes were in place for the ordering, receipt, storage, administration and disposal of medicines.

The home was warm, clean and hygienic. Cleaning schedules were followed and staff were provided with essential protective clothing. People told us they were satisfied with their bedrooms and living arrangements and had their privacy respected by all staff.

From our observations we found staff were respectful to people, attentive to their needs and treated people with kindness in their day to day care. Activities were varied and people had good community involvement. Staff were seen to treat people with respect and preserve their dignity at all times.

People were provided with a nutritionally balanced diet. All of the people we spoke with said that the food served in the home was very good.

People told us they were confident to raise any issue of concern and that it would be taken seriously. There were opportunities for people to give feedback about the service in quality assurance surveys. Recent surveys showed overall excellent satisfaction with the service.

People told us the management of the service was good. Staff, relatives and people using the service told us they had confidence in the registered manager.

There were informal and formal systems to assess and monitor the quality of the service which would help identify any improvements needed.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People told us they felt safe. Staff had a good understanding of what constituted abuse and were confident to report any abusive or neglectful practice they witnessed or suspected.

The home had sufficient skilled staff to look after people properly. We found that staff recruitment was safe as appropriate pre-employment checks had been carried out to ensure that only suitable staff were employed to work with vulnerable adults.

People had their medication when they needed it. Appropriate arrangements were in place in relation to the safe storage, receipt, administration and disposal of medicines.

The home was clean and hygienic.

Good



### Is the service effective?

The service was effective.

Appropriate action was taken to make sure people's rights were protected.

Decisions made took into account people's views and values.

People had access to healthcare services and received healthcare support.

Staff had received appropriate updated training to support them to carry out their roles and responsibilities. Appraisals and formal supervisions had been carried out by the management of the home and all staff spoken with said they felt they were supported.

People were very complimentary about the food quality and menus on offer.

Care plans showed that people's nutritional needs were fully assessed and referrals to appropriate professionals took place.

Decoration and updating of the home had taken place.

Good



### Is the service caring?

The service was caring.

There was much laughter and a friendly atmosphere between staff and

people using the service. We found staff were respectful to people, attentive to their needs and treated people with kindness in their day to day care.

People were able to make choices and were involved in decisions about their day.

Good



### Is the service responsive?

The service was responsive.

People received care and support which was personalised and responsive to their needs.

People knew how to make a complaint and felt confident any issue they

Good



# Summary of findings

raised would be dealt with promptly.

People were given additional support when they required this. Referrals had been made to the relevant health professionals for advice and support when people's needs had changed.

There were opportunities for involvement in regular activities both inside and outside the home.

## Is the service well-led?

The service was well led.

People spoken with said that they felt the registered manager did a good job and was approachable and provided a well-run home.

The procedures in place to monitor and improve the quality of the service were effective and actions were taken to address any issues that were found. This ensured that people lived in a home that was safe and well led.

**Good**



# Thelwall Grange Nursing Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 5 March 2015 and was unannounced. The inspection team included two adult social care inspectors. Before the inspection we reviewed the information we held about the service. This included a review of any notifications sent to us about incidents in the home, which the service is required to send us by law. The service also completed a Provider Information Return (PIR) which gave us additional information about the home. The PIR is a form which asks the provider to give some key information about its service, how it meets the five questions and what improvements they planned to make.

We contacted Warrington Borough Council who commission the service for some people living in the home. They sent us their report from their last monitoring visit and issues raised by them had been actioned.

We met with people throughout the home and saw how care was provided to people during the day. We spoke to 13 people who lived in the home and one relative. We interviewed the registered manager, and seven staff including senior staff, the chef, domestic staff and health care assistants. We looked at five people's care records and documentation in relation to staff recruitment and training, risk assessments, quality assurance audits, policies and procedures and the management of medicines.

The environment was clean and fresh and the home's kitchen had been awarded a five star hygiene rating by the local authority. This is the highest award possible. We saw that the kitchen area was clean, tidy and well organised. Cleaning schedules were followed and staff were provided with essential protective clothing.

# Is the service safe?

## Our findings

People who lived in the home and their relatives told us they were happy with the care they or their family member received. They told us they felt safe living in the home. We noted appropriate risk assessments had been completed for each person. There were suitable plans in place to manage risks to individuals safety for example falls, moving and handling and pressure sores. We saw that risk assessments had been evaluated and if needed updated each month. Staff spoken with told us they were aware of people's risk assessments and how to effectively support people to keep them safe. We spoke with a district nurse who attended the home on a regular basis and they said they did not feel anyone living at the home was at risk.

We saw each person had a mobility care plan and a moving and handling risk assessment in place. We observed how staff assisted people to mobilise around the home in a safe way and according to their care plan.

Most people we spoke with told us they thought there were enough staff at the home, for example one person said "The buzzer is answered quite quickly". People told us they received the support they needed from staff and the staff we spoke with did not raise any concerns about the levels of staffing. We spoke with a health care professional who told us there were always enough staff available when they visited.

We were informed by the registered manager that staffing levels were increased to take account of any special activities or appointments that people needed to attend. There were arrangements in place to cover annual leave or sickness. The registered manager told us that some trained nurses on night duty were agency staff members but the same staff were on duty each week to maintain continuity. We looked at the duty rotas and found that there was one RGN and four care staff on duty each day which included a senior carer on each floor. In addition to care staff, a number of other housekeeping; laundry and kitchen staff and the registered manager were on duty to support the needs of the people who used the service. On night duty there was one RGN supported by two care staff.

We looked at five staff files to check that the appropriate checks had been carried out before they worked with people. All appropriate checks were completed prior to the members of staff working in the home including references and a criminal record check so that the management could be assured they were safe to work with vulnerable people.

We spoke with staff who were able to tell us what action they would take if they suspected abuse was taking place. They told us that they had received training in safeguarding and this had provided them with enough information to understand the safeguarding processes. We looked at the information with regard to staff training and this confirmed that staff had completed updated training. This helped to ensure staff had the necessary knowledge and information to make sure people living at Thelwall Grange were protected from abuse.

The majority of people that lived in Thelwall Grange were prescribed medicines. None of the people living at the home had been assessed as being able to self-medicate. The arrangements for managing medicines were safe. Medicines were kept safely and were stored securely. Clear records were kept of all medicines received into the home and of any medicines that had been returned to the pharmacy as no longer required. Records showed that people were getting their medicines, when they needed them and at the times they were prescribed. There was evidence that people who required medicines outside of the prescribed times of morning, afternoon and evening were receiving these medicines appropriately. We saw that arrangements were in place to ensure this happened in practice and the protocol regarding this was in each person's medicine administration sheet. Records showed that people were receiving pain relief when they needed it.

The environment was clean and fresh and the home's kitchen had been awarded a five star hygiene rating by the local authority. This is the highest award possible. We saw that the kitchen area was clean, tidy and well organised. Cleaning schedules were followed and staff were provided with essential protective clothing.

# Is the service effective?

## Our findings

People told us they were happy with the way the service was delivered and how the staff cared for them. They felt their needs were being met by staff. People said “Staff are smashing,” “You can choose to eat where you like, I go to my bedroom.” and “the food is good.”

Everyone we spoke with said the food was very good and varied. People said they got plenty to eat and drink and could have drinks and snacks whenever they liked. One person said, “If you don’t like something they get you something else; I like the food.”

We observed people having lunch in the dining room. The food was served by the registered manager as they liked to see that how the food was cooked and how much people were eating. The food smelt and looked very appetising. People who required assistance were provided with discreet and sensitive support.

Throughout the day we observed staff encouraging people to drink juice, tea and coffee.

The trained staff had completed assessments on people’s risk of malnutrition and dehydration. This was to ensure their health was maintained. We read how people’s nutrition and dietary needs had been assessed and reviewed regularly. People had a range of assessments that identified how risks should be managed. For example we saw that the staff monitored peoples’ weights as part of the overall planning process on a monthly basis and used the Malnutrition Universal Screening Tool (MUST) to identify whether people were at nutritional risk. This was done to ensure that people were not losing or gaining weight inappropriately.

Staff spoken with said they felt supported and enjoyed working at Thelwall Grange. Staff members said “This is a really good place to work,” “We get lots of training,” and “I am happy here it is a good home.” We looked at the training records for staff working at the home. This showed staff had completed a range of training courses which included safeguarding, first aid, food hygiene, fire safety, health and safety, infection control, moving and handling, dementia, mental capacity and care planning. We saw from the records supervision took place every two months to make sure staff received support and to improve the quality of the service. Supervision is protected time in which staff have the opportunity to discuss their work and

plan their personal development. The nursing and midwifery council register was checked every year to make sure the nurses were still registered to practice and safe to practice.

Individual choices were recorded in the care plans and people and their relatives were supported to talk about care needs so they were met in the way the person preferred. A consent form was present in the care files and these had been signed by the person whose file it was. Staff were clear when people had the mental capacity to make their own decisions, this would be respected. We saw in care files that people had been referred to GPs, district nurses, dieticians and other health care professionals. Visits were recorded in care files so staff would know what they had been referred for, who to and what treatment had been prescribed.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

We saw that some people living at Thelwall Grange were not able to make decisions about their care. To address this the management had completed an assessment of their mental capacity and a Deprivation of Liberty Safeguard was in place. We saw that care plans for people who lacked capacity had been fully assessed and a referral to the DoLS team if considered necessary made. Documents with regard to mental capacity had been fully completed and discussions with family members had taken place if this was appropriate. We saw information that best interest meetings had taken place where people lacked capacity to make decisions for themselves.

We found staff had received training with regard to Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005 (MCA). Staff spoken with had a good understanding and knowledge of how to ensure the rights of people with limited mental capacity to make decisions were respected.

We looked around the home and found it to be clean and tidy. In bedrooms we looked at we saw they were personalised to enable them to feel at home. We were told that the home had had some issues with the boiler but that

## Is the service effective?

this had now been rectified. We saw that some areas of the home had been redecorated and updated such as the

lounge area where people living with dementia were sat. New carpets and curtains and furniture had been purchased and we saw the pictures that were waiting to be put up on the walls.



# Is the service caring?

## Our findings

People told us staff treated them compassionately and with kindness. They had time for a chat and pleasantries with people as well as attending to their needs. Staff were aware of people's needs and responded quickly when their needs changed. People spoken with said "They are all very good, I have no complaints at all," "It is lovely here" and "Staff are good and supportive." People said they were involved in making decisions about their care and told us "We have meetings to discuss care plans, very positive." A relative said "(my relative) has settled in very well. I am very pleased with the care here."

We observed positive interactions between staff and people living at the home, and between staff and relatives. Staff were respectful, for example they addressed people by their preferred names. The atmosphere in the home was warm and friendly. During the day we observed people

were comfortable and relaxed and we saw cheerful exchanges where people were laughing in their interactions with staff. Throughout our inspection we saw that staff were courteous, caring and patient when supporting people and we saw their dignity and privacy were respected. Staff further respected people's privacy by knocking on their doors before entering.

We found people's choices were respected and staff were calm and patient and explained things well. We found staff asked people their choice around daily living such as where they wanted to sit and if they wanted a drink.

We found the registered manager had a good knowledge of the people who lived at the home, for example their personalities and how best to engage and support them. People reported a good relationship with the registered manager. This showed us that the registered manager took the time to regularly engage and interact with people in the home.

# Is the service responsive?

## Our findings

We looked at people's care records which provided evidence that their needs were assessed prior to admission to the home. This information was then used to complete more detailed assessments which provided staff with the information to deliver appropriate, responsive care. These assessments included diet and nutrition and aiding with mobility. We saw information had been added to plans of care as appropriate, indicating that as people's needs changed the care plans were updated so that staff would have information about the most up to date care needed.

Each person had a care plan and these focused on the needs and support of people as individuals. We saw that some people had signed their care plans and we saw review documents which had been completed showing that people and their relatives had been involved in their plans of care. These were sufficiently detailed to ensure people's care was personalised and they were kept under review. Each care plan had a life history of the person which detailed where they were born, where they lived and with whom, school, work and social history and how they met their spouse. How many children they had and a record of the names of children and grandchildren. Care records contained information about likes and dislikes and what was important to each person.

We saw that referrals had been made to the relevant health professionals for advice and support when people's needs had changed. For example, people who needed assistance

with swallowing assessments had been referred to the speech and language therapist (SALT). This showed that the service was responding to people's needs and requesting support to care for people.

The home had an activity coordinator whose role it was to organise and plan any activities within the home. We saw a programme of activities such as chair based exercises, target games, dominoes, card games, arts and crafts and a newspaper group. Pub lunches or tea were arranged. Activities attended were recorded so staff would know which people had attended an activity and if they would like to attend again. A newsletter had been produced monthly and this kept people up to date with everything that was happening in the home. The activities co-ordinator completed a plan and risk assessment for each person in the home. This identified what interests they had and what they would like to participate in. For example, it was recorded that one person did not like to join in group activities but did like to help out. Their plan stated that they should be offered tasks to do such as folding linen or helping to set the tables for meals.

The home had a complaints procedure in place and the registered manager told us people were given support to make a comment or complaint where they needed assistance. We saw that complaints were fully investigated and actions taken if any were recorded. People and relatives we spoke with said if they had concerns they would speak with the manager.

# Is the service well-led?

## Our findings

People spoken with said that they felt the home was well managed and comments about the registered manager were “He is absolutely brilliant,” and “Managers door is always open.”

Staff spoken with said “Supervisions and staff meetings take place,” “I feel the home is managed well,” “Training is in place and we are all up to date,” and “I love working here.” A recent staff survey that had taken place records that staff felt they were consulted regarding the service and changes made and that the manager is competent and respected by the staff team. Staff felt the service was well organised and managed.

Recent surveys completed by people who lived at the service and their relatives showed overall excellent satisfaction with the service. People told us the management of the service was good. Staff, relatives and people using the service told us they had confidence in the registered manager.

There were effective systems in place to monitor the quality of the service. The home was well organised which enabled staff to respond to people’s needs in a proactive and planned way. The registered manager used a number of ways of gathering and recording information about the quality and safety of the care provided. As part of this the manager carried out audits of the service which included monthly checks on the care plans, medication processes, risk assessments, records and health and safety. We saw completed audits during the inspection and noted any shortfalls identified had been addressed as part of an action plan. This meant there were systems in place to regularly review and improve the service.

We were told the provider had recently appointed a quality assurance manager, whose responsibility it was to carry out additional checks and audits of the service to ensure good

standards of care were provided. Following the inspection visit we were sent copies of full audits carried out by the quality assurance manager by the provider and these were very detailed. Action plans were in place if any errors were found.

During the inspection we saw the registered manager was active in the day to day running of the home. We saw they interacted and supported people who lived at Thelwall Grange and spoke with staff. From our conversations with the registered manager it was clear they knew the needs of the people who lived at the home and the atmosphere was relaxed and positive.

We saw that a recent audit had been completed by the infection control team from the Warrington Clinical Commissioning Group and a score of 98% overall had been achieved by the home.

Records showed accidents and incidents were being recorded and appropriate immediate actions taken. An analysis of the cause, time and place of accidents and incidents took place to identify patterns and trends in order to reduce the risk of any further incidents.

We saw that regular staff meetings were held and on looking at the minutes it was evident the registered manager openly discussed issues and concerns. We saw action plans were developed when appropriate.

The registered manager showed us the complaints and compliments log. We saw the home recorded the number of complaints each month and had followed them up with actions and acknowledgements to complainants.

Records we looked at showed that the CQC had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way. This meant that CQC were aware of any incidents that had taken place and what action the home had taken to address any issues that had arisen.