Thorncliffe Care Limited

Thorncliffe House

Inspection report

Thorncliffe
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Sunderland
Tyne and Wear
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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

Summary of findings

Overall summary

This inspection took place on 2 and 5 July 2018. The first day of the inspection was unannounced. This meant the staff and provider did not know we would be visiting.

Thorncliffe House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Thorncliffe House accommodates 24 people with personal care needs in one adapted building. Some of the people were living with dementia. On the day of our inspection there were 20 people using the service.

The service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. Like 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.

Thorncliffe House was last inspected by CQC in June 2017 and was rated Requires Improvement. At the inspection in June 2017 we identified the following breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 9 (Person-centred care) and Regulation 17 (Good governance). Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of Safe, Responsive and Well-led to at least good. At this inspection we found improvements had been made in all the areas identified at the previous inspection and the service was now rated Good.

Accidents and incidents were appropriately recorded and investigated. Risk assessments were in place for people who used the service and described potential risks and the safeguards in place to mitigate these risks. The registered manager understood their responsibilities with regard to safeguarding and staff had been trained in safeguarding vulnerable adults.

Medicines were stored safely and securely, and procedures were in place to ensure people received medicines as prescribed.

The home was clean, spacious and suitable for the people who used the service. Appropriate health and safety checks had been carried out.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. The provider had an effective recruitment and selection procedure in place and carried out relevant vetting checks when they employed staff. Staff were supported in their role via appropriate training and regular supervisions.

People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People were appropriately supported with their health and dietary care needs.

People who used the service and family members were complimentary about the standard of care at Thorncliffe House. Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

Care records showed that people's needs were assessed before they started using the service and support plans were written in a person-centred way. Person-centred is about ensuring the person is at the centre of any care or support plans and their individual wishes, needs and choices are taken into account.

People were protected from social isolation and the service had good links with the local community.

People who used the service and family members were aware of how to make a complaint. The provider had an effective quality assurance process in place. People who used the service, family members and staff were regularly consulted about the quality of the service via meetings and surveys.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staffing levels were appropriate to meet the needs of people who used the service and the provider had an effective recruitment and selection procedure in place.

Accidents and incidents were appropriately recorded and investigated, risk assessments were in place and staff had been trained in how to protect vulnerable adults.

People were protected against the risks associated with the unsafe use and management of medicines.

Is the service effective?

Good

The service was effective.

Staff were suitably trained and received regular supervisions and appraisals.

People's needs were assessed before they began using the service.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA).

Is the service caring?

Good

The service was caring.

Staff treated people with dignity and respect and independence was promoted.

People were well presented and staff talked with people in a polite and respectful manner.

People were involved in their care and their wishes were taken into consideration.

Is the service responsive?

Good

The service was responsive.

Care records were up to date, regularly reviewed and person-centred.

The home had a full programme of activities in place for people who used the service.

The provider had an effective complaints policy and procedure in place and people knew how to make a complaint.

Is the service well-led?

Good

The service was well-led.

The service had a positive culture that was person-centred, open and inclusive.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

The service had good links with the local community.

Thorncliffe House

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.

Inspection site visit activity started on 2 July and ended on 5 July 2018. It included a visit to the care home on both these dates to speak with the registered manager and staff, and to review care records and policies and procedures. One adult social care inspector carried out the inspection.

We spoke with four people who used the service and four family members. In addition to the registered manager, we also spoke with the deputy manager and five members of staff. We looked at the care records of four people who used the service and the personnel files of five members of staff.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, statutory notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

Family members we spoke with told us they thought their relatives were safe at Thorncliffe House. They told us, "[Name] used to leave the house, they got on the bus once. We have no concerns here. The front door is locked and alarmed", "Very safe" and "I trust them."

At the previous inspection we found some people's risk assessments were not always completed accurately. At this inspection we found risk assessments were in place, accurately completed and up to date. They described the risk to the person and others, and actions to be taken to minimise the risk. For example, one person had use of a walking frame. The person was encouraged to use it but had made a decision not to. A risk assessment was in place for mobilising without the frame and for the risk of falls.

Accidents and incidents were appropriately recorded and investigated to identify any trends or lessons learned. Lessons learned were fed back to staff via supervisions and team meetings.

We saw a copy of the provider's safeguarding policy and procedure, and additional guidance from the local authority. Safeguarding related incidents were appropriately recorded and CQC was notified of any relevant incidents. The registered manager understood their responsibilities regarding safeguarding and staff received training in the protection of vulnerable adults. We found the provider understood safeguarding procedures and had followed them.

We discussed staffing levels with the registered manager and looked at staff rotas. The registered manager told us they did not use agency staff and any absences were covered by their own staff or staff from the provider's care agency. Staff, people who used the service and family members did not raise any concerns about staffing levels at the home. We found there were sufficient numbers of staff on duty to keep people safe.

Staff recruitment records showed that appropriate checks had been undertaken before staff began working for the service. Disclosure and Barring Service (DBS) checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults. Proof of identity was obtained from each member of staff, including copies of passports, driving licences and birth certificates. One staff file did not include photographic identification for the staff member. We discussed this with the registered manager who told us the staff member was due a new DBS check soon and they would ensure a copy of photographic identification was kept on file. Copies of application forms were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained.

The home was clean and suitable for the people who used the service. However, we did notice an odour in an empty bedroom. The registered manager assured us the room would be cleaned and refurbished before it was occupied. Regular audits of the environment were carried out, cleaning schedules were in place, and

appropriate personal protective equipment (PPE), hand hygiene signs and liquid soap were in place and available. This meant people were protected from the risk of acquired infections.

Hot water temperature checks had been carried out for all rooms and bathrooms and were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) guidance Health and Safety in Care Homes (2014). Equipment had been serviced in line with the requirements of the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER). Portable Appliance Testing (PAT), gas servicing and electrical installation servicing records were all up to date.

Risks to people's safety in the event of a fire had been identified and managed, for example, a fire risk assessment was in place, fire drills took place regularly, fire safety equipment checks were up to date and personal emergency evacuation plans (PEEPs) were in place for people who used the service. This meant that checks were carried out to ensure that people who used the service were in a safe environment.

Appropriate arrangements were in place for the safe administration and storage of medicines. Staff had been appropriately trained in the administration of medicines. Audits were carried out monthly and medicine administration records (MAR) we checked were accurate and up to date. A MAR is a document showing the medicines a person has been prescribed and records whether they have been administered or not, and if not, the reasons for non-administration.

Good

Is the service effective?

Our findings

People who used the service received effective care and support from well trained and well supported staff. Family members told us, "I'm very happy with the care provided by the staff" and "It is very comforting to know how well looked after my [family member] is in Thorncliffe House."

Staff mandatory training was up to date. Mandatory training is training that the provider deems necessary to support people safely. The training included moving and handling, fire safety, first aid, medication, food safety, falls awareness, mental capacity, safeguarding, and infection control.

New staff completed an induction to the service and were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training and forms a set of minimum standards for new staff working in health and social care.

Staff received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace.

People's needs were assessed before they started using the service and continually evaluated in order to develop support plans.

People were supported with their dietary needs. Where required, guidance had been sought from dietitians and speech and language therapists (SALT). For example, one person had been assessed by SALT as requiring a pureed diet. We saw their guidance was included in the person's support plan.

We observed lunch and saw staff supporting people when required. The mealtime experience was pleasant and people were visibly enjoying their food. However, we did see two people being served their main meal without any interaction from staff or information on what they were being given. We discussed this with the registered manager who told us it would be addressed. The chef told us they spoke with people each morning to find out what they wanted for lunch and used samples of meals to help people who had communication difficulties to choose.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found the service was working within the principles of the MCA and applications to deprive a person of their liberty had been appropriately submitted to the

local authority. Staff had been trained in the mental capacity act and where required, mental capacity assessments and best interest decisions had been made and recorded.

Some of the people who used the service had Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms which means if a person's heart or breathing stops as expected due to their medical condition, no attempt should be made to perform cardiopulmonary resuscitation (CPR). Records we saw were up to date and showed the person and family members had been involved in the decision making process.

People were appropriately supported with their health care needs. The service had implemented the national early warning score (NEWS) system. NEWS is an electronic application that is used to detect illnesses early and reduce unnecessary medical professional visits and hospital admissions. The registered manager told us they worked closely with the local clinical commissioning group (CCG) and participated in their studies and research.

Some of the people who used the service were living with dementia. The service had incorporated some environmental aspects that were dementia friendly. The deputy manager told us about the programme the service had piloted in partnership with a local care organisation and university called 'Communication and interaction training' (CAIT). This included ideas and guidance on how to make the care home more suitable for people living with dementia. The service had removed patterned wallpaper and carpets, and placed dementia friendly signage around the home. They told us the programme had also resulted in reduced referrals to the challenging behaviour team and increased staff confidence in caring for people with dementia. The programme was ongoing and being led by the home's dementia champion.

Good

Is the service caring?

Our findings

People who used the service and family members were complimentary about the standard of care at Thorncliffe House. They told us, "They [staff] are very caring", "The staff know about my [family member]" and "They [staff] are patient."

People we saw were well presented and looked comfortable in the presence of staff. We saw staff speaking with people in a polite and respectful manner and staff interacted with people at every opportunity. Staff we spoke with were able to describe the individual needs of people who used the service and how they wanted and needed to be supported.

We observed staff knocking before entering people's rooms and closing bedroom doors before delivering personal care. People's preferences and choices were clearly documented in their care records, including preferred name, preference of male or female staff, and choice of clothing. For example, "To maintain a good standard of personal hygiene I require a full body wash on a daily basis. I require this to be done by two carers and have no preference with either male or female doing so" and "I want to maintain my femininity and I require carers to enable me to do this."

People were supported to be independent where possible. For example, at meal times or assisting to carry out their own personal care. Care records described what people could do for themselves and what they required support with. Examples included, "I am able to help but what I am unable to do I will ask for help", "I mobilise around the home independently" and "Care staff will need to remind me about bathing properly every morning and in the evening before going to bed." We observed people mobilising independently around the home but staff were on hand for those who required support. This demonstrated that staff supported people to be independent and people were encouraged to care for themselves where possible.

People had communication support plans in place that described people's communication needs and guidance for staff to help them support the person. For example, facial expressions to look out for, how to address people and to speak to people face to face. Records showed people were given the communication support they needed and provided with information in a way they could understand.

Conversations had taken place about people's religious, spiritual and cultural needs, and these were documented in their care records.

We saw that records were kept securely and could be located when needed. This meant only care and management staff had access to them, ensuring the confidentiality of people's personal information as it could only be viewed by those who were authorised to look at records.

The registered manager told us one of the people using the service had an independent advocate to support them to make decisions. Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities.

Good

Is the service responsive?

Our findings

At the previous inspection we found care records were not always accurate or up to date. At this inspection we found improvements had been made and care records we looked at were accurate, regularly reviewed and up to date.

Care records were person centred, which means the person is at the centre of any care or support plans and their individual wishes, needs and choices are taken into account.

Each person's care record included important information about the person, such as next of kin, medical history, diagnosis and details of their personal background, family and friends, and interests. We saw these had been written in consultation with the person who used the service and their family members.

Support plans included communication and hearing, physical health conditions, mental health, eating and drinking, skin integrity, washing and dressing, medication, mobility, spiritual needs, sleeping and night time, final wishes, and activities and social interaction. Support plans described people's individual needs and how staff should support them. For example, one person was at risk of pressure sores. Their support plan described the equipment in use and the actions staff were to take to support the person to maintain good skin integrity. Appropriate monitoring tools were in use and were up to date. The registered manager told us they had implemented the 'React to red' scheme. React to red is a pressure ulcer prevention campaign that educates people about the dangers of pressure ulcers and the simple steps that can be taken to avoid them.

People's final wishes were documented. These included information on choices people had made, such as preferred place of care, funeral arrangements and who they wanted contacting. Staff had received training on end of life care in a care home setting from a local hospice and had completed e-learning in end of life advanced care planning.

We found the provider protected people from social isolation. There was a pictorial activity planner on the wall in the foyer. This included details of the activities taking place in the home on a daily basis. For example, exercise classes, singalongs, bingo, baking and movie afternoons. We saw photographs of visits by external entertainers such as singers and dancers, and of events people had taken part in. A summer barbeque was planned to take place on the decking outside the home. We observed people taking part in group and one to one activities with staff. People told us there was plenty to do and family members were complimentary about the activities available at the home.

The provider's complaints, suggestions and compliments policy and procedure was made available to people and visitors. This described the procedure for making a complaint and how long it would take to receive a response. There had been three formal complaints recorded at the service in the previous 12 months. We saw all of these had been investigated and resolved. People and family members we spoke with did not have any complaints about the service but knew the procedure to follow.

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. They had been registered since October 2014. We spoke with the registered manager about what was good about their service and any improvements they intended to make in the next 12 months. Refurbishment of the home was ongoing. When asked about support from the provider, the registered manager told us, "I've just got to ask and it's there."

The registered manager told us about their links with the community such as a local family and neighbourhood scheme, and links with the local Age UK charity. They told us, "It's a lovely little home. Emphasis on the little means more time with the people."

The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law.

At the previous inspection we found the provider's quality assurance process had not identified issues with documentation. At this inspection we looked at what the provider did to check the quality of the service, and to seek people's views about it. We found improvements had been made, the provider gathered information about the quality of their service from a variety of sources and acted to address shortfalls where they were identified.

The registered manager maintained an audit matrix to ensure audits were up to date. Audits included care records, environment, infection control, training, dining, risk assessments, control of substances hazardous to health (COSHH), cleaning, call response times and quality assurance management. Audits we viewed were up to date and where issues had been identified, an action plan was in place. For example, an environment audit had resulted in carpets in two bedrooms being replaced. A more recent environment audit had identified the temperature in the medicines room had exceeded recommended levels. The registered manager actioned this straight away and a new air conditioning unit was purchased.

The registered manager conducted twice daily walkarounds of the home. Any issues identified were recorded and actioned.

Residents' meetings took place every two months and five surveys per year were sent out based on the CQC five key questions. The most recent survey was about 'Caring' and 17 of the 20 surveys had been returned. Analysis had been carried out on the results and there were no negative responses. Staff had also been surveyed and the feedback received was positive. Responses included, "I believe we deliver high standards of quality care to all service users" and "Thorncliffe House is a home that centres on individuality and person centred care, allowing individuals to make their own choices at every opportunity and promoting their independence. A very homely home."

The service had a positive culture that was person centred, open and inclusive. People who used the service,

and their family members, told us, "It's very well managed" and "Communication is good."

Staff were regularly consulted and kept up to date with information about the home and the provider. Management team meetings and staff meetings took place regularly. Staff we spoke with felt supported by the registered manager and told us they were comfortable raising any concerns. They told us, "It's a lovely home", "We work as a team" and "Plenty of support [from registered manager]."