

Staffordshire Care Limited

# Thelwall Grange Care Home

## Inspection report

Weaste Lane  
Thelwall  
Warrington  
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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

### About the service

Thelwall Grange Care Home is a residential care home providing personal and nursing care and registered to support up to 47 people. There were 46 people living at the service at the time of the inspection.

### People's experience of using this service and what we found

People and their relatives gave us positive feedback about the quality of care and staff approach. We observed many caring interactions and people were treated with dignity and respect by kind and caring staff. Staff knew people well and understood how to care for them in a personalised way. Care plans were informative and regularly reviewed to support staff. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People enjoyed the wide range of activities and trips on offer. There was a busy activities programme, and people were encouraged to join sessions that stimulated both their mind and kept them physically active. People had a choice of where they spent their time and were supported to remain independent.

People enjoyed the homemade meals, drinks and snacks throughout the day and their dietary needs and preferences were met. People's needs had been assessed and planned for before they moved into the service and kept under review. Staff supported people to access support from healthcare services when needed and ensured any advice they provided was followed. People received their medicines when they needed them from appropriately trained staff.

People received safe care. There were enough staff to support them and they were recruited to ensure that they were safe to work with people. People were protected from the risk of harm and potential abuse. There were systems to analyse when things went wrong to understand the cause and try to avoid repetition. People received their medicines safely from appropriately trained staff.

There were effective systems in place to monitor the safety and quality of service being provided. People, their relatives, professionals were involved in people's care. Staff had the opportunity to give their views on the service through quality assurance surveys, the results of which were used to bring about improvements. People and their relatives felt the service was managed well and that the registered manager and staff were approachable. There was a complaints policy and we saw that procedures were followed when dealing with complaints about the service so that a positive outcome was achieved.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 19 June 2017).

#### Why we inspected

This was a planned inspection based on our previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Thelwall Grange Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector and an Expert-by-Experience. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Thelwall Grange Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We checked the information that we held about the service including information about important events which the service is required to send us by law. We looked at the latest Healthwatch enter and view report. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also gathered feedback about the service from the local infection control and protection team and used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used this information to plan our inspection.

During the inspection

We spoke with eight people who lived at the service, seven people's relatives and a visiting healthcare professional about their experience of the care provided. We also spoke with seven care staff, two activities organisers, a cleaner, a kitchen assistant and the registered manager.

We reviewed a range of records including, people's care plans, medication records and records of how people had spent their time. We looked at a variety of records relating to the management of the service, including staff training, accident and incidents, complaints, satisfaction surveys and quality assurance records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- All the people we spoke with told us they felt safe living at the service. One person commented "Oh yes I feel safe. Nobody can get in if they're not supposed to." Another person told us "I feel safe without a doubt; I feel this is my home, and you feel safe at home, don't you?" A relative commented "We realised that my relative was safe after the first few days. We've never had a minute of thinking that they're not happy or don't feel safe either."
- Staff had received training on safeguarding vulnerable people and information and guidance was available to them to follow. Appropriate action was taken by staff when any such concerns arose.

Assessing risk, safety monitoring and management

- The home was well-maintained and safe for the people living there. Regular checks were carried out to ensure the safety of the environment and fire safety was effectively managed.
- People had personalised risk assessments which were reviewed regularly and gave staff the information needed to manage the risks associated with people's care. One relative told us "We have never had to question anything, and we have no safety concerns. My relative has had falls in the past but there's a pressure mat by their bed here, so staff know if they're up. It's also brightly lit in my relative's room, so everything is easy to see."
- Staff were observed using equipment to transfer people safely.

Staffing and recruitment

- There were enough staff available to meet people's needs. Staff responded quickly to call bells and people asking for help were being attended to promptly. One person told us, "There's always a carer there when you have a bath, looking after you."
- People told us there were enough staff at the home to help them when needed. One person said, "I can always press my buzzer if I need help in my room] and somebody will come. It doesn't take too long including] at night." A relative commented, "There always seems to be loads of staff milling around. If someone asks to go to the toilet, they'll say, 'I'll be with you in two minutes' and they are."
- Staff were safely recruited and underwent a sufficiently robust recruitment process before being employed.

Using medicines safely

- Medicines were safely administered, stored and recorded by staff who had the required knowledge and skills. One person told us, "I know what [my medications] are all for because one of the seniors gave me a list of what they were and what they're for." A relative described how well the staff supported their loved one with their medicines, especially the support given to them at a time when their medicines changed.
- The home had systems and checks in place to ensure the safety and quality of medicines administration

was maintained.

#### Preventing and controlling infection

- Throughout our inspection we found the home was clean and free from unpleasant odours. One relative commented "It's clean enough but it's not sterile; it's a home at the end of the day."
- Staff had received training on this topic and used personal protective equipment (PPE) when required. one person told us, "They [care staff] always wear gloves and an apron when they're helping you with a bath."

#### Learning lessons when things go wrong

- Accidents and incidents were appropriately recorded and responded to by staff.
- This information was regularly reviewed to reflect and learning from what had occurred and to identify any emerging patterns or trends that needed addressing.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet

- People benefitted from having a choice of freshly made appetising food at mealtimes. We observed people enjoyed meal times and saw staff supported and encouraged people to eat and drink.
- People were offered regular drinks and could help themselves to snacks throughout the day. One person told us, "The food has been very good, actually. You can have extra if you want it, and a snack between meals."
- People's individual dietary preferences and needs were met. One relative told us, "I think the nutrition here has helped my relative's health issue which has massively improved. The quality and portion size of the food is quite good and my relative has put weight back on; they always have plenty to drink."

Staff working with other agencies to provide consistent, effective, timely care

- People and their relatives told us staff at the home were good at helping them to access other healthcare services when needed. One person told us, "'I've seen the doctor here once or twice I think I've kept well!' A relative told us, "The staff are aware of my relative's past health record. If they see anything wrong, they call the doctor out, and keep us informed about it."
- People's health was monitored by staff. A visiting healthcare professional confirmed that referrals were made to other healthcare professionals when needed and staff followed their advice.
- Relatives were kept informed about any changes to their loved one's needs. One relative commented, "The staff are very good. Anything that goes wrong with my relative's health, they spot straight away." Another relative told us, "The home got an OT (occupational therapist) out to assess my relative's needs. They have a 'harness' to get into the bath safely. It's kept in their bedroom."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and documented prior to them moving into the service, to ensure staff at the home were able to safely and effectively meet their needs. People's oral care was planned for and met.
- People's individual equality and diverse needs were considered during the assessment and care planning process, such as age, disability and religion.

Staff support: induction, training, skills and experience

- New staff received a thorough and supportive induction into their role and staff received ongoing training to meet people's needs.
- Staff felt supported with their performance and wellbeing through regular supervisions and appraisals.
- People and their relatives spoke highly of the staff and the support people received. One person told us, "I'm certain they know what they're doing; they seem well-trained to me, as far as I can tell anyway."

Adapting service, design, decoration to meet people's needs

- People's had been supported to personalise their rooms to reflect their personalities and tastes.
- The layout of the service gave people options of where they wanted to spend their time.
- Some of the people living at the service were living with dementia. We saw there were adaptations to assist people in finding their way around the and understanding other information, such as easy -read signage.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff sought and documented people's consent to their care and treatment in line with the principles of the MCA. Where decisions needed to be made in people's best interests, relevant people were involved, and appropriate records had been completed.
- DoLS applications and authorisations were effectively monitored and managed.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives gave us positive feedback about the quality of care and staff approach. One person told us, "The carers put their arms round people when they get upset. It calms them down and helps them get over whatever's upsetting them. The carers are all good."
- Positive and caring relationships had been made between people and staff. We observed one staff member interacting with someone who had been feeling anxious. They showed genuine interest in the person and engaged them fully in the conversation.
- A relative told us "Whenever we came to look at what it was like here, whatever time we came, people were always happy, the staff were always laughing and having fun with them; lovely."

Supporting people to express their views and be involved in making decisions about their care

- Staff ensured people and their relatives were involved in making decisions about their care and people told us staff listened to them. Most people and all the relatives confirmed they had been fully involved in the care planning process. One person told us, "I do remember talking about my care plan, but I couldn't tell you anything about it." A relative commented "The care plan was done on entry, and was reviewed a few times over the first four to five months."
- Staff at the home supported people to seek the support of independent advocacy services when needed and had a good link with a local service.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect and people were supported by staff to maintain their appearance. One person told us, "The staff never come in my room without knocking or asking. Sometimes my door is open, and they'll put their head round and say, "Can I come in? They don't just walk in, that's what I like."
- People were supported to be independent. One person told us, "I have a shower or bath without any support, but the carers come in at the end to help me dry and dress myself." A relative told us, "My relative has someone to put the shower on and then they leave them to it. They get themselves dressed, even though it can be a bit haphazard sometimes; but it doesn't matter, it allows some independence."
- People had the opportunity to join the breakfast club where they could prepare their own toast, cereal and drinks. One person enjoyed using a pressure washer to clean the patio area and others enjoyed being able to bake cakes.
- People's confidential information was stored securely in locked rooms or held securely on computers that could only be accessed by people who needed to see it.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and their relatives gave positive feedback about the wide range of activities on offer. One person commented, "There is usually enough going on, and we go on trips to different places; we take turns. The staff take you in taxis and if you want to go to town, they will take you." Another person told us, "When the activities coordinator asked me if I was going to have a go, I said no but they put the items next to me and said, 'when you're ready', so I watched them for a bit then I joined in."
- Films were shown in the cinema room which provided an authentic cinema experience. People enjoyed the visiting entertainers and trips out to local pubs and cafes. People with an interest in gardening had the opportunity to grow produce in an allotment.
- Staff recognised the importance of preventing social isolation. Several people said staff regularly took time to do so and one person commented, "The staff come into my room and sit here having a chat with me." A relative told us, "My relative wasn't very socially involved before coming here. Now they are; one day we came, and they were singing and dancing, thoroughly happy."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives were involved in the care planning and review process. People's care plans gave staff the information needed to support people safely and effectively. Care plans had been regularly reviewed to ensure they remained accurate.
- Staff responded to people's requests for assistance. One person told us "I only have to say to one of the girls can I have a bath, and I'm in."
- Effective use was made of technology. Sensors had been installed to alert staff if people who needed assistance to move got out of bed unaided.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's individual communication needs assessed as part of a pre-admission assessment and ongoing care planning process. People who wore hearing aids or glasses were supported to wear them and information was available in large print and illustrated with pictures.

Improving care quality in response to complaints or concerns

- Complaints were managed effectively. Records showed they were documented, investigated and appropriately responded to.
- People and their relatives had access to information and guidance about making a complaint and said they felt comfortable raising concerns. One person told us, "The staff would sort it out if I had any complaints. There are about five or six of them I could speak to." A relative commented, "If we had a complaint we'd just voice it to them, but we've never needed to. We have found no fault with anything, really."

#### End of life care and support

- No one was receiving end of life care, however, people's wishes on their end of life care, such as resuscitation, had been discussed and documented. Plans were in place to ensure people's preferences at the end of their life were met.
- Staff had relevant training to meet these needs and worked with other health professionals to ensure people's end of life care needs were effectively met.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were systems in place to monitor, assess and improve the quality and safety of service people received. The registered manager was well-supported by the provider and senior staff. They regularly met and engaged with managers from other services to share knowledge, learning and ideas.
- People, relatives, professionals involved in people's care and staff were all encouraged to give their views on the improvements they would like to see via a satisfaction survey. The results from surveys were analysed, communicated to people and available to download on the providers web site. The comments from the most recent survey were very positive.
- CQC had been notified of all significant events which had occurred, as required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; and how the provider understands and acts on their duty of candour responsibility

- People and their relatives had confidence in the registered manager and felt they were approachable. One person told us, "I do think (name) is a good manager and I always go and ask them if there's anything I want to know." A relative commented, "We know the manager and they are approachable. They helped a friend with the whole process of getting their relative in here."
- Staff were enthusiastic and positive about their work and there was a caring culture amongst the staff team. The management team had a good understanding of people's needs and the challenges staff faced on a day to day basis. Staff worked well together to achieve positive outcomes for people.
- The registered manager understood their responsibilities and a culture of openness and transparency was encouraged.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were able to give their feedback about the service at one to one and bi monthly relatives and residents meetings. People were kept informed of events at the service through a newsletter and the providers web site which included a calendar of activities.
- In response to feedback from people about improvements they would like, the provider was buying a minibus to facilitate more outings.
- People and their relatives told us management and staff were approachable, listened to and resolved any issues raised with them.

#### Working in partnership with others

- Staff engaged well with other health and social care professionals to ensure people's health and wellbeing was maintained.
- Links with the local community and community groups were fostered and encouraged.