Kumar Properties Limited

Thorncliffe

Inspection report

Thorncliffe
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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

Thorncliffe care home is registered to provide personal care and accommodation for up to 28 older people. The home is located in Darwen, near Blackburn Lancashire. It is a detached building in its own grounds with car parking at the front of the building. Public transport is within easy access of the home. There were 28 people accommodated at the home on the days of this inspection.

The service were last inspected in June 2014 when the service met all the regulations we inspected.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff we spoke with were aware of how to protect vulnerable people and had safeguarding policies and procedures to guide them, including the contact details of the local authority to report to.

Recruitment procedures were robust and ensured new staff should be safe to work with vulnerable adults.

Electrical and gas appliances were serviced regularly. Each person had a personal emergency evacuation plan (PEEP) and there was a business plan for any unforeseen emergencies.

There were systems in place to prevent the spread of infection. Staff were trained in infection control and provided with the necessary equipment and hand washing facilities to help protect their health and welfare.

We found the administration of medicines was safe and people thought they received their medicines on time.

People who used the service said food was good. People were given a nutritious diet and had choices in the food they were offered. We saw meals were unhurried and people chatted to each other socially.

Some staff had been trained in the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS). The registered manager was aware of her responsibilities of how to apply for any best interest decisions under the Mental Capacity Act (2005) and followed the correct procedures using independent professionals.

New staff received induction training to provide them with the skills to care for people. Staff files and the training matrix showed staff had undertaken sufficient training to meet the needs of people and they were supervised regularly to check their competence. Supervision sessions also gave staff the opportunity to discuss their work and ask for any training they felt necessary.

We observed there was a good interaction between staff and people who used the service. People told us staff were kind, knowledgeable and caring.

We saw that the quality of care plans gave staff sufficient information to look after people accommodated at the care home and were regularly reviewed. Plans of care contained people's personal preferences so they could be treated as individuals.

There was a record of people's end of life wishes to ensure their needs could be met at this time.

There was a record kept of any complaints (none since the last inspection) and we saw the manager took action to investigate and reach satisfactory outcomes for the concerns, incidents or accidents to reach satisfactory outcomes.

Staff, people who used the service and visitors all told us managers were approachable and supportive.

Staff meetings gave staff the opportunity to be involved in the running of the home and discuss their training needs.

The manager conducted sufficient audits to ensure the quality of the service provided was maintained or improved.

The environment was maintained at a good level and homely in character. The outside space was undergoing further improvements which in the good weather would prove beneficial to people who used the service.

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. There were safeguarding policies and procedures to provide staff with sufficient information to protect people. The service also used the local authority safeguarding procedures to follow a local initiative. Staff had been trained in safeguarding topics and were aware of their responsibilities to report any possible abuse.

Arrangements were in place to ensure medicines were safely administered. Staff had been trained in medicines administration and the manager audited the system and staff competence.

Staff had been recruited robustly and should be safe to work with vulnerable adults.

Is the service effective?

Good

The service was effective. Staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff had been trained in the MCA and DoLS and should recognise what a deprivation of liberty is or how they must protect people's rights.

People were given a nutritious diet and said the food served at the home was good.

Staff were well trained and supported to provide effective care. Induction and regular training should ensure staff could meet the needs of people who used the service.

Is the service caring?

Good

The service was caring. People who used the service told us staff were helpful and kind.

We saw visitors were welcomed into the home and people could see their visitors in private if they wished.

We observed there was a good interaction between staff and people who used the service.

Is the service responsive?

Good

The service was responsive. There was a suitable complaints procedure for people to voice their concerns. The manager responded to any concerns or incidents in a timely manner and analysed them to try to improve the service.

People were able to join in activities suitable to their age, gender and ethnicity.

People who used the service were able to voice their opinions and tell staff what they wanted at meetings.

Is the service well-led?

Good

The service was well-led. There were systems in place to monitor the quality of care and service provision at this care home.

Policies, procedures and other relevant documents were reviewed regularly to help ensure staff had up to date information.

Staff told us they felt supported and could approach managers when they wished.

Thorncliffe

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 was an unannounced inspection and was conducted by one inspector on the 16 and 17 March 2016.

Before our inspection visit we reviewed the information we held about the service. This included notifications the provider had made to us.

We had received a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. The PIR contained a lot of useful information which helped us plan the inspection and showed the services commitment to meeting the regulations.

During the inspection we talked with five people who used the service, two visitors, two care staff members, the cook, a district nurse and the registered manager.

There were 28 people accommodated at the home on the day of the inspection. During our inspection we observed the support provided by staff in communal areas of the home. We looked at the care records for three people who used the service and medication administration records for twelve people. We also looked at the recruitment, training and supervision records for three members of staff, minutes of meetings and a variety of other records related to the management of the service.

Good

Is the service safe?

Our findings

Four people who used the service said, "I feel very safe here. Nobody bothers me", I feel very safe and comfortable", I feel safe, I sure do. Nobody upsets you" and "Of course I feel safe. There is no hassle here."

From looking at staff files and the training matrix we saw that staff had been trained in safeguarding topics. Staff we spoke with confirmed they had been trained in safeguarding procedures and were aware of their responsibility to protect people. The safeguarding policy informed staff of details such as what constituted abuse and reporting guidelines. The service had a copy of the Blackburn with Darwen safeguarding policies and procedures to follow a local initiative. This meant they had access to the local safeguarding team for advice and to report any incidents to. There was a whistle blowing policy and a copy of the 'No Secrets' document available for staff to follow good practice. A whistle blowing policy allows staff to report genuine concerns with no recriminations. There was information about raising concerns in the staff room. Both care staff members we spoke with aware of the policies and procedures and told us they would not hesitate to report any possible safeguarding issues using the whistle blowing policy.

Three people who used the service told us, "Staff come in a reasonable time when you call for them", "There are enough staff to look after us" and "They come and answer my bell quickly whenever I use it." A staff member said, "I think there enough staff here to meet people's needs. We get time to sit and talk to people." On the day of the inspection we noted that the registered manager, deputy manager, administrator, cook, two domestics, two senior care staff, five care staff and a maintenance man was on duty. We saw from the off duty rota that this was the norm for this service. There were sufficient staff on duty to meet the needs of people who used the service.

We looked at three staff files. We saw that there had been a robust recruitment procedure. Each file contained two written references, an application form, proof of the staff members address and identity and a Disclosure and Barring Service check (DBS). This informs the service if a prospective staff member has a criminal record or has been judged as unfit to work with vulnerable adults. Prospective staff were interviewed and when all documentation had been reviewed a decision taken to employ the person or not. This meant staff were suitably checked and should be safe to work with vulnerable adults.

We looked at the policies and procedures for the administration of medicines. The policies and procedures informed staff of all aspects on medicines administration including ordering, storage and disposal. All staff who supported people to take their medicines had been trained to do so. We looked at twelve medicines records and found they had been completed accurately. There were no unexplained gaps which meant the medicines had been given at the times stated in the records.

Medicines were stored safely in a locked room. There was safe storage for controlled drugs. There was a separate controlled drugs register if required. We checked the medicines stored and controlled drug book and saw the records were accurate. Food supplements and dressings were stored safely but separately from medicines.

We saw that there was a record of the temperatures where medicines were stored, including the fridge to ensure medicines were stored to manufacturers guidelines. There was a safe system for the disposal of unused medicines and sharp objects, for example, hypodermic needles.

Staff had access to the British National Formulary to reference for possible side effects or contra-indications. Staff who administered medicines had their competency checked to ensure they followed safe practice.

The documentation for medicines to be given when required clearly told staff when the medicine should be given, the amount, what the medicine could be given for and how often it could be given. This followed safe practice guidelines.

Any topical medicines such as creams were stored individually in the treatment room which meant staff who applied the cream also signed the records to demonstrate it had been given.

Two people who used the service told us, "They keep the home very clean and tidy" and "It is clean and tidy. They clean our rooms as well." There were policies and procedures for the control and prevention of infection. The training matrix showed us most staff had undertaken training in infection control topics. Staff we spoke with confirmed they had undertaken infection control training. The service used the Department of Health's guidelines for the control of infection in care homes to follow safe practice. The registered manager conducted infection control audits and checked the home was clean and tidy.

There was a laundry which was sited away from food preparation areas. There were industrial type washing machines which had the facility to sluice clothes and other equipment, for example drying machines and irons to keep clothes freshly laundered. The service used colour coded bags to safely transfer and wash soiled linen. There was a system for bringing dirty laundry in and sending clean laundry out to prevent cross contamination. There were hand washing facilities in strategic areas for staff to use in order to prevent the spread of infection. Staff had access to personal protective equipment such as gloves and aprons. We saw staff used the equipment when they needed to.

We saw that electrical and gas equipment was serviced. This included portable appliance testing, the fire system, emergency lighting, the lift, hoists and call bell system.

There was a system for repairing or replacing any broken or defective equipment. On the day of the inspection we saw a person undertake repairs to keep equipment in good working order.

Fire drills and tests were held regularly to ensure the equipment was in good working order and staff knew the procedures. Each person had a personal emergency evacuation plan (PEEP) which showed any special needs a person may have in the event of a fire. There was a fire risk assessment and business continuity plan for unforeseen emergencies such as a power failure.

We looked at three plans of care during the inspection. We saw people had risk assessments for falls, the prevention of pressure sores, mental capacity, nutrition and moving and handling. The system would highlight when a review had to be conducted, any changes which were then made available to all staff and any referral to a specialist such as dieticians or tissue viability nurses.

There were risk assessments for the environment which included needle stick injury, scalds and burns, sharp objects, drowning, fire, heat exhaustion, trips and falls, people absconding, Legionnaires disease prevention, using equipment, the lift, slings and infection. An occupational therapist had also risk assessed the building for access in and around the home. The environmental assessment was reviewed by the registered manager

and this helped protect the health and welfare of people who used the service, visitors and staff.

Good

Is the service effective?

Our findings

Two people who used the service told us, "I have a very nice room. I made the room my own. I have a library in it" and "I like my room. I have a lot of my own things in the room." During the inspection we conducted a tour of the building. We saw there was an ongoing program to redecorate the home with many rooms having a feature wall. All the bedrooms we visited had been personalised to people's own tastes. Part of the refurbishment program was to replace dark doors with white ones which made corridors much brighter.

The communal areas were homely and there was a variety of seating to suit all tastes. There were two lounges and people could sit where they liked and we saw people chatting to each other or watching television.

The outside space was also being improved. This included better access for the disabled both to the home and to a new garden area which had a ramp and handrails for people to use in good weather. Seating was provided and besides flowers and fruit trees there was a vegetable patch being prepared and the registered manager had purchased seeds ready to plant. The registered manager was hoping to get some of the people who used the service involved in this project. There was also an enclosed safe area for people with dementia.

Bathrooms and toilets had equipment to aid people with a disability and people had a choice of shower or bath. There were lifts to help people access all areas of the home.

Four people who used the service told us, "The food is good and we get plenty. We get a choice and they will make you something else if you don't like it", "The food is very good", "I like the food they serve here" and "On the whole the food is very good. There is never any waste." There was sufficient seating in the dining area and we observed lunch being served.

People could take their meals in their rooms, although on the day of the inspection most people used the dining room. The meal was served promptly and people enjoyed their meal around tables which sat four people. There was a sociable atmosphere with people talking to each other or staff. There was a choice of meal and a menu board to remind people what was on offer. There was also a sweet choice after the main meal. People were able to have their choice of hot or cold breakfast options and there was also a choice at tea time. Snacks and drinks were served during the day including supper. We saw that people had juice in the lounges or their bedrooms to drink when they wanted.

Tables were set with napkins and condiments for people to flavour food to their tastes. People were offered juice or water with their meal and their choice of a hot drink. We did not observe anyone who required assistance with eating but did note staff encouraging people to eat their meal.

We talked to the cook who told us she asked what people liked and periodically adjusted the menu to accommodate their requests. She said they monitored what people ate and would report to staff if people were not eating well. She had been trained in the safe handling of food. Plans of care showed people had

their nutritional status and risk recorded. People's weights were recorded regularly and the registered manager said they would contact the relevant professional such as a dietician. Specialised meals such as for people with diabetes could be provided and this was recorded in plans of care.

The kitchen was clean and tidy. There were good supplies of fresh, frozen, dried and canned foods and fresh fruit was available for people who wanted it. The environmental health department had given the kitchen a five star very good rating at their last inspection. This meant the kitchen staff followed safe practices around the storage and preparation of food. The service had also achieved a recipe for health gold award. This is an initiative from the local authority and was awarded for supplying healthy food to people who used the service.

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). The 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 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 were being met. Most members of staff had been trained in the Mental Capacity Act 2005 (MCA 2005).

One person had a DoLS application granted but due to the backlog at the local authority seventeen other applications were still being processed. This included applications we saw that had been applied for in the plans of care. The majority of applications were applied for because people did not have the mental capacity to make the decision to stay in the home. There was a section in the plans of care staff had to complete which assessed people's mental capacity. Where possible a best interest decision was made to protect people's rights whilst they waited for their DoLS decisions to go through the correct channels. The registered manager said she thought any new applications were going through much more quickly than previous ones.

We saw that people had access to professionals and specialists. This included hospital consultants, specialist nurses and dieticians. People were also able to attend routine appointments for chiropody, eye tests and dental work. People who used the service had their own GP.

We saw from the training matrix and talking to staff that new staff completed an induction. Part of the induction was to familiarise staff to the building and key policies and procedures. Staff were enrolled on the care certificate which is considered to be best practice for people new to the care industry. We saw four members of staff had completed this training. Staff were then encouraged to take further training in health and social care such as a diploma. We saw that most staff had completed this training and other staff were enrolled on a course, either for entry level two or upgrading to level three.

Three people who used the service told us, "The staff know what they are doing and any care I get is very private", "All the staff seem to know what they are up to. Well they do with me anyway" and "I get well looked after. The staff are well trained."

Staff files and the training matrix showed staff were trained in subjects like the MCA, DoLS, first aid, food safety, medicines administration, moving and handling, infection control, health and safety, safeguarding, medicines administration and fire awareness. We saw some staff received training for pressure sore prevention, nutrition, end of life care, diabetes, managing behaviours that challenge, dementia care, the care of people who have had a stroke and end of life care. Two members of staff were taking extra training about strokes to become 'champions'. This extra training meant they could pass on their expertise to other staff. The training provided at this care service should enable staff to meet the needs of people who used the service.

Staff received an appraisal every year and supervision regularly. We saw the registered manager used a matrix to remind her when staff were due their next supervision session. Staff told us this was a two way process and they were able to bring up any career needs they had. Two staff members said, "We get supervision regularly and we also talk about training at team meetings" and "We get enough training to do the job and we have our say at supervision sessions."

We saw that staff explained any procedures they wanted a person to do and waited for their response before proceeding. People or a family member also signed consent for care and treatment, medicines administration, agreement to be photographed and the level of involvement people wanted in reviews and the plans of care.

Good

Is the service caring?

Our findings

People who used the service said, "It is smashing here. The girls are really nice. They are kind and look after us", "The staff here are very good" and "All the staff are nice and approachable." A district nurse told us, "I like coming to this home because the staff are very good. The care here is very good."

We observed staff during the day. We did not see any breaches of a person's privacy and that staff delivered care in a professional polite manner. There was also some light hearted banter amongst staff and people who used the service. We observed staff were able to sit and talk with people who used the service.

Two people who used the service said, "I get visitors often. Staff are very good to them and always offer them a drink" and "Visitors can come and go as they please and you can go to your room if you want privacy." We saw visitors coming and going during the inspection. We saw there was a good rapport with staff. Visiting was unrestricted and allowed people who used the service to socialise with family and friends.

A visitor said, "I come here weekly. The staff are very caring and I can recommend the home. They really look after them" and another visitor told us, "This is a good home. They are all very good staff. They tell us anything we want to know about our relative. There is a homely atmosphere and it is very comfortable. They look after us as well." The visitors we spoke with were very satisfied with the care their relative received.

Two staff members told us, "I love it here. It's like my second home. I left to try another job but it was not the same. I like putting a smile on people's faces" and "It's a great place to work. Happy and caring staff team." The staff we spoke with and observed appeared to enjoy their jobs and went happily about their work.

We saw from the plans of care that people had an end of life plan so their wishes were known at this difficult time. Some staff undertook end of life training which would help them provide sensitive care and offer support to bereaving families.

We saw that care records were stored safely and only available to staff who needed to access them. This ensured that people's personal information was stored confidentially.

Plans of care were personalised to each person and recorded their likes and dislikes, choices, preferred routines, activities and hobbies. This helped staff get to know people better.

Two people who used the service went out to their own church. A visiting member of the clergy visited the home and offered prayers and communion for people who wished to follow their religion in this way. A person's religious needs were recorded in the plans of care.

Good

Is the service responsive?

Our findings

Two people who used the service said, "I like to read. We have been playing dominoes this morning. I often go in the bus to places of interest or we go shopping" and "I join in the activities when I want to." There was a notice board in the hallway which informed people of the morning and afternoon activities. We saw people engaging with staff playing a game and also some people sat as a group playing dominoes, which they said they did regularly. Another person was observed completing a type of jigsaw. Activities on offer included indoor games, board games, singalong sessions, arts and crafts, bingo, hairdressing, exercise to music, playing musical instruments, pamper sessions or enjoying a weekly lunch out to a day centre. One music session was provided by outside entertainers weekly.

The service had use of their own minibus with the facility to take people in wheelchairs. We were told and saw photographs of outings which included going to the theatre, places of interest, out to eat and for shopping trips. There were monthly entertainers who came into the home. The service also had links with a local school and children came into the home to entertain people who used the service or just chatted. People who used the service also went to the school to watch their performances. People who were able to joined in with the gardening project. The activities provided gave people a chance to join in as much or as little as they wished to receive a more fulfilling lives. We also saw that people were able to read or watch television in their rooms if that was their preferred choice.

Three people who used the service said they felt able to raise a concern if they wished and they would be listened to. There was a suitable complaints procedure located in the building for people to raise any concerns. Each person also had a copy in the documentation provided on admission. The complaints procedure told people how to complain, who to complain to and the timescales the service would respond to any concerns. This procedure included the contact details of the Care Quality Commission. We had not received any concerns since the last inspection or any from the local authority and Healthwatch. People did not have any concerns or complaints on the day of the inspection. People were confident staff would respond to any concerns they might have.

Arrangements were in place for the registered manager or a senior member of staff to visit and assess people's personal and health care needs before they were admitted to the home. The person and/or their representatives were involved in the pre-admission assessment and provided information about the person's abilities and preferences. Information was also obtained from other health and social care professionals such as the person's social worker. Social services or the health authority also provided their own assessments to ensure the person was suitably placed. This process helped to ensure that people's individual needs could be met at the home.

We looked at three plans of care during the inspection. The plans were electronic and people signed a separate document to agree to care and treatment. The plans of care showed what level of support people needed and how staff should support them. Each heading, for example personal care, diet and nutrition, mobility or sleep, showed what need a person had and how staff needed to support them to reach the desired outcome. The plans were reviewed regularly to keep staff up to date with people's needs. The

electronic system gave the registered manager notification when a review was due, when any changes had occurred or if any part of the plan was not complete or overdue. This made the plans very easy to audit and ensured details were up to date. The system also allowed all staff to easily follow any changes to people's care because when they signed on to the system it automatically flagged up what they needed to read. Likewise, when staff wrote the daily record for the people they looked after anything of note could be sent to other staff ensuring good all round communication.

There was little staff turnover and most staff had worked at the service for some time. This meant they knew people well which helped them meet people's needs.

There were regular meetings between people who used the service and management. Items on the agenda included menus with some suggestions made and the registered manager responded by talking to the cook and including the suggestions. Trips out and again we saw that a suggestion to go to Chester Zoo was already in the activity planner. Other suggestions would be looked at later in the year but some were impractical, for example, a two week trip to the Isle of Wight. The last question asked was how can we improve. People all had a chance to bring up their ideas and we could see the registered manager responded to suggestions where possible.

Good

Is the service well-led?

Our findings

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

A visitor told us, "You can talk to any member of staff or the manager. We are very happy with the care here." Four people who used the service told us, "It is very nice here. I think you can talk to any member of staff or one of the managers if you want to. They are around a lot", I am very happy here", "I have been here a few weeks and my health is improving. You can talk to the manager, she is very nice" and "The home is very comfortable and very well run." Two staff said, "The manager is very supportive. She has helped me a lot" and "We are well supported by the manager." People we spoke with and staff all thought the registered manager was approachable and available to talk to.

There was a recognised management system so that staff and people who used the service were aware of who was in charge and who they could go to if needed.

There were regular recorded meetings with staff. At the last meeting topics included shift patterns, staff breaks, medicines, ensuring staff informed relatives of any changes, care plan reviewing, kitchen stock checks, cleaning products, infection control, activities and training. Staff said they were able to bring up topics of their choice. Staff were able to have their say in how the home was run.

The computer system would also highlight any incidents or accidents, which were flagged to the registered manager to take any action required. This meant that where possible accidents and incidents were minimised.

We saw from looking at records that management conducted regular audits. These included the environment such as windows had restricted opening to prevent falls, infection control, medicines administration, care planning, cleaning of the communal areas and bedrooms, fire prevention, water temperatures, mattresses, safe storage of food and on equipment, for example, the hoists and slings. There were also checks that the first aid box was fully stocked and the kitchen was clean and equipment was working. The quality assurance systems helped managers to check on the way the service was performing.

We looked at the policies and procedures which included health and safety, medicines administration, infection control, safeguarding, complaints, safeguarding, whistle blowing, equality and diversity and advocacy. All the policies and procedures were reviewed in January 2016 and amended if required to ensure staff were kept up to date with current practices. The registered manager gave staff a key policy to read each month. This was done electronically and the manager could check staff had spent sufficient time for them to absorb the information.

We saw the results of the last satisfaction survey completed by people who used the service or a family

member. The results were positive and showed people thought the home was clean, food was good, people were safe, staff responded quickly when people needed help, staff were fair, staff communicated well , were kind and compassionate and respected people. People also said the manager was approachable, and the home had a good atmosphere. The registered manager audited the survey results and had planned further details she wanted around end of life care, which was the question with the lowest response.

There was evidence in the plans of care that the registered manager and care staff liaised with other professionals who visited the home to help ensure people received the care they needed.

The service achieved the Blackburn with Darwen enhanced quality award which shows the local authority inspected the service and found it to be good.