

Crown Care Homes Ltd

# Thorncliffe Residential Care Home

## Inspection report

Thorncliffe  
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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Thorncliffe Residential Care Home is a residential care home providing personal care to 28 people aged 65 and over at the time of the inspection. The service can support up to 28 people. Bedrooms were located on both the ground floor and first floor and people had a choice of communal areas to use during the day, including outdoor spaces.

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

People overwhelmingly told us they felt safe living in the home and gave us extremely positive feedback on the service. Staff had been trained in safeguarding and knew their responsibilities. Safe systems and processes were in place for the recruitment of staff. Staff told us they felt there was adequate staffing levels during the day however, we received mixed feedback about staffing levels at night time.

We found the home to be clean and free from unpleasant smells. The service was adhering to Government guidance around COVID-19. Risk assessments were in place to keep people safe whilst maintaining their independence. Medicines were stored and managed safely. Effective systems were in place to ensure lessons were learnt from any incidents and accidents.

People, relatives, staff and external professionals gave us positive feedback about the management of the service. The registered manager had effective systems and processes in place to monitor the standard and quality of the service and to drive improvements.

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 12 December 2018).

### Why we inspected

We received concerns in relation to staffing levels, high use of agency, care and treatment of people, training, infection control [including concerns about adherence to Government guidance on COVID-19], unpleasant smells and dirty environment, use of slings and the overall management of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained the same. This is based on the findings at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see

the safe and well-led sections of this full report.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection 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 well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Thorncliffe Residential 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### 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

Thorncliffe Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 reviewed the information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and prepresents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with five people who used the service and five relatives about their experience of the care provided. We spoke with nine members of staff including the provider, registered manager, administrator, senior care workers, care workers and housekeeper.

We reviewed a range of records. This included 3 people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to request information from the registered manager to review away from the service. We spoke with staff and asked for feedback from external professionals who regularly visit the service.

# 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 as good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm

### Staffing and recruitment

- Prior to the inspection, we received information of concerns in relation to low staffing levels and high use of agency staff. We there was five staff on duty during the day [reducing to four staff in the afternoon], two staff on duty at night-time, a housekeeper, a cook and the registered manager was available to support if needed. Rotas we reviewed showed no agency staff had been used.
- People using the service told us staff came straight away when they needed them. One person commented, "I press the button and they are here in five or 10 minutes, you've got to be patient. I rang last night after midnight and they were here very quickly." Relatives also told us they felt there was enough staff on duty.
- All the staff we spoke with felt there was adequate staffing levels during the day and evening. However, we received mixed views about staffing levels at night-time. Comments we received included, "We could sometimes benefit from another member of staff on nights", "Personally I think they need more night staff. I don't think two staff at night-time is enough for 28 residents" and "There is adequate staffing at night-time." The provider informed us shortly after the inspection they had advertised for more night staff and would be increasing this to three people.
- The provider had safe systems for the recruitment of staff. The provider carried out checks to ensure staff were of good character before they were employed. This included checks on criminal records and references from previous employers.

### Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Prior to the inspection, we received concerns relating to the care and treatment of people using the service. The provider had ensured systems and processes were in place to safeguard people from the risk of abuse.
- People overwhelmingly told us they felt safe living in the home. Comments we received included, "Oh I definitely feel safe" and "Actually I do feel safe. When I am not feeling well they are very concerned about me." One relative told us, "Oh my goodness, where do I start? She looked like a 'ragbag' before she came in, she wasn't eating properly. Since then, she has put on a stone in weight; she is eating like a queen. It is a 360 degree turn around and it's all down to the staff. She looks 10 years younger. It's fantastic."
- Staff confirmed they had received training in safeguarding adults and understood their responsibilities to act on any concerns. The registered manager had made appropriate safeguarding referrals and notifications.
- The provider established a system to record any incidents and accidents. The information was monitored by the registered manager to check actions taken were appropriate and for any learning to share amongst the staff.

## Preventing and controlling infection

- Prior to the inspection, we received information of concern in relation to infection prevention and control procedures within the home, including unpleasant smells and dirty areas, lack of testing, personal protective equipment [PPE] not being worn or worn incorrectly, lack of social distancing and vaccines uptake.
- We looked at all of this on inspection and found regular testing of staff and visitors was being undertaken, staff and visitors wore PPE correctly and appropriately, PPE stations were situated throughout the home and were well stocked, social distancing was followed as much as possible within the setting and all staff, managers and the provider had received both their vaccines [unless medically exempt]. We found the home to be clean and tidy, with no unpleasant smells.
- People told us the home was clean and were able to describe in detail the additional precautions taken during the COVID-19 pandemic. One relative commented on how they had to wear PPE when visiting. They told us, "I have to be 'gowned up', masks and gloves. They are very conscientious about everything, it is all done by the book." People and relatives all commented on how clean the service was and felt improvements had been made under new management.
- Staff told us they had received training in infection prevention and control, including COVID-19. They also told us they always had enough PPE and guidance to support them in their roles. Comments we received included, "We make sure everyone has done a Lateral Flow Test [LFT] before they come in the building. We take temperatures when people arrive. Visitors have to wear full PPE. They [visitors] understand and have been absolutely brilliant with us" and "Staff always wear the correct PPE, we have got used to it now. We have to do two LFT tests a week and one Polymerase Chain Reaction [PCR] test a week." There was an infection control policy and procedure to guide staff in their roles.

## Assessing risk, safety monitoring and management

- Prior to the inspection, we received concerns that slings were being shared between people using the service; each person should be assessed and have a personal sling to suit their needs. We looked at this on inspection and found everyone who required a sling had their own personal one, marked with their names for identification.
- The registered manager and staff assessed and managed risks to people's health, safety and wellbeing. People's care plan documentation included risk management strategies and guidance for staff about how to provide their care in a safe way.
- The provider had arrangements for the ongoing maintenance of the premises, this included an ongoing refurbishment plan. The registered manager had carried out environmental risk assessments and ensured equipment was safe and regularly serviced. All safety certificates seen were complete and up to date.
- The provider had a business continuity plan which described how people would continue to receive a service in adverse circumstances, including COVID-19. We also saw people had personal emergency evacuation plans, which included information on how to support people in the event of a fire. Safe systems and processes were in place in relation to fire safety.

## Using medicines safely

- Medicines were stored and managed safely. Staff who were required to administer medicines had all received training and had their competency assessed periodically.
- People told us they got the right medicines at the right time.
- The staff maintained appropriate records for the receipt, administration and disposal of medicines. There were written protocols to guide staff on the administration of medicines prescribed 'as and when' required.



# 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 as 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- Prior to our inspection, we received concerns about the overall management of the service and attitude of the registered manager and provider. We looked at this during this inspection.
- The registered manager had registered with us two weeks prior to the inspection, although had worked in the service for approximately 14 years. This meant they knew people and the service well and understood their regulatory requirements. Staff told us morale had improved within the home, and they felt valued and supported by the registered manager and provider.
- People told us the home had improved since coming under new management and spoke about improved staffing levels and refurbishment as examples.
- The registered manager had effective systems and processes to monitor the standard and quality of the service. Audits were comprehensive and covered all aspects of the service. We saw action plans were drawn up to address any shortfalls. The registered manager was supported by the provider who was based at the home. We noted they completed audits of the service on a regular basis.
- The registered manager understood and acted on their duty of candour responsibilities. They promoted and encouraged candour through openness.
- The registered manager ensured continuous learning and improvements took place through supervisions and meetings with staff. Staff told us they were able to raise any issues or concerns within the meetings, and the registered manager had an 'open door' policy.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and staff were committed to ensuring people received care and support which was person-centred and achieved good outcomes. They knew people well and understood their needs and preferences.
- People spoke highly of the registered manager and staff. One person told us, "The nurses are marvellous, absolutely marvellous to me and to the others." One relative told us, "All the girls are fantastic; genuine and sincere. It is a well-oiled machine."
- Staff spoke extremely highly of the registered manager. Comments we received included, "I think she is absolutely fantastic. I have never seen a manager that would do housekeeping. She will do anything needed of her. The atmosphere since she took over is brilliant" and "The new management team are outstanding."

They give full care to staff and service users. They are always checking on staff and the home is run to a very high expectation and the staff are more than happy to play their part."

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

- The registered manager engaged with people, relatives and staff on a regular basis. We saw minutes of meetings which showed people who lived at the home and staff were consulted with regularly on a variety of topics. We saw the service used an electronic system which enabled relatives to access information via an 'app' so they could see all care, support and interactions with their family member throughout the day. For example, they could see when they had received their medicines and if they had engaged in activities. One relative commented about this system, "It is excellent. It tells you what she is eating, records fluids, what activities she does. You can upload photos and memories. You can check on their care plan and if you are concerned you can ring." The registered manager also sent out monthly newsletters to relatives to keep them updated with what was happening in the home.
- The registered manager also sought feedback through the use of surveys. The electronic system used to sign in and out of the home, asked questions of visitors when they were signing out. The answers to these were then analysed to drive improvements within the service. Surveys for people using the service were still in the development stages however, the registered manager had regular conversations and meetings with people to gain feedback.

Working in partnership with others

- The registered manager and staff worked in partnership with other agencies including health and social care professionals. This enabled effective, coordinated care and support for people. We received positive feedback from external professionals about the service. Comments included, "They are very approachable and care very much about the health and wellbeing of their residents. I have to say that their advanced care planning is particularly thorough and I have used them as an example to other care homes" and "I couldn't speak highly enough of the care home. They think outside the box and creatively with service users to promote their health and wellbeing. The manager [Name] is excellent with communication."