

Anchor Trust







Tolson Grange

Inspection report

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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	

Overall summary

The inspection took place on 16 April 2015 and was unannounced. We also visited on 17 April 2015 and this was announced.

Tolson Grange is registered to provide accommodation for up to 38 older people who require residential care. There were 37 people living at Tolson Grange at the time of our inspection, 36 of whom were living with dementia.

Accommodation at the home is provided over three floors, which can be accessed using a passenger lift. There is a large garden and patio area at the back of the home which provides a secure private leisure area for people living at the home.

The home 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

The experience of people who used the service was positive. People told us they felt safe, staff were kind caring and they enjoyed living at Tolson Grange. Staff had all received training in how to recognise and report abuse and had a good understanding of what to do if they suspected any form of abuse occurring.

The home had a robust recruitment and selection process to ensure staff were recruited with the right skills, behaviours and experience to support the people who lived at the home. 90 % of staff had received training around dementia and all staff were Dementia Friends. Dementia Friends is a national initiative that is being run by Alzheimer's Society. It's funded by the government, and aims to improve people's understanding of dementia and its effects. Some staff were being supported to receive additional qualifications to support people living with dementia.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes,

hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. Three people currently had a DoLS in place and a further two had been referred to the local authority and were waiting for an assessment.

People's care plans and risk assessments were person centred. We saw they were reviewed regularly to make sure they provided up to date and accurate information.

The home had an enthusiastic activities coordinator who researched and planned meaningful activities for the people who lived at Tolson Grange and encouraged relatives to engage where appropriate.

The home was well led and staff told us they found the registered manager supportive, open and willing to listen to suggestions to improve the service. The home encouraged involvement with the local community and had proactively engaged with two local schools to raise children's awareness around dementia. Tolson Grange had robust audits in place to improve the quality of the service they provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Systems were in place for recording and managing risk to ensure people who lived at Tolson Grange were safe.

People received their medicines when they needed them and by a suitably trained member of staff.

Records showed that robust recruitment practices were followed to ensure staff employed were suitable and safe to work in the care home.

Good



Is the service effective?

The service was effective

New staff were supported in their role, and they had received an induction into the service.

Staff received regular supervision, annual appraisal and training. Staff had received additional training around caring for people living with dementia which enabled them to provide an effective service to people living there.

The registered manager had a good understating of their duties under the Mental Capacity Act 2005 and had appropriately referred on to the local authority if they thought a person had been deprived of their liberty.

Good



Is the service caring?

The service was caring.

We observed how staff interacted with people who used the service and we saw they were kind and compassionate. It was clear the staff knew people very well.

We observed staff respecting people's privacy and dignity throughout our inspection.

We saw that people were involved in the support they were receiving and staff encouraged people to remain as independent as possible.

Good



Is the service responsive?

The service was responsive

People received individualised and person centred care which was regularly reviewed.

Activities were innovative, interactive and meaningful to the people who lived at the home.

The home had a system for reporting and acting on any complaints or suggestions received and had received many compliments about the service they provided.

Good



Is the service well-led?

The home was well led.

There was strong leadership and systems were in place to monitor the quality of the service.

Good



Summary of findings

There was an emphasis on continuous improvement and development of the service.
People and staff were actively involved in the development of the service.

Tolson Grange

Detailed findings

Background to this inspection

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

This inspection took place on 16 April 2015 and was unannounced. We also visited on 17 April 2015 and this was announced.

The inspection team consisted of two adult social care inspectors and an expert by experience with experience of using services for older people living with dementia. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed all the information we held about the service. The provider had completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the

service, what the service does well and the improvements they plan to make. We contacted the local authority commissioning and safeguarding teams. We also contacted Healthwatch. 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 spoke with a speech and language therapist, a district nurse and a dietician.

We used a number of different methods to help us understand the experiences of people who lived in the home. We used the Short Observational Framework for Inspection (SOFI) to observe the lunch time meal experience in one of the communal dining areas. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 14 people who used the service and two of their relatives. We also spoke with the registered manager, the district manager, the quality assurance manager, the chef, the activities coordinator, two team leaders and two care staff. We looked at five people's care records, three recruitment files and records relating to the management of the service. We looked around the building, people's bedrooms, bathrooms and communal areas.

Is the service safe?

Our findings

People we spoke with told us they felt safe at Tolson Grange. One person said “I feel very safe. It’s very good.” Another person told us “I like it here and I like the people around me.” We spoke with one person walking in the courtyard area who told us they felt safe in the enclosed garden area. They told us “I think that’s a good idea. I wouldn’t like to get lost.” Relatives we spoke with during our inspection told us they felt their family members were safe living at Tolson Grange.

Staff we spoke with demonstrated a good understanding of how to ensure people were safeguarded against abuse. They confidently described the signs that would give possible cause for concern and they knew the procedure to follow to report any incidents. One staff member described abuse as “verbal, bullying, physical and financial.” They told us they understood the whistleblowing procedure and would not hesitate to refer poor practice to managers and other relevant agencies if necessary.

We were told that the team leaders undertook risk assessments. We saw risk assessments in each of the five care files we looked at in detail, assessing the risk to the people who lived at Tolson Grange around falls, mobility, nutrition, medication and the use of wheelchairs. The registered manager told us they do not use bed rails and if a person who used the service was at risk of falling out of bed, they used beds which go low to the floor or mattresses on the floor. They considered this safer and less restrictive than bed rails.

We asked about how staff learnt lessons from accidents or incidents. The registered manager told us all incidents were recorded by the staff member and passed to the registered manager and care manager for analysis. Following input into a corporate electronic system, the incidents were analysed for trends. Following a recent analysis regarding falls, a request had been placed for sensor lights to be placed in bedrooms so that if a person moved around their room when it was dark, the light came on to familiarise them with their environment. This showed us the registered provider was actively seeking to reduce accidents and incidents.

Staff and people who lived at Tolson Grange told us there were enough staff to meet people’s needs. One person who lived there who chose to spend most of the time in their

room told us “They always come in and ask me how I am, and do I need anything. They come and check on me regularly.” We also asked relatives whether they felt there were enough staff to care for their relation. One relative told us “There is always plenty of staff to keep an eye out.”

The registered manager told us they have a dependency tool which they used as a basic outline for working out staffing levels, with a general ratio of 1 member of staff to 6 people who used the service. They told us they do not use agency staff for care roles. All new appointments are made with flexible hours which means that staff can pick up additional shifts if they are short staffed and also they can have more staff in to cover the peak times such as mealtimes, and in the mornings.

We observed during our visit that there were enough staff on duty to meet people’s needs but on occasion, we could see that staff were not visible. Staff were not designated to each floor and although each person had a keyworker allocated, people could move around freely between the floors making it difficult for staff to support different people on each floor. People could choose to eat in their bedrooms or in any one of the three dining areas. We asked the registered manager how they ensured that people who used the service had all been provided with a meal as their key worker might be on a different floor to where the person they supported was at that time. We were told that all team leaders kept a record of the group of people they supported and ensured that each person had eaten a meal wherever they had chosen to have their meal.

We spoke with two team leaders about how medicines were managed. We saw the new delivery of medications was methodically checked, recorded and stored appropriately by the team leader. They told us their time was protected to ensure this process was carefully carried out without interruption. The team leader responsible for ordering medication told us they ensured stock levels were sufficient and worked closely with GP and pharmacy services to make sure supplies were maintained. We saw medication was stored securely; where refrigeration was required the refrigerator and room temperatures were regularly checked and recorded. Keys for medication storage were only maintained by staff authorised to administer medication. Some prescription medicines contain drugs that are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs. We saw that controlled drug records were accurately

Is the service safe?

maintained. The giving of the medicine and the balance remaining was checked by two appropriately trained staff; the team leader demonstrated how records reconciled with the amount remaining.

We saw some people supported with their medication and staff sat with each person to ensure this had been taken. Staff told us people received their medication in line with their individual needs and we saw where medication was given; this was clearly recorded on individual medication administration record (MAR) sheets. Arrangements for the administration of PRN (when needed) medicines protected people from the unnecessary use of medicines. The team leader told us people were always asked if they had pain before offering any PRN pain relief. Where people were unable to communicate verbally, the team leader told us non-verbal signs were observed.

People's individual medication care plans stated their needs and preferences for when and how they wished to receive their medication. One person received their medication covertly and there was a best interest meeting to support this method of administration. We were told senior staff only were authorised to give medications and they had to undergo training and competency checks before being able to support people with their medicines. The training records we looked at confirmed that all staff had undergone medication training and had their competencies checked. This showed people were protected against the risks associated with medicines because the registered manager had appropriate arrangements in place to manage people's medicines.

Is the service effective?

Our findings

People we spoke with told us the staff were able to provide the support they needed. One person told us “I think they’re very good at their jobs.” Another person described the staff as ‘Excellent.’

We looked to see how new members of staff were supported in their role and found that all new staff had been through the registered provider’s own corporate induction programme. This involved attending corporate training sessions, and shadowing other staff. Staff told us they received regular supervision and an annual appraisal. We saw from records of these sessions that they focussed on what the staff had achieved since the last session and decided what to focus on for the period ahead. This showed us that staff had the opportunity to reflect on their achievements and had these endorsed by their seniors.

Staff told us training was good, and was a mixture of e-learning and classroom based learning. All staff had received safeguarding training, mental capacity act training, moving and handling training and training around dementia. One member of staff told us they undertook a moving and handling refresher practical every six months and another said they had done an on line training session the day before on the Control of Substances Hazardous to Health Regulations 2002 (COSHH).

We asked the registered manager what specialist training had been undertaken to support the needs of the people who lived at Tolson Grange. They told us that 90% of staff were trained as dementia friends, nine staff had trained as dementia champions, two staff were booked onto a dementia mapping course at Bradford University and the registered manager was undertaking a degree in dementia studies. This showed us that staff were supported by the provider to gain the knowledge and skills to enable them to care for people living with dementia at Tolson Grange.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. Three people currently had a DoLS in place and a further two applications were with the local authority waiting for an

assessment. Four more people had been identified as potentially being deprived of their liberty. We looked at the care plan and risk assessments of one person who had safeguards in place. This contained all the relevant assessment information including how to ensure any deprivation was minimised and a review date. We observed the care plan being followed during our inspection, and this person was supported to go outside of the premises.

Staff we spoke with had a good understanding of mental capacity and what to do if a person lacked capacity around their care needs. They gave us examples of how they supported people to make choices about what they wanted to wear and what they wanted to eat. We saw evidence of consent to care and treatment in the care plans we reviewed and where appropriate a best interest decision record. This recorded who had been consulted in the decision making, the options that had been considered and the outcome of the decision.

We saw people were offered drinks during the morning and staff gave people choices of what they might like. We observed a coffee morning session in the downstairs lounge, which was decorated as a cruise ship in line with the themed activities taking place in the home. We saw people enjoyed hot and cold drinks and snacks and staff sat with people and chatted.

We spoke with the chef who explained he was employed by an agency, not permanent staff at the home. He explained he worked to the organisation’s menus and we saw these were displayed in the kitchen. The chef told us staff provided detailed information about people’s specific dietary needs and so this meant he was able to adapt meals accordingly, such as fortifying food with extra calories or catering for diabetic diets and allergies. He said he was working to the schedule of 1pm for lunch, with soft diets available 15 minutes earlier. He said he tried to provide varied tastes for those on soft diets to make the food more interesting.

We saw people’s care plans related to each aspect of their individual needs for health and well-being and there was evidence of other professionals’ involvement. For example, where reviews of medication were required, GPs visits were recorded and we saw the home worked well with visiting professionals, such as district nurses. The registered manager told us that everyone at Tolson Grange had been reviewed by the local health service in February 2015 and we saw this evidence in the care plans.

Is the service caring?

Our findings

People told us they were well cared for. One person said: “The staff are all lovely. Anything I need, I just have to ask, they are very kind.” Another person said: “Sometimes I think I might fall and they are always there to help me.” Another person said: “I think you’ll find it’s all good, they look after us well.” One person told us “This is my palace. I love it. I will never leave. I don’t want to leave.”

We saw staff engaged with people in a caring and compassionate way. Staff spoke with people patiently and respectfully. Conversations were held at face level and staff used effective communication, such as appropriate touch to reassure people if they were sad or anxious. Staff responded warmly to people’s request for spontaneous hugs. There was evidence of good relationships between staff, people who lived there and visitors.

We spoke with one visitor who told us: “Staff here are marvellous, they really care about people. It’s not the easiest of jobs but they do care. They always make me feel welcome and I can visit whenever I like; it’s always the same, very friendly.”

We saw staff responded sensitively when people were restless or agitated and spent time trying to help them feel more settled. For example, one person was clearly upset and staff gave plenty of reassurance, engaging in ways to help calm the person’s anxiety, such as stroking the cat and offering a cup of tea. Staff we spoke with said they were aware that sometimes people needed attention and

conversation and they tried to include this as much as possible. We saw in one person’s care plan that holding a doll or a teddy bear helped them to feel calm and we saw staff facilitated this effectively.

Staff respected people’s privacy and we saw they knocked on people’s doors before being invited to enter. Staff were discreet when delivering personal care and they were sensitive when offering support or assistance. One staff told us they ensured they maintained people’s dignity and respect by always ensuring no one could come into the room whilst the person was receiving personal care, ensuring the person was always covered up and by giving an explanation whilst they were assisting the person.

We asked how the staff maximised people’s independence. They told us they tried to encourage people to do as much as they could for themselves. They would prompt the person do the activity for themselves rather than doing it for them. One staff told us, with one person they supported, they put all the towels and wipes out for the person and only assisted in the areas the person could not reach in order to maintain the person’s independence.

We saw in two people’s care records that their end of life wishes had not been recorded. On one of these it stated the person wished to discuss their end of life plans, yet the record for this section was blank. We asked the registered manager about this and they told us that this section is kept out of the care plan and kept separately until the time is appropriate for it to be in the care plan.

Is the service responsive?

Our findings

Staff we spoke with told us they put the person at the centre of everything they do. We looked at five people's care records and saw there was clear information about people's physical and emotional needs. Detailed assessments had been completed before people came to live at Tolson Grange. The risk assessment and care plans were split into sections with a separate section for recording assessments and care planning around mood, activities, personal care, skin, health and medication, nutrition and hydration, mobility and continence. Staff had received training in how to be person centred in their approach and how to record information in a person centred rather than task focused way.

In three of the care plans we saw detailed information about the person life history recorded in a person centred way, such as recording of their favourite things, what they didn't like, things that made them laugh, something you might like to know about them. Information such as their favourite food and about the person's family. However, this was missing in two of the care files we reviewed. We asked the registered manager about this and they showed us the home was in the process of updating all the life histories of the people who used the service. We were shown that this information had been completed but was no longer being kept in the care file, as the person updating the information was storing it in a designated place in the main office. They told us they were regularly updating the information as they learnt more about people whilst undertaking activities with them.

However, we also found that the standardised corporate layout of the care plan could be confusing, as the care planning section and interim review section were on the same page which meant that the reader was directed towards the initial information before the review information. We pointed this out to the registered manager and the project manager who agreed to raise this concern at a higher level.

We did see information in one of the files we reviewed which had not been updated. For example, staff had informed us about one person who had recently been in hospital and we saw their care plan and risk assessments had not been updated to account for any changes to their health as a result of this. We discussed this with the registered manager who told us the person's needs had not

changed and the information they had been given by the hospital regarding the persons health needs had resolved by the time they had been discharged but agreed that this should have been clear in the records.

The registered manager told us that they were to introduce one page profiles for all people who used the service and the date for implementation was May 2015. They showed us what this would involve and how this would enable staff to gain an understanding of what matters to the person and how best to support at a glance.

People's daily decision making and ability to choose was recorded in the daily logs. For example, one record we looked at referred to the choices made on what to wear, and what the person had chosen to eat for breakfast. The right to choose to vote had also been respected. The registered manager told us that all the people who lived at Tolson Grange had been registered to vote or had a proxy vote. This meant that the home was supporting people to exercise their electoral rights and this was in line with electoral legislation.

We saw some people's bedrooms were personalised and furnished with their belongings, such as their own furniture, photographs and ornaments. Staff were working with people and their relatives to ensure that their own environments were personal to them.

We were told by the registered manager that meaningful, purposeful activities played an important part in daily life at Tolson Grange. The activities coordinator worked flexible hours, which enabled them to cover weekends and evenings to ensure that activities happened at all times. There was a tailored activities programme with a daily coffee morning and group activities every afternoon.

The activities coordinator was passionate in their approach to activities and was aware that meaningful activities should not focus solely on events and timetabled activities and activities were just as important for those people who could not take part in scheduled sessions. The home had a monthly cruise activity and the day before our inspection the cruise had reached Spain with all activities and food set around the Spanish culture. All the people we spoke with told us how enjoyable this event had been. Visitors and relatives were also invited to take part.

Another example of an activity was the compilation of a Tolson Grange recipe book as part of a baking group using recipes from people's baking histories. Each resident had

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been involved in making a memory blanket which contained photographs printed onto material from their past. The home also involved relatives and friends in helping to celebrate birthdays which could involve facilitating an intimate family get together to a big party for special birthdays. The activities coordinator had been in contact with the Arts Council around suitable activities. Entertainers had also put on Broadway shows for the people who used the service and once a month the home had a cinema evening for people who lived there, and their relatives.

People told us they liked to choose what to do and there was 'always something going on'. We saw people engaged in various activities. For example, one person worked with wooden puzzle blocks and another person had some items for knitting. We saw a cat in the home and one person said it belonged to them; staff confirmed the person's cat lived with them and we saw many people enjoyed stroking it. Some of the people who used the service said they looked forward to having their fingernails painted and we saw staff sat with them on an individual basis, assisting them with manicures.

In the lounge that was designed as a cruise ship, we saw people enjoyed socialising with one another and with staff. We saw the activities coordinator invited people to the coffee morning and was attentive to people's needs. People made their wishes known, for example, one person

said they did not like the music and requested a different style, which staff facilitated. Conversation was meaningful and relevant to people. For example, one person danced with the activities coordinator and they talked about times gone by when they had gone to dances. We saw there was plenty of friendly banter and laughter and people chose to be inside or to walk in the garden.

Throughout the communal corridors, positioned on the walls were items for people who lived at Tolson Grange to touch and manipulate such as key chains, bolts, and switches and also other sensory stimulation objects. This ensured that people at all stages of living with dementia had their sensory needs catered for.

We noticed on one floor, there was conflicting noise coming from both the radio and the television at the same time. One person covered their ears with their hands and complained it was 'making a racket'. Another time, we observed one person asking the carer to put a film on the television. Once they had chosen what they wanted to watch the person left the room after about two minutes, so it gave the appearance that the television was on and nobody was watching it, but the opportunity was there for the person to return.

We saw the home managed complaints effectively both formally and informally but also saw the compliments received about the service.

Is the service well-led?

Our findings

Staff we spoke with told us they thought the home was well led. One member of staff told us they “loved working here” and said “we all work as a team and communication is really good. For example, if something happens to a resident, they will ring you up and let you know so you don’t come into work and get a shock.” Another member of staff told us there was a friendly open culture in which they felt they could approach managers at any time to discuss relevant matters.

The home 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

One visitor we spoke with told us the registered manager was regularly visible in the service and they were approachable should anything need to be discussed. The visitor told us they considered the home was well run and managed and they felt involved and informed. We saw newsletters to families kept them informed about matters in the home. Tolson Times (the newsletter) was published every two months and contained information for people who lived there and their relatives about future events, staff achievements, staff development and the use of social media to keep people informed and involved.

Regular meetings between staff, management and people living in the home took place including a relative and residents meeting three times a year. Staff were actively encouraged to make suggestions to improve the service. One member of staff told us they had suggested they changed the main meal from lunchtime to tea time as they felt it was a long time from evening to breakfast. This suggestion had been taken on board and the staff told us that people were now sleeping better as a result of the changes they had suggested.

We asked the manager how they maintained links with the local community. They told us they had recently had a stand at a local supermarket which aimed to raise

awareness around dementia and make the local community dementia friendly. They gave out goody bags with information around dementia and some of the people who used the service also helped out at the stand.

The registered manager also told us they were actively partnering with two of the local junior schools to undertake intergenerational work with the aim of improving children’s understanding about dementia. This involved making and playing with toys from the past. The children had also made rag rugs which they presented to the home. A local historian had also attended to support the reminiscence events. They have also had dementia information sessions at the home and invited professionals and the public to these. The registered manager told us about plans to take part in the national Care Home Open Day and said they were actively utilising social media to inform the community what they were doing.

Quality assurance systems were in place and we saw evidence of surveys carried out in October 2014 for staff and people who used the service, results of which were positive. We saw the results of the 2014 annual survey undertaken by Ipsos Mori. This asked people who lived at Tolson Grange questions about staff and care, home comforts (such as food), choice and having a say and about their quality of life. 34 responses were received with 100% satisfaction from people around staff treating people with dignity and respect and having time to talk to people with the lowest score of 76% about menu choice and food served and meal times. The home was actively seeking to recruit a new chef to address the issues raised about the meal time experiences.

Premises checks were maintained and we saw documentation in respect of gas and fire safety. We saw reviews of accidents and incidents had been carried out and ‘lessons to be learned’ manager’s investigation forms were completed.

We asked the registered manager what their vision was for the service. They told us they wanted Tolson Grange to be the best recognised dementia home in Huddersfield, recognised as such by the community and they wanted to ensure the people who used the service had meaningful and purposeful everyday lives.

The registered manager and deputy audited 10% of the care plans each week and the medication and infection control audit. The team leaders audited the daily logs and

Is the service well-led?

they also audited the bath, shower and food and fluid records daily.. The registered manager reviewed these audits on a weekly basis. We also saw the minutes of a catering audit, mattress audit, medication audit, hand hygiene audit and actions to remedy any issues identified.

The registered provider undertakes a detailed whole service monthly audit and a resultant action plan. We saw the audit for February 2015. This was extremely detailed and stressed the importance of feedback and lessons learnt to

be shared amongst all staff and discussed at staff meetings but also shared with residents in their home information pack. The audit tool was mapped against CQC outcome framework and we were told that these would be changed to map against the new key lines of enquiries and fundamental standards. This showed us the registered provider was proactively monitoring the quality of the service provided and making improvements where required.