

Oakview Estates Limited Thornfield 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

We inspected this service on 19 and 21 January 2015. The inspection was unannounced. This meant the staff and provider did not know we would be visiting.

Thornfield Grange provides care and accommodation for up to ten people. The home specialises in the care of people who have autism. On the day of our inspection there were four people using the service.

The home had a registered manager in place. 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.

On the day of the inspection there was a calm and relaxed atmosphere in the home and we saw staff interacted with people in a very friendly and respectful manner.

Summary of findings

We spoke with four members of staff who told us they felt supported and that the registered manager was very approachable. Throughout the day we saw that people and staff appeared very comfortable and relaxed with the registered manager and staff on duty.

People had their physical and mental health needs monitored. There were regular reviews of people's health and the home responded to people's changing needs. People were assisted to attend appointments with various health and social care professionals to ensure they received care, treatment and support for their specific conditions.

We saw people's care plans were very person centred and written in a way to describe their care, treatment and support needs. These were regularly evaluated, reviewed and updated. The care plan format was easy for service users to understand by using of lots of pictures and symbols. We saw lots of evidence to demonstrate that people were involved in all aspects of their care plans.

The staff we spoke with said they received appropriate training, good support and regular supervision. We saw records to support this.

The care staff understood the procedures they needed to follow to ensure that people were safe. They were able to describe the different ways that people might experience abuse and the correct steps to take if they were concerned that abuse had taken place.

Our observations during the inspection showed us that people were supported by sufficient numbers of staff. We saw staff were responsive to people's needs and wishes and we viewed records that showed us staff were enabled to maintain and develop their skills through training and development activities. The staff we spoke with

confirmed they attended training and development activities to maintain their skills. We also viewed records that showed us there were safe recruitment processes in place.

The registered manager understood her responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). DoLS applications had been made appropriately.

Throughout the day we saw staff interacting with people in a very caring and professional way. There were a range of individual activities that people took part in both in the home and in the local community.

The catering staff told us there was always plenty of food held in stock so people could choose what they wanted to eat each day. One person told us, "I like the food. I like the Pizza."

We saw the provider had policies and procedures for dealing with medicines and these were followed by staff.

There was a range of information available to people in a picture format, for example, how to make a complaint, safeguarding adults and advocacy. We saw there was a keyworker system in place which helped to make sure people's care and welfare needs were closely monitored. People said that they would talk to the registered manager or staff if they were unhappy or had any concerns. One service user told us, "Yes I made a complaint."

We discussed the quality assurance systems in place with the registered manager. We saw there were a range of audits carried out both by staff, the registered manager and senior staff within the organisation. We saw where issues had been identified, action plans with agreed timescales were followed to address them promptly. We also saw the views of the people using the service were regularly sought and used to make changes.

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.

Staff we spoke with could explain indicators of abuse and the action they would take to ensure people's safety was maintained. This meant there were systems in place to protect people from the risk of harm and abuse.

Records showed recruitment checks were carried out to help ensure suitable staff were recruited to work with people who lived at the home.

Staffing was also arranged to ensure people's needs and wishes were met promptly.

There were arrangements in place to ensure people received medication in a safe way. There were also procedures in place to respond to emergencies and to make sure a safe environment was maintained.

Good



Is the service effective?

The service was effective.

Staff received training and development, formal and informal supervision and support from the registered manager. This helped to ensure people were cared for by knowledgeable and competent staff.

People were supported to make choices in relation to their food and drink.

People's needs were regularly assessed and referrals made to other health professionals to ensure people received care and support that met their needs.

Good



Is the service caring?

The service was caring.

People were supported by caring staff who respected their privacy and dignity.

Staff were able to describe the likes, dislikes and preferences of people who lived at the home and care and support was individualised to meet people's needs.

Good



Is the service responsive?

The service was responsive.

People, who lived at the home, or their representatives, were involved in decisions about their care, treatment and support needs.

People also had opportunities to take part in activities of their choice inside and outside the home. There was a personalised activity programme to support people with their hobbies and interests.

There was a complaints procedure that was written in a clear easy read format with pictures which made it easily understandable to everyone who lived at the home.

Good



Summary of findings

Is the service well-led?

The service was well led.

The home had a registered manager who understood the responsibilities of their role. Staff we spoke with told us the registered manager was approachable and they felt supported in their role.

Service users were regularly asked for their views and their suggestions were acted upon. Quality assurance systems were in place to ensure the quality of care was maintained.

Good



Thornfield 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 was 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.

The inspection took place on 19 and 21 January 2015. The inspection was unannounced. This meant the staff and provider did not know we would be visiting. The inspection was carried out by one Adult Social Care Inspector. On the day of our inspection there were a total of four people using the service.

Before this inspection we reviewed notifications that we had received from the service. We also met with the local authority safeguarding team and commissioners on 20 January 2015 where no issues of concern were raised about this service.

We spoke with two people who lived at Thornfield Grange, the registered manager and four staff. After the inspection we spoke with two care co-ordinators (or social worker). We did this to gain their views of the service provided.

We looked at two care records and three staff training and recruitment files. We also carried out observations of care practices in the communal areas.

For this inspection, the provider was not asked to complete 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 improvements they plan to make. During the inspection we talked with people about what was good about the service and asked the registered manager what improvements they were making.

Is the service safe?

Our findings

The provider had an open culture to help individuals to feel safe and supported and to share any concerns in relation to their protection and safety. We spoke with the registered manager and staff about safeguarding adults and action they would take if they witnessed or suspected abuse. Everyone we spoke with said they would have no hesitation in reporting safeguarding concerns. They told us they had all been trained to recognise and understand all types of abuse. A newly appointed member of staff said “I have had safeguarding training as part of my induction”.

We saw there were policies and procedures about safeguarding adults. All staff were aware of these and they provided them with information about what action that should be taken. We saw information was displayed with a list of organisations, names and contact numbers to report any allegations of abuse. There was also an easy read version of the home’s safeguarding procedure displayed in the home which was easy for service users to understand. We saw service users reported safeguarding concerns. On the day of our inspection staff were notifying the local safeguarding authority of one such alert. We saw from records when incidents occurred, the service the provider had referred details of the incidents to the Local Authority as part of the local Safeguarding procedures. We saw there was a whistleblowing policy available to staff as well as a policy on the use of restraint. All of these measures meant the service had systems in place to keep people safe by informing health professionals and others of what was happening in the home.

When people behaved in a way that may challenge others, staff managed situations in a positive way and protected people’s dignity and rights. The registered manager and staff we spoke with demonstrated they sought to understand and reduce the causes of behaviour that distressed people or put them at risk of harm. There were positive behaviour plans in place which the registered manager could demonstrate were working for people. For example, the use of ‘as and when required’ medication prescribed for people when agitated had been significantly reduced. We saw there were policies and procedures for managing risk and staff understood and consistently followed them to protect people.

The environment was well maintained. We spoke with the maintenance person who described the checks they

carried out to ensure people were cared for in a safe and suitable environment. They told us, and we saw documentation which showed us, that regular checks were carried out on, for example, the fire alarm system, emergency lighting, water temperatures, the nurse call system and extractor fans within the home. We viewed reporting sheets that were held in the home and saw that if repairs were required to the environment, these were recorded and when completed the maintenance person signed to indicate the action had been carried out. This ensured people were cared for in a suitably maintained environment.

We saw records that showed us a process was in place to ensure safe recruitment checks were carried out before a person started to work at the home. We found important information had been checked to make sure those using the service were not at risk from staff who were unsuitable to work with vulnerable people. For example, in the staff records we looked at there were references to verify people’s employment history and satisfactory evidence of their conduct in previous employment. We also found evidence confirming people’s identity. We saw the provider had explored whether they were physically and mentally fit to work within the service. We found interview records were maintained, which included the use of a written assessment people were asked to complete. A recently appointed member of staff told us “I couldn’t start work until they had received by DBS (Disclosure and Barring Service) check. This helped to make sure only suitable people, with the right experience and knowledge, were employed to provide care and support to people who lived at the home. In addition to these initial checks we saw the provider renewed everyone’s DBS check every three years and checked each qualified nurses PIN (registration) number with the nursing and midwifery council every month to make sure they continued to be registered to practice as a nurse.

We saw in each person’s care records a ‘personal evacuation plan’ which provided staff with guidance on the support people required in the event of a fire. In this way the provider could demonstrate how they responded to emergencies keeping people safe from harm.

Is the service safe?

The registered manager reviewed any incidents and accidents and used any learning from these to improve the service. For example, a gate had been installed to the driveway to promote road safety and protect and keep people safe from harm.

During the inspection we saw staff responded promptly to people if they required support or assistance. On the day of the inspection we saw there was a nurse on duty as well as three support workers and a fourth support worker who was undergoing their induction. We looked at a sample of rotas and saw that staffing levels were regularly maintained at four or five staff during the day. This was so the service users were supported to take part in a range of community as well as 'in house' activities. None of the staff we spoke with expressed concerns regarding the number of staff available to support people and we saw documentation that showed us staffing was arranged in advance to ensure sufficient numbers of staff were available to meet people's

needs. This included arranging staff cover in the case of planned leave. The registered manager told us they used a formal assessment tool to assess the number of staff required for the number of service users. They also monitored accidents and incidents, carried out observations and assessed people's individual needs to ensure sufficient staff were available.

The home had a medication policy in place, which staff understood and followed. We checked peoples' Medication and Administration Record (MAR). We found this was fully completed, contained required entries and was signed. There was information available to staff on what each prescribed medication was for and potential side effects. We saw there were regular management audits to monitor safe practices. Staff responsible for administering medication had received medication training. This showed us there were systems in place to ensure medicines were managed safely.

Is the service effective?

Our findings

One person told us, “I like the food. I like the Pizza.”

We viewed two care records and saw documentation that showed us people’s needs were assessed before they moved into the home. The registered manager told us, before any new person was admitted to the care home, she always obtained a copy of a full assessment of the person’s needs from their care co-ordinator (or social worker). We saw people’s care was reviewed on a monthly basis and if people’s physical or mental health needs changed, referrals were made to other health professionals to ensure people’s needs were met. We saw people had regular access to dentists, chiropodists and other primary health care professionals such as occupational therapists.

We asked staff to describe the training and development activities they had completed at Thornfield Grange. We spoke with one member of staff who had recently been recruited. They told us they had received an induction when they started to work at the home and they completed training in areas such as safeguarding adults and positive behaviour support. They also described training called ‘MAYBO’, which included the use of restraint. They told us, “We were taught to use distractions and positive behaviour techniques first and restraint, only ever as a last resort.” In addition we saw all staff had received specialist training in epilepsy, dysphasia awareness, autism awareness and Makaton (this is a form of sign language for people who have a learning disability) so they could effectively meet the needs of the people they supported. We saw staff were supported to complete Qualification and Credit Framework (QCF) courses at level two and three in health and social care. The maintenance person told us, “I attend all of the same training as the support staff plus health and safety training.” We saw that the home had plans to introduce autism workshops for staff in 2015. The staff we spoke with also told us they received supervision and appraisals to enable them to identify their training needs. The staff were positive regarding the training and development activities they completed. This meant staff were being supported to complete training and development activities that would assist them in delivering effective care to people who lived at Thornfield 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. At the time of this inspection we were informed by the registered manager that DoLS application had been made. We saw records to support this. The registered manager demonstrated a detailed understanding of the recent Supreme Court judgment about people who lived in care homes or supported living arrangements who received 24 hour support and did not go out unsupervised.

We saw staff considered people’s capacity to make decisions and they knew what they needed to do to make sure decisions were taken in people’s best interests and where necessary involved the right professionals. Where people did not have the capacity to make decisions, their friends and family were also involved. This process helped and supported people to make informed decisions where they were unable to do this by themselves. We saw external independent advocates visited the service users each week and who could be appointed to act in people’s best interests if required.

We sat with service users and staff during a lunchtime meal. People we spoke with said they liked the food and catering staff confirmed there was always plenty of food held in stock so people could choose what they wanted to eat each day. We saw people were supported to eat sufficient amounts to meet their needs. The catering staff told us that they and staff asked people about their choices of food on a daily basis and that they received the meals that they had chosen. They told us, and we saw, they had taken photographs of each meal provided to assist people to make meaningful choices. She said, “[Name of person] had never had hunters chicken (a special chicken dinner) so I showed him the picture to help him decide if he wanted to try it.” We observed staff ask people what they wanted for their lunch that day and their choices were respected. The catering staff told us that there was always plenty of food in stock and alternatives, such as salads or sandwiches, always available. We observed people helping themselves to drinks and snacks throughout our visit.

Is the service caring?

Our findings

One person using the service said, “I go for walks with staff. I like it here.” Another person told us they had purchased a new bed and took part in decorating their bedroom.

During our inspection we watched staff practices as they supported people. We heard staff address people respectfully and explain to people the support they were providing. Staff were friendly and very polite and understood the support and communication needs of people in their care. We saw if staff needed to discuss a person and their care, this was done in a quiet environment to ensure information remained confidential. Staff waited for people to make decisions about how they wanted their care to be organised and closely followed people’s choices.

On the day of the inspection there was a calm and relaxed atmosphere in the home. Throughout the day we saw staff interacting with people in a very caring and professional way. We saw a member of staff offering support to one person following their review meeting, taking time to explain what was talked about and what was agreed. We saw when staff offered support to people they always respected their wishes. For example, one person chose to go walking in the local woods and this was supported by staff. We saw people being offered the choice of what to have to eat for their lunchtime meal. People were given a key to their bedroom so they could keep their personal space private. Staff we spoke with also told us people could spend time in the privacy of their bedroom.

We found the service was caring and people were treated with dignity and respect and were listened to. We spent time observing staff interactions during lunchtime. We saw that people were respected by staff and treated with kindness. Staff also provided people with guidance in relation to appropriate social behaviour in a sensitive, discrete manner. Staff knew the people they were supporting very well. They were able to tell us about people’s life histories, their interests and their preferences. We saw all of these details were recorded in people’s care plans. The registered manager told us how the maintenance person had ‘gone that extra mile’ and worked closely with a service user during their transition to permanent accommodation and installed a bath chair for them, which the occupational therapist had recommended.

The registered manager told us how important it was to have information available to people in a range of different formats so people could make decisions and take control of their lives. We saw how easy read leaflets with pictures were used to provide information on a range of topics such as DoLS, Advocacy and Safeguarding Adults. We also saw how the catering staff had taken time to produce pictures of the contents of the meals they produced, which some people may be allergic to, such as nuts and wheat.

Is the service responsive?

Our findings

People said that they would talk to the registered manager or staff if they were unhappy or had any concerns. One person said, “Yes I made a complaint.” They told us how they had a keyworker. They described how they were involved in meetings about their care and that their keyworker supported them with this. On the day of our inspection one person had been supported by staff to attend a review meeting with their care co-ordinator. This person told us, “I attended my own review. I took my life book with me with a list of questions.” They also told us how they enjoyed the activities, especially horse riding. The care co-ordinator we spoke with were very complimentary about the service. They told us they were in regular contact with the clinical lead nurse in the home who kept them fully involved with any changes to the health and well-being of their client. They described how they were very happy with how well their client was progressing in terms of reaching their goals and targets since living at Thornfield Grange.

We looked at the care records of people who used the service. We saw people’s needs had been individually assessed, and detailed plans of care drawn up. We saw detailed information had been supplied by other agencies and professionals, such as the person’s care co-ordinator. This was used to complement the care plans and to guide staff about how to meet people’s needs. We saw personalised risk assessments were in place to support people with activities. These included the support people required whilst taking part in community activities. This demonstrated how the provider ensured every effort was made to meet people’s individual needs and promote their independence.

The care plans we looked at included people’s personal preferences, likes and dislikes. We also found there was a section covering people’s life histories and personal statements about their hopes for the future. Regular reviews of people’s care plans had taken place. These reviews included a meeting which had been attended by relatives, care staff and people’s care co-ordinators. We saw each person had a key worker whose role it was to work alongside each person and their named nurse. Key workers played an important role in people’s lives. They provided one to one support, made sure people attended regular health care checks and also other roles such as supporting

people to choose appropriate clothing depending on the type of activity they were taking part in. They were also responsible for producing a monthly newsletter, a copy of which was sent to people’s relatives, describing what had happened in the person’s life.

We saw staff write down the support provided to people each day in the ‘daily records.’ The daily records we looked at were very detailed and were used to monitor any changes in people’s care and welfare needs. We also saw there was a daily handover of information between staff each day. This meant the service was able to identify changes and respond to those changes promptly.

There was an activities co-ordinator employed by the home whose role it was to develop individualised activities plans for people. We saw that activities were personalised for each individual. We spoke with the activities co-ordinator who told us each Monday there was a house forum where people had the opportunity of making suggestions about outings and activities. We saw each person had an individualised activities plan. Additional staff were provided to enable people to enjoy a range of community activities. We saw that if people participated in activities this was recorded within the care documentation. Activities people were regularly involved with included horse riding, walking in the local woods, shopping, attending a disco, car boot sales and a hydro pool. The activities co-ordinator described, how, with the assistance of an occupational therapist in relation to people’s autism, a back pack with books was used to help to keep one person calm when out walking enabling them to really enjoy the activity. The activities co-ordinator described how she tried to link people’s goal plans to their individualised activities. For example, one person was being supported with their budgeting skills so that they could save up enough money to take part in a trip to London, a personal goal of theirs. The registered manager told us, and we saw, that the administration times of people’s medication had been reviewed and changed. This was in order to facilitate community activities for people. This further demonstrated how the service provided personalised care.

People were encouraged to build and retain their independent living skills and care plans set out how people should be supported with this. We observed staff following these. For example, we saw how goal setting was used to support people to develop independent living skills like cooking. The activities co-ordinator explained how they

Is the service responsive?

had a 'walk, shop and cook' activity where service users were supported to walk to the local supermarket, buy the ingredients for a meal, then return to Thornfield Grange to prepare the meal. We also saw how people had been supported to develop other independent living skills such as using the washing machine, ironing clothing and budgeting. The registered manager also described how service users had recently been involved with the recruitment of new staff with a 'meet and greet' session.

The care plans were centred on the person as an individual. We saw that people's choices and preferences were written down so that a consistent approach to care was always provided by staff. We saw pictures and symbols had been used to help people understand the information. One person told us they had been fully involved with writing their care plan. They told us how a goal of theirs was to live independently and own a dog. They told us how staff were supporting them to save up so they could achieve this. The

staff we spoke with clearly understood the concept of person centred care and it was evident they saw and treated each person as an individual, respecting their views and wishes.

We checked complaints records on the day of the inspection. This showed that procedures had been followed when complaints had been made.

The complaints policy was seen on file and the registered manager when asked, could explain the process in detail. The policy provided people who used the service and their representatives with clear information about how to raise any concerns and how they would be managed. We saw pictures had been used to help people understand the information. The staff we spoke with told us they knew how important it was to act upon people's concerns and complaints and would report any issues raised to the registered manager or provider. We saw how one person's complaint had been fully investigated and the outcome reported to them.

Is the service well-led?

Our findings

Staff told us, “I would definitely approach Hazel, (the registered manager). She interacts and mixes with the service users. It’s been a big help for us since Hazel has been here. She is good for the service users,” “They (the management) are spot on here. They are on the ball. I have been shadowing staff for a week but could have shadowed for longer if I needed it,” and “Staff morale is brilliant. If you ask for something you would get a genuine answer if it couldn’t be actioned. Everyone seems brighter. She (the registered manager) is brilliant as is [name of person, the clinical lead].”

There were management systems in place to ensure the home was well-led. The home had a manager who was registered with the Care Quality Commission and they were supported by a regional operations director.

During the inspection we saw the registered manager was active in the day to day running of the home. We saw she interacted and supported people who lived at Thornfield Grange. From our conversations with the registered manager it was clear she knew the needs of the people who lived at Thornfield Grange very well. We observed the interaction of staff and saw they worked as a team. For example, we saw staff communicated well with each other and organised their time to meet people’s needs.

The registered manager had encouraged staff to nominate peers for the awards given by the provider each year in respect of outstanding contribution towards achieving the goals of the organisation. As a result of this, a support worker was awarded Support Worker of 2014, and two staff received a ‘highly commended’ award. The registered manager also achieved an award for her outstanding contribution in 2014.

We staff we spoke with were complimentary of the management team. They told us they would have no hesitation in approaching the registered manager if they had any concerns. They told us they felt supported and they had regular supervisions and team meetings where they had the opportunity to reflect upon their practice and discuss the needs of the service users they supported. Staff also described how a daily ‘flash’ meeting had been introduced. They described how this involved catering,

domestic and maintenance staff where the registered manager shared information with them about the service and organisation. One member of staff commented how useful they felt these were.

We saw the registered manager had in place arrangements to enable service users, their representatives, staff and other stakeholders to affect the way the service was delivered. For example, we saw service users were asked for their views in weekly staff forums and also by completing service user surveys. We saw the outcome of the most recent survey was on display in the home with pictures and symbols to help people understand the information. The registered manager told us there was a people’s parliament where service users were offered the opportunity to attend meetings to discuss issues which were important to them.

We saw risk assessments were carried out before care was delivered to a person. There was evidence these had been reviewed and changes made to the support plans where needed. The registered manager described to us how, in response to one person’s changing care needs, they had arranged for a multi-disciplinary team meeting to take place so they could continue to safely meet people’s needs.

We saw there were a variety of quality assurance systems in place. We saw the registered manager sought improvements to the service to reduce the risks to people. We looked at a sample of incident reports and saw that a ‘root cause analysis’ was completed by senior staff following each incident and any actions to prevent a re-occurrence recorded. We viewed a sample of other audits carried out by the registered manager, which included making sure service users were protected from the risk of cross infection by checking the environment was clean, checking that care plans were up-to-date and were person- centred and checking that staff recruitment files contained all of the relevant information required by law.

We saw each month the registered manager completed an ‘individual service review’ and reported her findings directly to the board of directors. She told us if there was any variance between months, for example, an increase in the number of incidents or safeguarding alerts, then she was required to provide the board of directors with an explanation as to why.

We saw the core mission of the service was ‘To make a positive difference to people and their families by

Is the service well-led?

delivering personalised health and social care that helps them to achieve the things they want out of life.' For one person this meant after living in institutional care for most of their life, with the support of Thornfield Grange staff who supported them both during their stay at Thornfield Grange but also during the transition, they were now living in a home of their own in the community. During our inspection we saw there was a positive culture within Thornfield Grange. Staff were led by a registered manager who

understood the importance of treating people as individuals where people's independence was supported and promoted. Our observations showed the registered manager put these principles of care into practice when supporting service users providing a strong role model for staff to follow. For example, one service user has requested their certificates of achievement be displayed on a wall alongside those of staff in the office. We saw this had been actioned.