

# 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?	Requires Improvement ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection visit took place on 4 April 2017 and was unannounced. We spoke with relatives via telephone on 19 April 2017.

Thornfield Grange is a home for up to 10 people who have a learning disability and who may be on the autistic spectrum. On the day of our visit there were eight people using the service. It is situated in Bishop Auckland close to all facilities and transport links.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

We last inspected the service on 19 February 2015 and rated the service as 'Good.' At this inspection we found the service remained 'Good' and met all the fundamental standards we inspected against.

Staffing was provided at safe levels and any staff absences were mainly covered by the registered provider's own permanent and bank staff. The service were using agency staff as they were recruiting to permanent posts and we saw these staff were checked, supported and used consistently where possible. Staff told us they felt levels were generally safe but felt that night time should be kept under review.

Accidents and incidents had been appropriately recorded and risk assessments were in place for people who used the service and staff.

We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

Staff we spoke with were aware of procedures to follow if they observed any concerns in relation to safeguarding and we saw that staff were encouraged to raise concerns through supervisions and staff meetings that took place.

Appropriate systems were in place for the management of medicines so that people received their medicines safely. Medicines were stored in a safe manner.

Staff were suitably trained and training was arranged for any due refresher training. Staff received regular supervisions and appraisals and told us they felt supported.

We saw that people were supported to access a wide range of activities in the community and this included staff supporting people with educational and employment opportunities. Staff did feedback to us that

another vehicle would reduce the pressure on planning community outings as presently this limited the access for people due to only having one vehicle.

The registered provider was working within the principles of the Mental Capacity Act 2005 (MCA). People are were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs. We experienced the lunchtime meal and saw people were given choices and support to eat a healthy and nutritious diet. Care records contained evidence of visits to and from external healthcare specialists.

Care records showed that people's needs were assessed before they started using the service and they were supported to transition to the service at their own pace. We found that transition care plans could be more prominent and specific as the service did have people moving in and moving on from the service and there was not much written evidence of their support needs at that time.

Staff and relatives fed back that consistency of staff approach was the main challenge to the service and this could be improved.

Staff supported people who used the service with their social needs. We observed that all staff were caring in their interactions with people at the service. We saw people being treated with dignity and respect although we did raise that in records we viewed such as daily notes, meeting minutes and handover sheets that the term "unit" was used to describe the service. This was felt to be an institutionalised term and the registered manager agreed to support staff to refer to the 'service or home' rather than "unit".

People who used the service and family members were aware of how to make a complaint. We saw complaints were recorded, investigated and monitored according to the registered provider's policy.

Staff told us they felt supported by the registered manager and were comfortable raising any concerns. We saw that people and their relatives were involved in on-going reviews of care.

The service had a comprehensive range of audits in place to check the quality and safety of the service and equipment at Thornfield Grange and actions plans and lessons learnt were part of their on-going quality review of the service. We saw that the nursing files audit had not picked up outstanding documentation and we fed this back to the deputy manager for action.

## 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 remained safe.

### Is the service effective?

Good ●

The service remained effective.

### Is the service caring?

Good ●

The service remained caring.

### Is the service responsive?

Requires Improvement ●

The service required improvement to be responsive.

People were supported to be involved in a range of activities and outings.

Improvements could be made to the consistency of support plans and transition plans could be more detailed. Staff and relatives fed back that consistency of staff approach was the main challenge to the service and this could be improved.

Staff told us how they would know if people were unhappy and how they would take action to remedy this. Relatives we spoke with also confirmed they knew how to raise concerns or complaints.

### Is the service well-led?

Good ●

The service remained well-led.

# 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 registered 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 4 April 2017 and was unannounced. We also spoke with relatives via telephone on 19 April 2017. One adult social care inspector carried out this inspection.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We also contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

During our inspection we spoke with three people who used the service and three family members via telephone following the inspection visit on 19 April 2017. We also spoke with the deputy manager, one nurse, cook, operations director and three care staff.

We looked at the records of three people who used the service and observed how people were being cared for. We also looked at the personnel files for four members of staff and records relating to the management of the service, such as quality audits, policies and procedures.

# Is the service safe?

## Our findings

Staff we spoke with had a good understanding of abuse. People at the service appeared comfortable and happy with the staff supporting them. One relative we spoke with told us, "Yes I am happy with the care."

Staff we spoke with told us they had received training in respect of abuse and safeguarding. They were all well able to describe the different types of abuse and the actions they would take if they became aware of any incidents. Staff also told us they would report anything directly to safeguarding if a manager or nurse wasn't available. We looked at training information which showed that staff had completed training in regard to safeguarding which was updated regularly. This showed us staff had received appropriate training, understood the procedures to follow and had confidence to keep people safe.

We saw records that demonstrated the service notified the appropriate authorities of any safeguarding concerns. Staff we spoke with also spoke of techniques they were taught such as de-escalation techniques to reduce people's anxieties and prevent people becoming distressed. One staff member told us, "Your demeanour needs to be chilled. We have some agency staff and the good thing is they are Maybo trained so that means they are useful." Maybo is conflict resolution training that also teaches physical intervention techniques accredited by the British Institute for Learning Disabilities.

The training information we looked at also showed staff had completed other training which enabled them to work in safe ways. This included fire, first aid and health and safety training, which we saw was regularly updated. Staff we spoke with confirmed they knew the procedures to follow in the event of an emergency. We noted that some information relating to Personal Emergency Evacuation Plans (PEEPS) were not all up to date in the grab bag and the deputy manager stated they would rectify this straight away.

Support plans contained risk assessments that were regularly reviewed to ensure people were kept safe. We also saw the service had generic risk assessments in place regarding the environment and these were reviewed by the nursing team. The three support plans we looked at incorporated risk assessments. This covered areas such as the risks around behaviour, accessing the community, and nutrition and hydration. We saw how control measures had been developed to ensure staff managed any identified risks in a safe and consistent manner. We saw for one person there was no risk assessment screening tool in their support plan and this also had not been picked up on a recent audit by nursing staff on the support plans. We fed this back to the deputy manager who stated they would action this straight away.

There were effective recruitment and selection processes in place. We looked at records relating to the recruitment and interview process. We saw that before commencing employment, the registered provider carried out checks in relation to staff's identity, their past employment history and a Disclosure and Barring Service (DBS) check. A DBS check confirms that applicants are eligible to work with vulnerable people. The deputy manager explained the recruitment process to us as well as the formal induction and support given to staff upon commencing employment. We were told that prospective staff were clearly informed of the nature of the service and they could see and experience behaviour that may challenge so that prospective staff understood the needs of the people using the service and their role as staff supporting them.

We saw that the registered provider checked the current registration status of its nursing staff with the Nursing and Midwifery Council on a monthly basis.

The deputy manager told us that staffing was provided flexibly by the team as it was dependent upon activities that were planned for people. There was one nurse and at least nine support staff on duty during the day and one nurse and two support staff at night. We were told there were vacancies that were being recruited to and that consistent agency staff were currently being used. Staff we spoke with felt staffing levels were generally safe but did say they felt an additional nurse on some shifts would be helpful as would a review of night support. One staff member said, "We need to keep nights under review as two people are quite active and engaged on a night and they need our support which doesn't leave many other options if other people get up."

All medicines were stored securely and tidily. One of the nursing staff knowledgeably explained the processes for the ordering, storage, administration and returns process to us. Room and refrigerator temperatures were monitored daily to ensure that medicines were stored within the recommended temperature ranges.

We saw guidance was in place for 'as and when required' medicines so staff could consistently support people if they needed medicines in this way.

There were effective systems in place for continually monitoring the safety of the premises. We met with the maintenance staff member who explained us the checks they carried out and showed us the records that related to these checks. These included recorded checks in relation to the fire alarm system, hot water system and appliances. Staff were aware of who to contact should there be any problems with equipment or the environment.

## Is the service effective?

### Our findings

Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people who used the service. One staff member told us, "I got a full week's induction and I asked for more training on autism and I got that." Staff we spoke with told us they received mandatory training and other training specific to their role. Mandatory training is training that the provider thinks is necessary to support people safely. This included: food hygiene, fire awareness, infection control, manual handling, safeguarding and first aid. The training plan for 2017 showed the training updates that would be due during 2017 were planned or completed, these included dementia and end of life training. Staff received training specific to the needs of people who used the service including autism awareness, Positive Behaviour Support, conflict resolution and de-escalation training and risk assessment and incident reporting. One staff member told us; "New staff now get training before they do shadowing and that's a good thing as they understand more about the service and people."

Staff we spoke with during the inspection told us they felt well supported and that they had received supervision. One staff member told us, "I have six supervisions a year; three clinical and three managerial, and you can ask for them anytime which is really good." We saw records to confirm that supervision and annual appraisals had taken place. Induction processes were available to support newly recruited staff. This included reviewing the service's policies and procedures and shadowing more experienced staff. The service also provided the Care Certificate to support staff who had no experience in the care sector. We spoke with one experienced staff member who told us about mentoring new staff on their induction programme. This staff member told us; "I mentor staff and get them to look at care plans as well as talking them through people's triggers for behaviours, their antecedents and things like health promotion." This showed the service supported staff on an individual basis to learn and improve their performance.

The environment was developed around people with furniture and furnishings that supported their lifestyle. The house was very personalised, with lots of visual prompts for people including specific activity planners and individual routines using pictures that supported people with autism to understand their day.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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.

The deputy manager and staff we spoke with told us that they had attended training in the Mental Capacity Act [MCA] 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. The nurse we spoke with had an



understanding of the principles and their responsibilities in accordance with the MCA and how to undertake decision specific capacity assessments and when people lacked capacity to make 'best interests' decisions. 'Best interests' decisions are where decisions about treatment or accommodation are made for or on behalf of a person by others such as support staff, nurses or doctors who know them well. We saw that best interests' decisions were clearly recorded in people's support plans and demonstrated that people were not subject to unnecessary restrictions.

Staff members told us that menus and food choices were discussed with people who used the service on a daily basis. We saw people were provided with a varied selection of meals and staff ate with people therefore promoting a more homely atmosphere and positive role modelling at the service. Staff told us; "We have a weekly menu and it's healthy and balanced but people have odd takeaways which we all enjoy."

We joined in the lunchtime meal and saw people were given choices and encouraged to be as independent as possible, helping clear tables and to clean up after themselves. The atmosphere was positive and calm and there was good interaction between people using the service and the chef who clearly knew people's likes and dislikes.

We saw that staff monitored people's weight for losses and increases. We saw the Malnutrition Universal Screening tool [MUST] tool was in place. MUST is a five-step screening tool to identify adults who are malnourished, at risk of malnutrition [under nutrition], or obese. We saw for one person with specific dietary needs that the service worked with a community dietitian and had used visual tools and prompts to support this person to eat well.

People were supported to maintain good health and had access to healthcare professionals and services. The registered provider employed a consultant psychiatrist and clinical psychologist to support people using the service if needed. One of the nursing team told us, "We have a really good relationship with the GP practice." People were supported and encouraged to have regular health checks and were accompanied by staff to hospital or other appointments. This meant people who used the service was supported to obtain the appropriate health care when it was required.

# Is the service caring?

## Our findings

There was a positive atmosphere in the service. We observed people being supported to engage in activities of their choice and to spend time in their own rooms if they wished. We observed positive interactions in the communal areas and saw that staff interacted well with people and provided them with encouragement. Staff took time to sit down and communicate with people in a way that they could understand.

The staff we spoke with demonstrated an in-depth knowledge and understanding of people's care, support needs and routines and could describe care and support needs provided for each person.

We spoke with three relatives and carers of people who used the service. All said they were satisfied with the care at Thornfield Grange. One relative expressed concerns over the environment and another raised concerns over consistency of approach from staff and we shared this feedback with the registered manager following the inspection. All relatives confirmed they were happy with support staff and had not witnessed any uncaring staff members.

People who used the service had complex needs and some had difficulty with communication. One staff told us; "You can't be loud and brash here or overload people, you need to have a calm approach."

The deputy manager and staff that we spoke with showed concern for people's wellbeing. It was evident from discussion that staff knew people well, including their personal history, preferences, likes and dislikes. One staff member told us; "We know people well and try and encourage them to make good choices." Whilst we were in the office talking to staff, one person who used the service came in to speak to staff on numerous occasions. Each time staff were respectful to the person and provided them with the answers and reassurance that they required.

Staff told us how they respected people's privacy. They said that where possible they encouraged people to be independent and make choices. One staff member described how they promoted people's independence and maintained their dignity when providing them with personal care support.

The environment was developed around people with furniture and furnishings that supported their lifestyle. The house was very personalised, with lots of visual prompts for people including specific activity planners and individual routines using pictures that supported people with autism to understand their day.

We looked at support plans for three people using the service. People had their own detailed plan of support. The support plans were written in an individual way, which included family information and how people wanted their care and support to be given. Plans were person centred and specific to the needs of the individual. One member of the nursing team told us, "The care plans are effective and they work, I would like more time on care plans."

Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. The deputy manager told us that

people who were using the service had local independent advocates supporting them.

We looked at the arrangements in place to ensure equality and diversity and support for people in maintaining relationships. We saw people who used the service had been supported to maintain relationships that were important to them. For example, one relative stated they visited regularly and were always welcomed and staff told us that they kept in regular phone or email contact and also discussed issues such as activities with the person's family.

## Is the service responsive?

### Our findings

There was a clear policy and procedure in place for recording any complaints, concerns or compliments. There was easy read information around the service on how to make a complaint. Staff told us that people who used the service would be able to tell or show staff if they were unhappy and that they would raise any issue of concern with the registered manager. Staff also told us that they ensured the person's family was supported to raise any concerns or issues and that they would bring them to the attention of the manager. The complaints policy also provided information about the external agencies which people could use if they preferred. Relatives told us they could raise concerns with the registered manager or staff team and they would be responded to.

There were lots of activities within the service and staff told us that they tried to use community facilities such as local parks and shops as much as possible with people. Relatives we spoke to were happy with activities carried out at the service. One relative told us, "They are looking into [name] attending college to do animal husbandry and this may lead to voluntary work or employment which is really positive." There was an activities co-ordinator in place who we met on the day as they were devising a change of activity for one person due to the closure of a community facility due to holidays. People were supported to attend a wide variety of activities. One staff member told us, "Everyone has at least 25 hours. The lack of another vehicle is causing us to rush, it's not letting person centred care happen." Other staff members also fed back to us that the use of only one vehicle for people using the service was causing difficulties in people routinely accessing the community.

The three support plans we looked at varied in their content. Each person had a nursing file which contained the majority of the assessments and plans to support people effectively. People also had a person centred file which we saw for one person contained only a newsletter, a one page profile and a hospital passport. This person did not have a risk assessment/ screening tool in their file and this had not been addressed through a nursing file audit in November 2016 or February 2017. There was also another file for reviews. We were aware that the registered provider was reviewing the whole support plan approach at its services and it felt in this service that plans were a little disorganised.

We were told that one person was moving out into their own home and was beginning to spend time at this new service. We found very little information in their support plan around this transition. We spoke with staff, who knew what was happening and where this person's anxieties lay in relation to this move but this was not recorded in a specific plan to ensure this person was supported to have an effective transition. Staff told us they were proud that the work they did in supporting people to be independent had led to some individuals moving into their own homes with support. We were told the service's aim was to be a "step down" service from more intensive support and so we would expect thorough transition plans to be in place to support people moving into and out of Thornfield Grange.

Everyone had a one page profile including staff members which meant key information about people and how they wished their care and support to be delivered was in place. Staff undertook monthly reviews of the plans and this included any meetings with professionals, an update on health, activities, finances and

medicines and also had a section about what made the person happy and what didn't go so well.

Staff members fed back to us that the biggest issue of concern at the service was consistency of approach by the whole staff team. One of the nursing team when asked about challenges to the service told us, "Consistency" and another staff member told us, "The biggest issue is consistency and I think we are sometimes poor at record keeping." One relative we spoke with also felt consistency of approach was an issue although we saw the service had recently had a review by another service manager and a nurse consultant. This review had confirmed the service was working to address issues of consistency and communication via staff meetings and record keeping training.

# Is the service well-led?

## Our findings

Our observations were positive about the leadership of this service. Relatives whose family members used the service told us that they thought the home was well led. One relative said; "They keep me updated and they are open and honest about things."

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. On the day of our visit the registered manager was on leave and we met with the deputy manager who had been in post for only three weeks but had worked at the service in a nursing role previously.

In records we viewed such as daily notes, meeting minutes and handover sheets we saw the term "unit" was used to describe the service. This was felt to be an institutionalised term and when we spoke with the registered manager after the inspection they agreed with this feedback and stated they would discuss this with the staff team.

The service was a very busy service due to the high level of support needs of people using the service and had recently undergone staff changes which had raised a number of concerns about staff skill mix, attitude and communication. The service commissioned a review from another experienced manager alongside a nurse consultant and human resources partner from the registered provider. This review interviewed staff and explored records at the service and it provided actions to address. We saw that this review showed the registered provider listened to all the concerns or issues detailed from staff and explored strategies to address them.

Observations of interactions between the deputy manager and staff showed they were open and positive. We spoke with three staff members who all told us they felt supported working at Thornfield Grange. One of the nursing team told us, "I can go to the registered manager and the deputy. The new preceptorship arrangements (for new nursing staff) are much better than the support I had." Staff told us morale was good and that they were kept informed about matters that affected the service.

We saw that the staff had regular weekly meetings with people who used the service to seek their views and ensure that the service was run in their best interests.

Staff told us they met regularly to discuss training and other issues relating to the service. We were told that the meetings discussed people using the service, keyworkers, safeguarding and health and safety topics as well as an update from the service manager. We also saw a monthly newsletter was published giving information about service developments that was displayed for people to read.

The deputy manager told us of various audits and checks that were carried out on the environment, health and safety and support plans. We saw records of audits undertaken and monthly reports completed by the manager that recorded information and updates including areas such as human resources, training, finance and action plans. The operations director visited the service regularly and also carried out quality checks on

records, the environment, policies and health and safety. We saw a recent medication audit carried out by the service's pharmacy provider had raised some minor issues about temperature records and stock ordering. We saw these issues had been actioned with a deadline and signed as completed by the nursing team and managers. This showed the service responded to areas for improvement identified through checks.

Any accidents, incidents, safeguarding issues and complaints were monitored by the registered manager electronically to ensure any trends were identified. This system helped to ensure any trends in accidents and incidents could be identified and action taken to reduce any identified risks.

The law requires that providers send notifications of changes, events or incidents at the home to the Care Quality Commission. We had received appropriate notifications from the service. We saw that records at the service were kept securely and could be located when needed. This meant only care and management staff had access to them ensuring people's personal information could only be viewed by those who were authorised to look at records. We saw the registered provider displayed their performance rating from CQC on their website and the service as required to do.