Anchor Hanover Group

Timken Grange

Inspection report

Timken Way South
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Tel: 01604594310

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Timken Grange is a residential care home providing personal care for up to 66 people. The service provides support to older people and people with dementia. At the time of our inspection there were 66 people using the service.

Timken Grange is a purpose-built care home which accommodates 66 people across three floors. Each floor has a communal lounge, dining area and kitchen. All bedrooms have private en-suite facilities. There are two lifts operating between floors which also give access to a library, cinema café and bar. There are communal gardens and parking.

People's experience of using this service and what we found
Systems and processes protected people from the risk of abuse. Staff were recruited safely with appropriate checks in place. Individualised risks to people and risks in the environment were assessed and mitigated. Medicines were managed stored and disposed of safely, people received their medicines as prescribed and when they needed them. People were protected from the risk of infection; the home was clean and PPE was available and used appropriately by staff. Accidents and incidents were recorded, investigated and measures put in place to prevent reoccurrence.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were assessed prior to moving into the service to ensure their needs could be met. People were supported to maintain a balanced diet and regular hot and cold drinks were provided, they were monitored for the risk of malnutrition and health professionals were consulted where required. People were supported with healthcare appointments and records were in place to support a smooth transition into emergency care if needed. Staff went through an induction process, were trained and received regular support including supervision, appraisal, handover and staff meetings.

People were well treated by staff who were kind, caring and understood their needs, they and their families had developed positive relationships with the staff and management team. People were leading their care and making their own decisions, their privacy dignity and independence was well supported.

Care planning and delivery was person centred, reviewed regularly and adapted to meet people's changing needs. People were well supported with social activity and enjoyed an active social life. People were supported with their end of life decisions and staff had access to information they needed to support people's choices. Complaints were well managed and the provider was open and honest with people when things had gone wrong.

Systems and processes were in place which ensured the provider and management team maintained effective oversight of the safety and quality of the service and drive learning and improvement. There was a positive culture, people, relatives and staff felt informed, included and respected. The registered manager was well supported by the provider who played an active part in the home. There was partnership working with other professionals to ensure people's needs were met.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection This service was registered with us on 3 November 2022 and this is the first inspection.

Why we inspected This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Timken Grange

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

Inspection team
This inspection was carried out by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Timken Grange is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Timken Grange is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

Inspection activity started on 5 October 2022 and ended on 25 October 2022. We visited the location's service on 5 October 2022.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection
We spoke with 6 people who used the service and 10 relatives of people using the service, about their experience of the care provided. We spoke with 8 members of staff including the registered manager, the deputy manager, a team leader, 4 care workers and a maintenance engineer.

We reviewed a range of records. This included 2 people's care records and multiple medication and staff care note records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

During the inspection there was a change to the provider ownership of the service. The senior management team, the registered manager and staff team remained the same. People and their relatives had been consulted, were well informed and there were no changes to the day to day operation of the service.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from the risk of abuse. Staff were trained and had access to a whistle blowing policy, they had a good understanding of the physical, emotional, psychological and financial signs of abuse and knew how and who to report concerns to.
- People told us they felt safe. One person told us, "I'm safer here than at home, I don't have to worry about anything." A relative said, "I think [person] is very safe, the security is very good, they [staff] check on [person]."

Assessing risk, safety monitoring and management

- The environment was safe and well maintained. Regular testing was in place for equipment such as hoists and slings to support moving people. Fire safety equipment such as fire doors, emergency exits and fire extinguishers were checked regularly. People had personal emergency evacuation plans [PEEPs] to support safe emergency evacuation.
- Risks to people were assessed and mitigated using individualised risk assessments to record and monitor risk and provide staff guidance. For example, where people were at risk of falls, staff had the information needed for falls prevention and suitable falls prevention equipment was in place.
- The staff and management team had a positive approach to risk. Where people had a good understanding of risks they were taking, their freedom was not restricted were not restricted. For example, some people left the home and returned independently as and when they wished.

Staffing and recruitment

- Staff were recruited safely. There was a robust process in place that ensured only suitable staff were employed, this included previous employer reference checks and an induction program. Disclosure and Barring Service (DBS) checks were completed for all staff prior to them working with people. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.
- Enough staff were deployed across the service to ensure people's needs were met. One person told us, "There are loads of them around [staff]". Another person said, "If you want anything you just push the button [call bell]". Staff told us there were enough of them to meet people's needs, if they suddenly became busy which meant people may have an extended wait then the management team who were all trained deployed to the floor to assist.

Using medicines safely

- Medicines were managed, stored and disposed of safely. Senior care staff were responsible for giving people their medicines and were competency checked regularly. Electronic systems reduced the risk of

medicine errors and ensured that mistakes had been highlighted and corrected promptly to avoid impact on people.
● There was an effective stock control and disposal system in place and fridge and room temperatures were checked regularly to ensure safe storage.

Preventing and controlling infection
● The home was visibly clean and free from malodour. Cleaning staff were deployed across the home and records evidenced cleaning schedules were adhered too. People told us the home was clean. One person said the home was "Spotless, there's a big clean once a month, they take down curtains and blinds".
● The provider ensured the risk of legionella was well managed by ensuring regular testing. The maintenance engineer was able to competently explain risk reduction measures including, descaling, flushing and monitoring of any stored water.
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was supporting people living at the service to minimise the spread of infection.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was responding effectively to risks and signs of infection.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes
● The provider followed government COVID-19 guidance on care home visiting. People were able to receive visitors into the home, there was no restrictions in place and feedback from relatives was positive and confirmed this.

Learning lessons when things go wrong
● There was a robust system for reviewing incidents and accidents and monitoring for trends and patterns to reduce risks to people. For example, people with increased numbers of falls received increased support and were referred to the appropriate professionals for further assessment or investigation.
● There had been partnership working with visiting professionals when things had gone wrong, thorough investigations were completed and lessons learned shared with other healthcare professionals and the services staff.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- A thorough assessment of physical, mental health and social needs was completed before people moved into the service. This was to ensure that people's needs could be met.
- People had the opportunity to visit the home to see if they would like it before they moved in. One person told us they had stayed at the service for short visits prior to moving in full time.

Staff support: induction, training, skills and experience

- Staff received mandatory training and were part of an induction program when they joined the service. Regular training updates and extra learning and qualifications were available to staff. Staff told us they were invited, encouraged and supported with further learning to increase their skills. One staff member told us, "We do a lot of training, always refreshers going on, always new courses on eLearning [an online learning system]. "I'm studying for a national vocational qualification as well; it makes you more confident with what you're doing".
- Staff received regular supervision and appraisal and told us they felt well supported. One staff member told, they had shared a career goal with the management team, who had helped them start a training pathway to reach their goal.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to have a balanced diet. People's weights were monitored regularly, risk assessments, associated care plans and monitoring charts for food and drinks were put in place where required. There was partnership working with dieticians and speech and language therapists to meet people's needs. Specialist diets were catered for including specific textures for food and drinks, diabetic diets and fortified foods.
- We observed staff support people well during mealtimes, ensuring their independence as much as possible and dignity when supporting them. People told us they enjoyed the food. One person said, "I get more than enough to eat and drink". A relative told us, alternatives foods would be provided if someone didn't like something and another relative told us of an inventive way that staff had encouraged more fluids, they said, "They [staff] think of everything".
- There was partnership working with other professionals including GP's, district nurses, chiropodists and hairdressers to ensure people's needs could be met. A visiting professional to the service gave us positive feedback on the professional relationship with their team in ensuring people's health needs were met.

Adapting service, design, decoration to meet people's needs

● The building was designed to support people's holistic needs including the need for privacy, socialising and a community environment. Bedrooms were spacious with en-suite facilities and bathrooms had assistive technology baths. People enjoyed a range of community areas including a cinema, bar, café and library.
● The provider adapted the environment to meet individual needs and preference. One person had a sport they enjoyed, this was incorporated into a communal area for their and others enjoyment. People decorated their rooms to their preference and one person told us how adaptations had been made to their room to accommodate a working space and private drink and snack facilities.

Supporting people to live healthier lives, access healthcare services and support
● People attended health appointments as and when required including doctor and hospital appointments.

● The provider had a system in place to ensure records could be shared with appropriate health care professionals in case of emergency admission to hospital.

Ensuring consent to care and treatment in line with law and guidance
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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● People were supported in the least restrictive way possible and in their best interest. Individualised mental capacity assessments were in place to reflect the decisions that people could not make for themselves, with evidence of family and professionals' involvement. Staff understood mental capacity and how to support people well. One staff member gave an example of how staff supported someone who expressed emotional distress and how it was successful for this person.
● DoLs had been applied for where required and the registered manager understood that any specific conditions must be adhered to.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well treated and supported by staff that understood their needs. People told us they were well treated and had good relationships with staff. One person told us of their friendly relationship with staff and that they trusted them. A relative said, "Very caring, they [staff] call them [preferred name]. [Person] has only got to sneeze and there is someone there for them."
- Care planning included people's religion, culture and preferences. Staff had gone the extra mile to ensure everyone was included in activities such as gardening, by commissioning mobile flower planters that could be taken to the person wherever they were most comfortable to do the activity.

Supporting people to express their views and be involved in making decisions about their care

- People lead their care and made their own decisions as much as possible. People told us they chose when and what they wanted to do, there were no restrictions on when they could take a bath or shower, they chose what to eat, wear and where they wanted to go. People's likes, dislikes and preferences were recorded in their care plan for staff guidance.
- Where people were less able to make some decisions about their care there was evidence of consultation with families. One relative told us they were involved in regular reviews of their relative's care plans and felt included in supporting them. Where people had appointed a person as a lasting power of attorney for making decisions on their behalf the provider had sought evidence of this and ensured that this was respected.

Respecting and promoting people's privacy, dignity and independence

- People's privacy dignity and independence was supported and actively encouraged. One person told us that they prefer not to use the call bell at night and be more independent. The provider had ensured extra facilities were in the person's room to support them with meeting their own needs. The person told us, "It gives me independence".
- Staff ensured people's privacy and dignity was maintained when supporting them. One staff member told us, "I always make sure bedroom doors are shut, curtains shut, let carers know [that someone is being supported with personal care]." They also told us, "Taking pictures of wounds is difficult, I always try and keep it as a nice decent [respectful of privacy and dignity] picture, nothing else needs to be in the picture". A relative told us that they were asked to wait in another room while people were getting washed and dressed or being supported to preserve their relative's dignity.
- We observed that peoples records were stored securely and tablets and laptops were password protected and closed when staff had finished with them to avoid breaches of confidentiality.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were person centred and gave staff good guidance on people's holistic needs. They included family and work history and important relationships.
- Care was delivered in a person-centred manner by a regular team of staff who knew people well. Staffing was planned so that regular teams worked on regular floors of the service as much as possible. This meant good continuity of care and people were able to build positive relationships with staff. A staff member told us, "Some carers are dedicated to certain floors, I'm mainly on top floor, I've got a bond with a few people. If people want a drink I know what they like. I know the way they like personal care to be done, everyone's different." One person told us, "I have the same care staff most days, they help me with everything they are lovely."
- One person told us how their individual mental health needs were met by staff who had time to support them in a way that they needed. Care plans and care delivery was adapted to meet people's changing needs as and when required via regular reviews. A relative told us staff were quick to recognise and respond to changes in a person which indicated signs of a urinary tract infection [UTI], the relative also told us, "They [staff] re-evaluated the environment, in consultation with me [to ensure needs were met]".

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met. People who used glasses or wore hearing aids were supported to use them to aid communication. The provider and registered manager had a good understanding of the AIS standard and information could be made available in other formats where required for example, large print or other languages.
- Staff had a good understanding of supporting people with dementia, we observed they did not overload people with questions or information and spoke clearly allowing people time to respond. Relatives were supported to understand dementia and aid communication with their loved ones via a series of presentations which gave insight into living with dementia and guided relatives to activities they could do with people to support positive interaction in the absence of conversation. A relative told us, "I've had a lot of 1:1 time with [registered manager] on how you deal with dementia, such as ways to react to some of the things person says. They [staff] are fantastic."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● People were supported with as much activity as they wished to avoid social isolation. This included activities arranged in the home by the activities team such as quizzes, crafts and themed events such as a garden party for the Queens jubilee. External organisations had supported extra activities such as a visiting animal service and the fire brigade who gave a demonstration.

● People's individual needs were considered when planning activities to ensure they were accessible to all. For example, a barge trip was organised that was suitable for everyone including people with reduced mobility. One person told us, "It was lovely, I didn't think I'd manage but they [staff] said we will. It was a special barge with a lift to get us on. I never thought I could, they [barge staff] got the lifts to put us in, it was lovely."

● People were supported to make friends in the home when they moved in. The registered manager explained how consideration was given to which floor would better suit people and people were introduced to other people in the home. One person told us, "It makes a difference being around people, I have friends here." There was encouragement to get to know staff and build positive relationships. People could browse an album that had pictures of staff and information, like their hobbies and interests.

Improving care quality in response to complaints or concerns

● The provider had a robust policy and procedure in place for complaints, this was visibly displayed in the home for ease of access. Where complaints had been made, they had been investigated and managed in line with this policy and procedure.

● People we spoke with didn't have any complaints but knew who to complain to should they have any concerns. One relative told us "I've not made a complaint. I would absolutely feel comfortable talking to them if I needed to." Another relative told us they had made a complaint and this was actioned promptly and measures put in place to prevent a reoccurrence.

End of life care and support

● The provider did not offer a specialist end of life service. However, peoples end of life wishes were assessed and recorded in their care plan. People were supported to remain in the home should they wish and timely appropriate health care professional guidance was sought as and when required.

● One person was being supported with personal goals they wished to achieve as part of their end of life planning, the registered manager had ensured the persons preferred level of staffing was planned and provided.

● Staff had quick access to people's end of life decisions if they were needed in an emergency to support people's preference.

Good

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

● Care planning and delivery was well organised and person centred. People and their relatives were happy with the care they received and the positive environment within the home. People lead their care and there was a culture of involving all people to enjoy the home, its facilities and activities. One relative said, "Nothing is too much trouble, management and staff have gelled and that's transferred to how the staff are with the residents."

● A compliment from one relative praised staff for their achievement of supporting a previously reluctant person to be involved in activities, who was now willingly joining in. Another relative had thanked the staff for supporting a special family occasion that the person had been reluctant to attend which was overcome by hosting the family occasion in the home where the person was happy to join in.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● There was a good understanding of the duty of candour the provider had been open and honest when things had gone wrong. The registered manager had completed thorough investigations and ensured measures were in place to prevent future incidents, people and their families received full details and an apology. One relative said, "There was an incident, they did call me straight away, it was impressive from the home manager as the next day they phoned to let me know what they were going to do to ensure it didn't happen again. They didn't cover up; they were very open."

● Notifiable incidents were reported appropriately to local authority safeguarding teams and the Care Quality Commission.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

● Robust systems and processes ensured effective managerial oversight of the service. The registered manager completed regular audits of all aspects of the service including risks to people, their health and care needs, health and safety of the building and environment. They ensured action plans were created and completed to drive improvement. One relative said, "I would say management are very much close to what is going on and very involved. They do actually get to know the people, very hands on."

● The provider team were a regular presence in the home to maintain oversight and support the registered manager. People and staff knew who they were and found them friendly and approachable. The provider received regular reports, carried out monthly whole home audits and had regular meetings with the

registered manager. They had recently called a whole home meeting to explain a change of provider ownership and reassure people that the handover would be seamless with no changes in the managers they see. One relative told us they had found this reassuring.

● The registered manager had a good understanding of the market challenges including staff recruitment and retention and monitored staff reasons for leaving closely to look for trends and patterns. There was a good retention rate of staff who had worked in the service for over 6 months which ensured continuity of care for people living there. There was no compromise on quality to retain staff, staff did not pass probation where they hadn't met the providers required standard.

● The registered manager monitored staff numbers and adjusted them to reflect changing needs as and when required. A staffing contingency plan was in place for in the event of staff shortages.

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

● People's and their relatives were considered and included as partners in care and there was evidence of them being consulted frequently either on a 1:1 basis to discuss care or on wider home basis via regular meetings. People told us they could share ideas and make suggestions and they felt listened to.

● People and relatives received regular information about what activities were happening in the service and there was an active Facebook group.

● People were an active part of the local community; they had taken part in litter picking and had hosted a children's art exhibition where they had judged the artwork.

● There were regular staff meetings and daily handovers to ensure all staff were kept up to date and included in the service. Staff told us they liked working in the service, felt part of a team and were positive about the management support. One staff member said, "Working in a care home can be stressful, it's not easy, but I really like my work, I feel like we are a really good home." Another staff member said, "Out of all the jobs I've had, this is hands down my favourite job. I love my job, I love where I work, I would be happy for family to live here."

Continuous learning and improving care; Working in partnership with others

● The registered manager had a positive attitude toward learning to improve care. Staff were encouraged to complete further training on top of their mandatory training. Several care staff were studying for nationally recognised qualifications and felt well supported with this. One staff member told us, "[Training] Makes you more confident with what you're doing." Another staff member told us how the management team maintained oversight of training and sent out reminders when updates were due.

● The registered manager had recently requested that all staff complete end of life training as an additional learning as someone in their care was approaching end of life.

● There was evidence of partnership working with other health care professionals such as speech and language therapist, GP, district nurses and physiotherapists as well as other professionals such as hairdressers and activity specialists to ensure people's needs could be met. The manager had worked in partnership with the district nurse team to investigate an incident and to formulate a plan to prevent reoccurrence.