

Staffordshire Care Limited

Thelwall Grange Care Home

Inspection report

Weaste Lane
Thelwall
Warrington
WA4 3JJ

Tel: 01925756373

Date of inspection visit:
15 May 2017

Date of publication:
08 June 2017

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

This inspection was unannounced and took place on the 15 May 2017.

This was the first inspection of Thelwall Grange following a change of service provider.

Thelwall Grange Care Home provides accommodation and personal care for up to 43 older people, many of whom have dementia care needs. Respite care is also offered. It is located in an attractive rural part of Thelwall, a suburb of Warrington in Cheshire. The service is provided by Staffordshire Care Limited. At the time of our inspection the service was accommodating 38 people.

Thelwall Grange is a three-storey building situated within its own grounds. There is a large car park at the front of the building for visitors to use and a sensory garden with seating areas at the rear of the building for people to access.

At the time of the inspection there was a registered manager at Thelwall Grange. 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.

The registered manager was present during our inspection and was supported by the owner / director. The registered manager and the owner were open and transparent throughout the inspection process, supportive towards the inspection team and were seen to interact with people using the service, their representatives and staff in a caring and helpful manner.

We saw that people living at Thelwall Grange Care Home presented as clean, appropriately dressed and happy in their appearance. Staff demonstrated an understanding of the need to safeguard people's dignity, individuality and human rights and the importance of providing person centred and compassionate care. We saw lots of positive interactions, banter and humour being exchanged between staff and people living in the home appeared comfortable and relaxed.

Holistic assessments of need had been undertaken and care plans and risk assessments produced to ensure staff understood how to meet needs of people living in Thelwall Grange and to keep people safe.

Recruitment practices were robust and relevant checks had been completed before staff commenced work which helped to safeguard the welfare of vulnerable people. Staff also received training, supervision and support to enable them to understand their role and how to deliver person centred care.

Policies and procedures relating to the Mental Capacity Act and Deprivation of Liberty Safeguards had been developed to provide guidance to staff on this protective legislation and the need to protect the rights of

people who may lack capacity. Likewise, systems were in place to safeguard people from abuse and to ensure complaints were listened to and acted upon in a timely manner.

People using the service had access to a range of individualised and group activities and a choice of wholesome and nutritious meals. People also had access to health care professionals and referrals were made for specialist input when required.

There was a quality monitoring system in place which involved seeking feedback from stakeholders and people who used the service and their relatives about the service provided periodically. This consisted of surveys and a range of audits.

Medicines were ordered, stored, administered and disposed of safely.

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.

Policies and procedures were in place to inform staff about safeguarding adults and whistle blowing. Staff had received training in regard to safeguarding vulnerable adults and were aware of the procedures to follow if abuse was suspected.

Risk assessments had been updated regularly so that staff were aware of current risks for people using the service and the action they should take to manage them.

Recruitment procedures provided appropriate safeguards for people using the service and helped to ensure people were being cared for by staff that were suitable to work with vulnerable people.

People were protected from the risks associated with unsafe medicines management.

Is the service effective?

Good ●

The service was effective.

Staff received on-going training, supervision and support to ensure that they were competent and confident in their day to day work.

Policies and procedures relating to the Mental Capacity Act and Deprivation of Liberty Safeguards had been developed to provide guidance to staff on this protective legislation and the need to protect the rights of people who may lack capacity.

People's nutritional needs had been assessed and meals planned accordingly.

Systems were in place to involve GPs and other health care professionals when necessary.

Is the service caring?

Good ●

The service was caring.

We observed interactions between staff and people using the service were kind, caring and personalised. We also observed people's choices were respected and that staff communicated and engaged with people in a polite and compassionate manner.

Is the service responsive?

Good ●

The service was responsive.

People using the service had their needs assessed, planned for and regularly reviewed by staff.

People received care and support which was personalised and generally responsive to their needs.

People had access to a range of individual and group activities and systems were in place to listen and respond to complaints.

Is the service well-led?

Good ●

The service was well led.

The home had a registered manager who provided leadership and direction.

A range of auditing systems had been established so that the service could be monitored and developed. There were arrangements for people who lived in the home and their relatives to be consulted about their opinions of the service.

Thelwall Grange Care Home

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 checked 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 15 May 2017 and was unannounced.

The inspection was undertaken by two adult social care inspectors and one 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, in this case of older people living with dementia requiring residential care.

It should be noted that the provider was not requested to complete a provider information return (PIR) prior to the inspection. A PIR 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.

We looked at all of the information which the Care Quality Commission already held on the provider. This included previous inspections and any information the provider had to notify us about. Furthermore, we invited the local authority to provide us with any information they held about Thelwall Grange Care Home. We took any information they provided into account.

During the inspection we talked with 12 people who used the service and three visitors. We also spoke with the owner / director; registered manager; deputy manager; five care staff and an activity coordinator. We also had telephone conversations with two relatives.

We undertook a Short Observational Framework for Inspection (SOFI) observation during an evening meal. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at a range of records including: four care plans; four staff files; staff training; minutes of meetings; rotas; menus; complaint and safeguarding records; medication; maintenance and a range of audit

documents.

Is the service safe?

Our findings

We asked people who used the service if they found the service provided at Thelwall Grange Care Home to be safe.

People spoken with confirmed they felt safe and secure at the home and told us they were well-supported by staff who had the necessary skills to help them with their individual needs.

For example, comments received from people using the service included: "I feel safe here"; "There are sufficient staff. Ring and they come"; "They never forget your medication. Morning, noon and night" and "I love the place; wouldn't wish to be anywhere else."

We looked at four care files for people who were living at Thelwall Grange Care Home. We noted that each person had a care plan and supporting documentation which included a range of risk assessments. A fire risk assessment, personal emergency evacuation plans and a basic emergency plan were also in place to ensure an appropriate response in the event of a fire or major incident. This information helped staff to be aware of current risks for people using the service and the action they should take to minimise and control potential risks.

Additionally, records of accidents, incidents and falls had been maintained by the registered manager which included actions taken for each individual. This information enabled the management team to also analyse trends and to take further action where necessary.

At the time of the visit there were 38 people were being accommodated at Thelwall Grange Care Home who required different levels of care and support. The service employed a registered manager on a full time basis who worked flexibly subject to the needs of the service. A deputy manager was also in post that worked alongside staff during the weekdays. Ancillary staff were employed for activities; domestic; laundry; catering and maintenance tasks.

We looked at the staffing rotas with the registered manager in order to review how the home was being staffed. We noted that the rotas did not always detail the hours worked by staff. We received assurance from the registered manager that this would be rectified to ensure a clear audit trail.

Examination of the rotas and discussion with the registered manager confirmed there was a minimum of one care team leader and four care assistants on duty from 7.00 am to 7.00 pm each day. One additional staff member worked in the morning from 7.00 am to 1.00 pm and another from 8.00 am until 5.00 pm each day to provide support during busy periods. An additional team leader was also on duty at the weekend to cover the absence of the deputy manager.

During the night there were four waking night care staff on duty from 7.00 pm to 7.00 am.

A staffing tool was in use by the provider and systems were in place to monitor the dependency levels of the

people using the service and to deploy staffing resources accordingly. The registered manager confirmed that she had approval from the provider to increase staffing subject to the changing needs of the people using the service.

Overall, feedback received from staff confirmed there were sufficient staff on duty to meet the needs of the people using the service.

We looked at a sample of four staff personnel files. Through discussion with staff and examination of records we received confirmation that there were satisfactory recruitment and selection procedures in place which met the requirements of the current regulations. In all four files we found that there were: application forms; two references; interview assessment forms; medical statements; disclosure and barring service (DBS) checks and proofs of identity including photographs. This helped to provide protection to people against the risks of unsuitable staff gaining access to work with vulnerable adults.

A corporate policy and procedure had been developed by the provider to offer guidance for staff on 'Safeguarding Service Users from Abuse or Harm' and 'Whistle blowing'. A copy of the local authority's adult protection procedure was also available for staff to reference.

Training records viewed confirmed that the majority of the existing staff team had completed safeguarding vulnerable adults training. Furthermore, discussion with the registered manager and staff confirmed they understood their duty of care to protect the people in their care and the action they should take in response to suspicion or evidence of abuse.

We looked at the safeguarding records for the service. The safeguarding log for Thelwall Grange highlighted that there had been six safeguarding incidents in the last 12 months. Records viewed confirmed that safeguarding incidents had been referred to the local authority safeguarding team in accordance with local policies and procedures.

No whistle blower concerns had been received by the Care Quality Commission (CQC) in the past twelve months.

We checked the arrangements for the management of medicines with the deputy manager. We were informed that only the deputy manager and senior staff were responsible for administering medication and that they had completed appropriate training to help them understand how to manage medication safely. An assessment of competency was also undertaken to check staff knowledge and understanding.

We checked that there were appropriate and up-to-date policies and procedures in place around the administration of medicines and found that the provider had developed policies for the administration of medication, drugs errors, homely remedies and 'taken as required' medication. The policies were available in the medication storage room for staff to reference.

The home used a blister pack system that was dispensed by local pharmacist and medication was securely stored in a dedicated temperature controlled room. Separate storage facilities were available for medication requiring cold storage and controlled drugs. Daily checks of the room and fridge temperatures had been recorded to ensure temperatures remained within the required ranges.

A list of staff responsible for administering medication, together with sample signatures was available for reference and photographs of the people using the service had been attached to medication administration records to help staff correctly identify people who required medication. Key information such as any known

allergies and the person's GP details had also been recorded.

We checked the arrangements for the ordering, storage, recording, administration and disposal of medication at Thelwall Grange Care Home and found that this was satisfactory. We saw that a record of administration was completed following the administration of any medication. We also checked the arrangements for the storage, recording and administration of controlled drugs and found that this was in order.

Monthly medication audits were routinely undertaken by the registered manager. At the time of our inspection none of the people using the service had chosen to self-administer their medication.

Areas viewed during the inspection appeared clean however the floor in the room where medication stored was in need of cleaning as it was cluttered and the floor had a sticky surface. The deputy manager assured us that action would be taken to address this finding.

Staff had access to personal protective equipment and policies and procedures for infection control were in place.

We noted that infection control audits were routinely undertaken as part of the home's quality assurance system. An external infection control audit was undertaken by an infection control nurse on the day of our inspection.

We received a copy of the external infection control audit following our inspection and noted that the overall score was 93%. An action plan with timescales was developed in response to the recommendations made to further to improve practice.

Is the service effective?

Our findings

We asked people who used the service or their representatives if they found the service provided at Thelwall Grange Care Home to be effective. People spoken with told us that their care needs were met by the provider.

Comments received from people using the service included: "It's comfortable and warm. If you're cold you only have to say and a handyman adjusts the radiator"; "It's all newly decorated. I chose my paper and curtains"; "The food is very good. Always two choices. They come and ask in the morning and you always get what you've asked for" and "The care staff look after you".

Thelwall Grange Care Home is a three storey building with all resident accommodation on the first and second floor. The home has 39 single rooms and 4 double rooms located over the first and second floor. Seven of the rooms have en-suite facilities.

The home has a large dining area with adjoining lounge; a small day room; a conservatory; quiet areas where people can sit in comfort and relax with visitors; two passenger lifts serving different parts of the home; six communal bathrooms and four communal toilets. A cinema and hair dressing salon are located on the top floor of the home with additional space which is due to be developed into a gym.

We noted that the environment of Thelwall Grange had received substantial investment and undergone major refurbishment since the new provider had taken over responsibility for the home. The registered manager told us that the whole of the building except for two bedrooms had been refurbished and further work was in progress.

We saw that various measures had been taken to create a safer and more dementia friendly environment. For example, external doors had been fitted with coded locks and alarms; staircases were equipped with secure gates (that were only accessible using electronic key pads), radiators had been fitted with radiator covers; hot water outlets in areas accessed by people using the service had been fitted with thermostatic mixing valves; windows had been fitted with window restrictors (to prevent the risk of someone falling out of a window) and fencing had been fitted to the exterior parts of the home that could be accessed by people using the service.

Furthermore, memory boxes had been fitted by each bedroom door which displayed pictures and items unique to each person to help people identify their individual rooms. Hallways and corridors had also been decorated using old time memorabilia, pictures and photographs to help people orientate around the home using different themes. For example, themes based upon music; television programmes; films; food; wildlife; and a post office had been used. Distinctive colours and signage had also been used to help people identify bathrooms and toilets within the home.

Externally, the grounds have been developed to provide a sensory garden experience for people to access. This included a workshop area; bus stop; raised flower beds; bird feeders; outside seating area and various

garden plants and ornaments. We noted that a water feature was also in the process of being installed to further enhance the garden area.

People using the service were noted to have access to a range of individual aids to assist with their mobility and independence. People's rooms had also been personalised with memorabilia and personal possessions and were homely and comfortable.

The provider had established a programme of induction, mandatory; qualifications and service specific training for staff to access. This was delivered via a range of methods including face to face and on-line training.

We spoke to staff during the inspection who confirmed they had access to and completed a range of training relevant to their roles and responsibilities such as: induction training linked to the care certificate (this is a nationally recognised set of induction standards which was officially launched in March 2015. It aims to equip health and social care support workers with the knowledge and skills which they need to provide safe, compassionate care); first aid; moving and handling; fire safety; food hygiene; safeguarding; medication; control of substances hazardous to health; infection control; dementia; mental capacity / deprivation of liberty safeguards and health and safety.

Additional training courses such as national vocational qualifications / diploma in health and social care; record keeping; falls; nutrition and dignity training had also been completed by the majority of staff. This training helped staff to acquire the necessary learning, skills and knowledge to care for people effectively.

We noted that systems were in place to monitor the outstanding training needs of staff and when refresher training was required. Staff spoken with confirmed they had also attended team meetings and received supervision and appraisal sessions throughout the year. This helped to ensure staff were provided with appropriate support and opportunities to share and receive information.

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 so that they can 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).

The Care Quality Commission (CQC) is required by law to monitor the operation of DoLS. We discussed the requirements of the MCA and the associated DoLS with the registered manager.

We noted that policies on the Mental Capacity Act and Deprivation of Liberty Safeguards had been developed by the provider to offer guidance for staff on the core principles of the Act, assessing lack of capacity, best interest decision making and deprivation of liberty safeguards.

We saw that mental capacity assessments were undertaken if necessary and if applicable DoLS applications were completed. These were only completed if a person was deemed to be at risk and it was in their best interests to restrict an element of liberty. Applications were submitted to the local social services department who were responsible for arranging any best interests meetings or agreeing to any DoLS imposed and for ensuring they were kept under review. The registered manager maintained a record of people with authorised DoLS in place and the expiry dates. Information on applications awaiting

authorisation had also been recorded.

We talked to staff to ascertain their understanding of who had a DoLS in place and what this meant. Staff spoken with confirmed they had completed training in the MCA and DoLS and demonstrated an awareness of their duty of care in respect of this protective legislation.

A four week rolling menu plan had been developed at Thelwall Grange which was reviewed periodically in consultation with the people using the service. The menu offered a choice of wholesome and nutritious meals.

The daily menu was displayed in the dining area and daily pictorial menu cards were placed on each dining table to help people to understand the choices on offer.

We spoke with the cook on duty and looked at the kitchen area. The kitchen area appeared clean and well managed. We noted that the most recent food hygiene inspection was completed in December 2015. Thelwall Grange was awarded a rating of 5 stars which is the highest award that can be given.

The cook showed us a file which contained important information on people's dietary needs, known allergies, favourite meals, likes and dislikes and preferred drinks. Records relevant to the operation of the service were also available for reference. The cook confirmed that people using the service were supported to make their individual meal choices on a daily basis. Alternative options were also available upon request.

We used the Short Observational Framework for inspection (SOFI) tool as a means to assess the standard of care provided to people living with dementia during an evening meal.

16 people were in the dining room. Two staff were available to support people and another was seen to serve drinks. The deputy manager was also noted to be providing people with napkins. The environment was warm and friendly and people were noted to sing along to music which was playing in the background.

People were seen to have a choice of meals. Tables were appropriately laid with tablecloths; tablemats; cutlery; napkins; menu stands and condiments. We saw that people also had a drink of their choice and additional refreshments and snacks were provided throughout the day.

We observed that meals were attractively presented, people's choices were respected and saw that staff took time to facilitate communication and interact with people. However, we noted that support wasn't always consistent to provide people in need of additional support and prompt with the optimum opportunity of eating and drinking. For example, one person we observed was getting up on two occasions from their chair and on the third occasion they walked out of the dining room having not eaten any soup and only had a minimal amount to drink. Staff were also seen entering and leaving the dining room with little consistent support for people who required more intensive support.

We shared this feedback with the registered manager who agreed to review the arrangements in place at mealtimes to ensure designated support was offered to people in need of additional help or supervision.

We noted that staff had developed working relationships with a range of social care and health professionals to help ensure positive outcomes for people's health and well-being. We could see from records that staff made referrals to appropriate health professionals where they had concerns about someone's health. For example, we noted that the registered manager had made a referral to the speech and language therapy team as she had concerns that a person using the service had developed dysphasia.

Dysphagia is the medical term for the symptom of difficulty in swallowing.

Discussion with people using the service and care plan records viewed provided evidence that people using the service had accessed a range of health care professionals such as: GPs; district nurses; chiropodists and opticians subject to individual needs.

Is the service caring?

Our findings

We asked people who used the service or their representatives if they found the service provided at Thelwall Grange Care Home to be caring. People spoken with confirmed they were treated with respect and dignity by the staff who worked in the home.

Comments received from people using the service included: "Pleasant and helpful staff. They treat me like a friend"; "All the staff are very pleasant"; "The staff are very helpful, caring and kind. It's a home from home" and "I am treated with dignity and respect and given privacy, as far as I know."

During our inspection we spent time talking with people and undertaking observations within the home. We observed the environment to be warm, homely and relaxed and people were encouraged to maintain their independence and empowered to follow their preferred daily routines.

We saw that people living at Thelwall Grange Care Home presented as clean, appropriately dressed and happy in their appearance. Staff demonstrated a good understanding of the needs of the people they cared for, the necessity to safeguard people's dignity, individuality and human rights and the importance of providing person centred and compassionate care.

We noted that staff took time to communicate and engage with people with a diverse range of needs. Factors such as the diversity, number of staff and their consistency did not affect the standard of care provided. We saw lots of positive interactions, banter and humour being exchanged between staff and people living in the home appeared comfortable and relaxed.

For example, we observed a staff member accompanying a resident outside for a cigarette. The staff member took time to place a head scarf on the person's head and help the person to put on a coat before going into the garden. Likewise, another staff member was seen to respond to a resident who requested to have a dance to music. The positive impact of this was evident as the person started to sing and smile.

People spoken with confirmed that they were given privacy and accorded respect and dignity. Staff were seen to provide appropriate care and support in a timely manner during the day and were meticulous in knocking and waiting for a response before entering people's bedrooms. Likewise, when personal care was needed, this was given in privacy either in resident's own rooms or bathrooms.

A 'Statement of Purpose' and 'Service User Guide' had been developed to provide people with key information on the service. Both documents were displayed in the reception area of the home for people to view.

The documentation provided current and prospective service users with key information on the provider and other important information such as: organisational structure and key staff; terms and conditions of residence; services available; facilities provided; aims and objectives and the complaints procedure.

Information about people living at Thelwall Grange was kept securely to help ensure confidentiality and information held electronically was password protected.

Is the service responsive?

Our findings

We asked people who used the service or their representatives if they found the service provided at Thelwall Grange Care Home to be responsive. People spoken with confirmed the service was responsive to their individual needs.

For example, comments received from people using the service included: "I do have a care plan. I signed for it. I was involved in writing it"; "We please ourselves when we get up and when we go to bed; I like to watch TV and stay up late sometimes"; "They [the staff] don't tell you 'you can't do this, you must do that'. They don't ignore you, they always speak" and "I have absolutely no complaints at all about the care and support I receive."

Likewise, comments received from two relatives included: "The person centred care is good. Mum's previous home was very poor. She joins in more now" and "My wife seems very content. They are a very caring friendly bunch of staff who are efficient, careful and caring."

We looked at the files of four people who were living at Thelwall Grange. Files viewed contained a contents page, were easy to follow and contained important information such as: pre admission assessments of need; care plan records and associated environmental and individual risk assessments.

Care plans viewed outlined information on the needs of people using the service, the level of support required from staff and what successful support would ensure (objectives). Plans covered a range of areas relevant to each person's needs such as: medication; health; nutrition; capacity; foot care; skin care; personal care; oral hygiene; hearing; mobility; religious beliefs; preferred routines and sleeping and night time routines. Care plans viewed had been reviewed on a monthly basis and had been signed by people using the service where possible to confirm their involvement and / or agreement.

Additional information and profiles such as: 'About my health'; 'My medication'; 'The story of me'; 'My likes and dislikes'; 'Missing persons' and 'What people like and admire about me' had also been completed.. Furthermore, supporting documentation for example: observation notes; health care appointments; dependency assessments; mental capacity assessments; body charts; daily care and intervention records and other key miscellaneous records were also stored in files.

Staff spoken with confirmed they had been given opportunities to read people's care plans and told us that this information had helped them to understand each person's life history, needs and individual preferences. Staff also reported that they had received induction, on-going training and opportunities to work alongside experienced colleagues which had helped them to familiarise themselves with the people they cared for.

We noted that in one instance key information had not been recorded in a care plan. For example, the care plan records had not been updated to explain how a person had sustained bruising. Staff told us that the person had been admitted with the bruising and that they had discussed this with a social worker however

this information had not been documented. We raised this issue with the registered manager who assured us that action would be taken to ensure this information was recorded to ensure best practice and improve safeguarding arrangements.

The registered provider had developed a 'Complaints and Compliments' policy to provide guidance for people using the service, their representatives and staff on how to raise a concern or complaint.

A notice on how to raise a compliment, comment or concern was on display and similar information had been included in the home's 'Statement of purpose' and 'Service User's Guide' brochure. The notice and documents were displayed in a prominent part of the reception area of the home for people to view.

A 'comments, complaints, concerns and incident log' had been established by the manager to record any concerns or complaints. Examination of records revealed that there had been two minor complaints in the last twelve months. Both concerned missing or lost laundry. Appropriate action had been taken in response to the concerns raised. This confirmed that feedback received was listened to and acted upon.

We noted that a number of compliments had also been recorded in regard to the service provided at Thelwall Grange.

The provider employed one full time and one part time activity coordinators who were responsible for the development and provision of activities for people using the service. We saw that monthly activity programmes were produced which were displayed around the home for people to view. Programmes indicated that a diverse range of activities were available for people to participate in each day.

On the morning of our inspection we observed a group of people participating in a gentle exercise session. During the afternoon the activity coordinator facilitated a dog bingo session (a unique take on the game of bingo featuring 64 breeds of dog from around the world. The players learn breeds, colourings and unusual facts about each dog). It was evident from observing people's facial expressions and conversations that people enjoyed the activities on offer, the interaction with each other and also the activity coordinators.

People spoken with confirmed they were happy with the activities on offer and confirmed that different activities were available each day. Although an activities programme was in place we noted that this could be varied subject to the wishes and preferences of people using the service.

Activity staff completed 'activity analysis' records to monitor the range of daily activities provided and feedback and to identify whether they were individual or group sessions. This highlighted that people had accessed a diverse range of individual and group activities such as: gardening; relaxation and music; chair based and gentle exercises; board games; newspaper reading; giant bowling; hand nail manicures; external entertainers; baking; arts and crafts such as flower arranging and painting; pets as therapy; reminiscence sessions and trips out.

Is the service well-led?

Our findings

We asked people who used the service or their representatives and staff if they found the service provided at Thelwall Grange Care Home to be well led.

People spoken with confirmed they were happy with the way the service was managed. For example, one resident told us: "The Manager is very nice. If you have problems, just tell her and she'll sort it out." Likewise, a relative stated: "The transformation since Carol [the Registered Manager] and her team have taken over is amazing."

A member of staff also reported: "The manager listens to staff and helps you with anything you need."

Thelwall Grange Care Home had a manager in place that was registered with the Care Quality Commission. The registered manager was present throughout our inspection and was helpful and responsive to requests for information from the inspection team. The owner / director also arranged to attend the inspection at short notice to support his staff team and participate in the inspection process. The management team were passionate about the improvements they had made to the home and demonstrated a commitment to the on-going development of the service.

The registered provider had developed a policy on 'quality assurance' which was based upon seeking the views of people who use the service or their representatives; external professionals and staff every six months. Resident forum meetings were also coordinated every two months which the relatives and advocates of people using the service were encouraged to attend in order to share and receive information.

The registered manager told us that the most recent surveys had been distributed during April 2017. The results were not available to view as the returned questionnaires were in the process of being collated and analysed at the time of our inspection.

A summary of the results for the questionnaires distributed during July to December 2016 were available to view. Records indicated that a total of 24 questionnaires were handed out to residents or family members, nine of which were returned. Likewise, 12 staff surveys and five external healthcare surveys were completed for the same period.

'Your say is our aim' summary reports had been produced to reflect the feedback for each survey type using bar charts and an easy read version (for the resident's survey only). Overall, the results were positive for each questionnaire type. Copies of the results were displayed in the reception area of Thelwall Grange Care Home for people to view.

We noted that the owner / director undertook periodic provider visit reports. The last report available to view was completed in January 2017 and confirmed the provider was maintaining an overview of key areas. The registered manager and staff spoken with told us that the owner / director visited the home on a regular basis and was supportive and approachable. We noted that the registered manager also undertook regular

'walk and talk' rounds and records of this activity were available for reference. This confirmed the registered manager maintained a visual presence in the home and that she took time to speak to people using the service and observe practice.

A range of audit tools had also been developed to enable periodic monitoring of medication; infection control; care plans and other key areas.

Periodic monitoring of the standard of care provided to residents funded via the local authority was also undertaken by Warrington Borough Council's Contracts and Commissioning Team. This is an external monitoring process to ensure the service meets its contractual obligations. The contracts monitoring team last undertook a core monitoring visit to Thelwall Grange Care Home during December 2016. Upon completion of the monitoring visit the service was rated overall as 'acceptable standard met'. The registered manager told us that action had been taken to address any recommendations made within the report.

We checked a number of test and / or maintenance records relating to: the fire alarm system; fire extinguishers; electrical wiring; gas safety; portable appliances; passenger lifts and slings and found all to be in order. We noted that health and safety meetings had also been completed throughout the year during which any issues related to the on-going maintenance, security, safety and upkeep of the building had been discussed.

The registered manager is required to notify the CQC of certain significant events that may occur in Thelwall Grange Care Home. We noted that the registered manager had kept a record of these notifications. Where the Commission had been notified of safeguarding concerns we were satisfied that the manager had taken the appropriate action. This meant that the registered manager was aware of and had complied with the legal obligations attached to her role.

Information on Thelwall Grange Care Home had been produced in the form of a 'Statement of Purpose' and 'Service User Guide'. Both documents were displayed in the reception area of the home for people to view. The documentation provided current and prospective service users with key information on the provider and other important information such as: organisational structure and key staff; terms and conditions of residence; services available; facilities provided; aims and objectives and the complaints procedure.