

# Cygnet (OE) Limited

# Thornfield Grange

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

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

# Summary of findings

## Overall summary

About the service: Thornfield Grange is a home for up to ten people who have a learning disability and who may be on the autistic spectrum. The service provides nursing and personal care. On the day of our visit there were eight people using the service.

People's experience of using this service: We saw the environment did not meet the outcomes for people using the service reflected in the principles and values of Registering the Right Support. There were displays of medical information about long term conditions on display in the dining room and other equipment for attending to someone's personal care needs was not discretely located. The registered manager addressed this immediately following our visit.

People received a service that was not always caring by the use of institutionalised language in records and in the environment. Language and culture are closely linked and the use of terms such as "unit" and "patient" are not acceptable in a home setting.

Records relating to debriefing for staff members following an incident could be strengthened to show that staff had been supported effectively. We also asked that the feedback from advocacy services was clearly recorded and actioned

We have made a recommendation about the layout of care plans.

Staffing levels were appropriate and ensured people were supported to access community facilities. People received support to take their medicines safely and as prescribed. Risks to people's well-being and their home environment were recorded and updated when their circumstances changed.

People were supported to access healthcare services if needed. People were supported to have enough to eat and drink.

Interactions we saw between people and the staff team were positive and staff were proactive in anticipating when people were becoming distressed.

People were supported to engage in activities they enjoyed and we saw the service promoted people accessing local community facilities. People and their relatives and carers told us they knew how to make a complaint.

Some relatives said they felt communication could be improved and the registered manager accepted this feedback and said they would make this better. Systems to monitor the quality of the care provided were effective. The service was managed by a registered manager who had a clear vision about the quality of care they wanted to provide. The service worked well with other community partners.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: Good (last report published May 2017).

Why we inspected: This was a responsive inspection based on concerns raised with CQC.

## 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?

Requires Improvement ●

The service was not always effective.

Details are in our Effective findings below.

### Is the service caring?

Requires Improvement ●

The service was not always 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.

# Thornfield 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 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: Two inspectors carried out this inspection.

Service and service type: The service is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

What we did: Before the inspection we reviewed information available to us about this service. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from commissioners and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection we spoke with the registered manager, regional business manager, the nurse in charge and four staff members. We also spoke with three people and spent time observing other people completing their daily activities.

We looked at three people's care records including medication administration records (MARs). We looked at three staff members records. We looked at records relating to the management of the service. These included accident and incident records, meeting minutes and quality assurance records.

Following our visit we also spoke with six close relatives and carers for people via telephone.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Safeguarding systems and processes, including recruitment.

- People we spoke with said they felt safe. Our observations for people who could not communicate with us were that they were comfortable with the staff members supporting them.
- Some relatives said they were kept informed in relation to any safeguarding concerns and one relative raised concern about how safeguarding incidents had been handled historically. We discussed this with the registered manager who agreed to immediately investigate this.
- The provider had effective safeguarding systems in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse. They had received appropriate and effective training and records we viewed confirmed this.

Assessing risk, safety monitoring and management.

- Risk assessment were in place to reduce the risks to people. These included environmental and individual risk assessments and provided staff guidance on actions to take to reduce the risk.
- The registered manager assessed people prior to them moving to the service to ensure that the service could safely meet the person's individual needs.
- Emergency plans were in place to ensure people were supported in the event of a fire. Regular checks and tests were made of fire-fighting equipment.
- The environment and equipment was safe and well maintained.

Staffing and recruitment.

- There were enough staff to meet people's needs. People were able to access the community and were supported to carry out activities of their choice.
- Our observations during the inspection indicated that staff were quick to respond to people's needs.
- Feedback from relatives was staff turnover had been high and there had been a considerable use of agency staff which they felt meant people weren't supported consistently. The registered manager showed us that there were now only two staff vacancies at the home and a recent recruitment drive had been successful. There was still agency usage in relation to nurse vacancies but the service sought consistent staff who had been thoroughly inducted into the service.
- Staff files showed that appropriate records including checks from the disclosure and barring service (DBS) and references were in place. Checks to ensure nurses were registered with the Nursing and Midwifery Council (NMC) were made, and nurses told us they were supported to maintain their PIN registration. Agency nurse checks were also robust and identity was checked and recorded at each visit.

Using medicines safely.

- Medicines were safely received, stored, administered and destroyed. For example, where people refused to take them or they were no longer required.

- We saw checks on the competency of staff to administer medicines was undertaken regularly.
- We found that some protocols for 'as and when required' medicines could be improved by the use of person centred language as this practice wasn't consistent across the three examples we viewed.

#### Preventing and controlling infection.

- Staff had received infection control training and said they had plenty of personal protective equipment (PPE) available to them.
- The environment was clean and people were supported to help maintain cleanliness in their own personal space.

#### Learning lessons when things go wrong.

- The registered manager was committed to driving improvement and learning from accidents and incidents. Information was analysed and investigated. Action was taken to identify suitable solutions to address any risks identified.
- The registered manager, registered provider and team were quick to respond to any concerns raised and feedback given. For example, the registered manager sought advice from a fire specialist regarding the safety of blocking in of a stair case. Following an incident it was found that one way to reduce the risk of reoccurrence was to block the stairs but prior to taking that action they gained approval from this specialist.
- We saw examples of how the staff team reflected on their practice to consider better ways of working.



# 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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations were met.

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

- The service didn't consistently apply the full range of principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.
- The signage, decoration and other adaptations to the premises did not always meet people's needs or promote a homely environment or support people's preferences and confidentiality.
- Personal protective equipment for staff to use was not discretely stored, as one person's equipment for attending to their personal care was kept outside their room indicating their personal care needs. We found this practice was for staff convenience and was not the person's preferences.
- Information regarding long term conditions were displayed in the dining area.
- Hand gels were stored on walls throughout the home in communal areas and hallways.
- Some communal areas of the home looked tired in décor but we saw there was a redecoration programme ongoing in place to put this right.
- Information leaflets for staff were placed on display around the home, which was for staff convenience and not because this was peoples' preferences. Following our observations, the registered manager informed us that these items had been removed.
- The service had developed the garden area which was now an engaging and positive space. The registered manager also told us of plans to develop the Lodge building in the garden to utilise the space more effectively as it currently wasn't being used to its full potential.

Staff support: induction, training, skills and experience.

- People were generally supported by staff who had the skills and knowledge to effectively and safely support them. However, some relatives we spoke with felt that staffing was not always consistent and agency staff were not able to support people as effectively.
- One relative said, "You would expect all staff to know about autism and they don't, some of the agency staff have no idea of the nature of [Name's] disability." We discussed with the registered manager who confirmed that recent recruitment now meant less agency use.
- We found that records didn't reflect the quantity and quality of debrief sessions for staff involved in incidents. It was unclear from records how many had taken place. The registered manager agreed to review the debrief process and to ensure sessions or the fact they were offered was recorded.
- The registered manager had begun offering debrief sessions to people using the service if they were involved in an incident and this was good practice.
- Staff we spoke with said they felt supported by management and peers, however two new staff were

unable to tell us about whether they had commenced the Care Certificate training. One staff member stated they had fed back to management they thought two days of shadowing was not enough.

- We discussed this with the registered manager who confirmed the staff had started their training and if any felt they didn't have enough shadowing, they could request more with no issue.
- We saw that staff received regular supervision and the registered manager had introduced daily meetings to improve communication.
- We saw that staff training was up to date. The service was also developing further training in Positive Behaviour Support with two of the nursing team and two support staff undertaking university courses at different levels which they planned to share learning throughout the service.

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

- We saw people had their needs assessed thoroughly prior to moving into the service.
- Pre-admission assessments were carried out by the registered manager and nursing team. They involved a person-centred transition process so the staff team could support people in their current environment and enable visits to Thornfield Grange.

Supporting people to eat and drink enough with choice in a balanced diet.

- Where people were a known choking risk or had other risks in relation to food, we saw this was clearly recorded and staff had an understanding of how people should be supported safely.
- People had choice at meal times, and there were plenty of drinks and snacks throughout the day.
- People were supported to learn independent living skills using a training kitchen to prepare food with staff support.
- We saw staff ate their meals with people which made dining a more social experience.

Staff working with other agencies to provide consistent, effective, timely care.

- We saw evidence of staff working with external healthcare professionals.
- Relatives we spoke with said they had confidence in the service seeking appropriate medical or professional support for people.

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 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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Records relating to DoLS applications, best interest decisions and assessments for people were in place and well maintained.
- Staff had completed training and demonstrated a good understanding of the MCA. They ensured that people were involved in decisions about their care; they knew what they needed to do to make sure decisions were taken in people's best interests.

# 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.

People did not always feel well-supported, cared for or treated with dignity and respect. Regulations were met.

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

- We observed staff were caring but due to issues we found the provider was not ensuring the service was caring overall.
- At our last inspection in May 2017, we reported that some records contained terms that were institutional such as "unit" which was used to describe the service. At this inspection we found records still contained language and terms that were not reflective of a person centred community home.
- There was a daily handover sheet in use where next to each person's name was a tick box stating 'bowel movement'. This could have been recorded more discretely in an individual's daily record if required.
- We also discussed one person who had transitioned to the service in late 2018 who had staff constantly with them as 1:1 support at all times. We queried about the intrusiveness of staff remaining in a person's bedroom with them at night if risk factors were minimised. The registered manager agreed to schedule a meeting with their team and other professionals to take this forward.
- One relative we spoke with felt the service did not always observe their family member's dignity as they weren't always appropriately addressed by not wearing a belt when they accessed the community despite the family member requesting this was clearly recorded in their care plan. They said, "[Name] has a care plan but I don't think everyone has read it."
- People were offered options and supported to make choices over their lives at the service. Staff talked with people about what they wanted to do that day and whether and what they would like support with. This was done in a structured way using an autism specific approaches for those people who couldn't cope with open ended choice.
- Throughout the inspection we observed staff to treat people with warmth, compassion and kindness. One staff member said, "We all have a caring attitude and we put people first."

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

- Relatives told us they were involved in meetings and reviews for people and were aware of their care plans. We saw people were supported to participate in their own reviews.
- Meetings were held at which people could give feedback on the service and posters advertising this were displayed in communal areas. This included a Peoples Parliament where people met with others from the provider's other services.
- People's communication needs were clearly recorded in care plans.
- Information was available for people in accessible formats. For example, easy read documents had been produced for people who could not understand written words as well as other autism specific communication tools such as a Picture Exchange System and photographic timetables.
- Advocacy services had been used to support people. An advocate helps people to access information and

to be involved in decisions about their lives. Not all staff we spoke with were aware of the use of an advocate and records held regarding advocacy support were minimal. The registered manager said they would now record how they followed up concerns and issues raised with them by advocates.

Respecting and promoting people's privacy, dignity and independence.

- Staff described ways in which they worked to maintain the privacy and dignity of the people they cared for during personal care support. Staff also told us how they supported people to maintain contact with family through Skype and other media sources.
- People's confidential information was stored securely and could be located when required. This meant that people's confidentiality was maintained as only people authorised to look at records could view them.

# Is the service responsive?

## Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Support was based on people's assessed needs and preferences and was person-centred. Person-centred planning is a way of helping someone to plan their life and support, focusing on what is important to the person.

- Care plans were in place covering a range of people's health and social needs. They contained detailed guidance for staff on how these needs could be met to ensure people received the care and support they wanted and needed.

We recommend that the provider arrange the care plans to ensure that key documents such as the one page profiles and communication passports are arranged at the front of files. This will ensure key person-centred information is available immediately to staff who need to read it.

- Care plans were regularly reviewed to ensure they reflected people's current support needs and preferences.

- Staff were knowledgeable about people's communication support needs and people were given information in accessible ways. When staff spoke with people we saw them adapting to how the person would best receive information, for example by referring to photographic timetables.

- People were supported to access activities they enjoyed. We saw that people accessed the community regularly to join activities such as swimming, fishing, trips to the cinema and shopping.

- During the inspection we saw people taking part in group activities such as a BBQ to celebrate someone's birthday. People were also supported to go on holiday and to meet other people with learning disability via a local social club each week. One staff member said, "[Name] is making friends and building relationships with people in the local area."

Improving care quality in response to complaints or concerns.

- Policies and procedures were in place to investigate and respond to complaints. The complaints policy was promoted to people and relatives.

- Records showed complaints were investigated and lessons learnt to improve the service.

End of life care and support.

- At the time of our inspection nobody at the service was receiving end of life care, but policies and procedures were in place to provide this where needed.

- We saw the service was working proactively with one person in this area in relation to providing them with bereavement support.

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Leadership by the provider of person centred, high quality care; Engaging and involving people using the service, the public and staff.

- The service involved people and their families in day to day discussions about their care and support. Family members told us that the registered manager who had only been in post for eight weeks, rang them to introduce themselves when they started and they felt this was very positive.
- Some family members told us they felt communication could be improved and they hadn't always feel listened to. We fed this back to the registered manager who told us they would seek further discussions with them.
- Staff had recently completed a survey of their views and the feedback had been used to continuously improve the service.
- Staff told us they felt listened to and that the management team were approachable. Staff told us, "You can ask questions and everyone really helpful. It's really helped me," and "There is always someone to talk with."

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements; Continuous learning and improving care.

- The service had a welcoming atmosphere. One new staff member told us, "The best thing is how everyone is so welcoming and how everyone treats people fairly and everyone genuinely cares for everybody."
- The culture of the service was open and fully focused on people's individual needs.
- Our observations during our visit were that the service was well run and people were treated with respect and in a professional manner.
- Regular checks were carried out by staff and the registered manager to ensure people were safe and happy with the service they received.
- The quality assurance system included lots of checks carried out by the registered manager. We discussed with the registered manager and regional manager that some of the language used in the templates for these checks did not reflect the type of service provided. For example there were references to hospital and ward managers which is not reflective of a small community home.
- All appropriate reporting had been carried out to alert the CQC and local authorities when incidents occurred.

Working in partnership with others.

- The service had just been accredited with the National Autistic Society following a two day review at the service. The review team praised the good sensory profiles in place for people, the trust between staff and people and an approach of supporting people to achieve greater independence.

- The service had good links with the local community and worked in partnership with other agencies to improve people's opportunities and wellbeing.