

Partnership Caring Limited

Thorncliffe Grange

Inspection report

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Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

Overall summary

Thorncliffe Grange provides accommodation for up to 50 people who need support with nursing or personal care. The home mainly provides support for older people and people who are living with dementia. The home is two converted Edwardian houses that are connected by a purpose built extension and link. Accommodation is arranged over two floors and there is a passenger lift to assist people to get to the upper floor. There were 39 people living in the home at the time of our inspection.

This was an unannounced inspection, carried out over two days on 11 and 12 November 2014. 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.

We last inspected Thorncliffe Grange in August 2013. At that inspection we found the service was meeting all the essential standards that we assessed.

Summary of findings

The atmosphere in the home was calm and relaxed and staff were seen to be respectful in their approach with people. People were being supported by staff that were knowledgeable in recognising the signs of abuse and the relevant reporting procedures they needed to follow.

During our time in the home we saw staff support people in a discreet and respectful manner. Staff quietly asked people if they needed any support to attend to their personal care.

People visiting their relatives living in Thorncliffe Grange told us they were happy with the care and support their relative received. They also told us that they thought the staff were very good and seemed to know what people needed.

The registered manager led by example and spent time working with staff, supporting them whilst carrying out their caring duties. The manager also had systems in place to monitor and review the service being provided at Thorncliffe Grange.

The registered manager had knowledge of the Deprivation of Liberty Safeguards (DoLS). They understood DoLS and were aware of how to make applications to apply it in practice. Deprivation of liberty safeguard is where a person can be deprived of their liberties where it is deemed to be in their best interests or their own safety.

Staff were appropriately trained and skilled and provided care in a safe environment. They all understood their roles and responsibilities. The staff had completed lots of training to make sure that the care provided to people was safe and effective to meet their needs. Nurses had the clinical skills they needed to make sure people's health needs were met.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

A safe environment was maintained for those people living and working in Thorncliffe Grange. Staff were knowledgeable in recognising signs of potential abuse and had received appropriate training.

Staff recruitment processes were in place, and the required pre-employment checks were undertaken prior to staff starting work. These checks included completion of a Disclosure and Barring Service (DBS) check (previously known as CRB check) to help ensure staff employed in the home were safe to work with vulnerable adults.

Staffing numbers had recently been reviewed and increased where and when required which meant staff could be more flexible in meeting the needs of people who used the service.

Good



Is the service effective?

The service was effective.

Staff had the knowledge and skills to support people who used the service. Regular training meant they could update their skills and nursing staff had access to appropriate training which enabled them to maintain their professional registration.

People were supported to have their health care needs met by professional healthcare practitioners. Staff liaised with professionals such as speech and language specialist, dieticians, dentist, chiroprapist and the person's own general practitioner.

Nutritional assessments had been carried out and people received meals they liked or preferred. Appropriate action had been taken when concerns had been raised about poor nutritional intake or weight loss.

The manager had an awareness of the Deprivation of Liberty Safeguards (DoLS). The manager had also arranged training for staff in the Mental Capacity Act 2005 and DoLS.

Good



Is the service caring?

The service was caring.

The atmosphere in the home was calm and relaxed. Watching staff interact with people indicated they knew the people living in the home very well and conversations between staff and the people being supported were light hearted and appropriate

People's privacy and dignity was respected by staff.

One visiting healthcare professional told us: "I find all the patients are treated with dignity and respect while I have been there." Another healthcare visitor said: "I can't fault the care provided in this home. It is a home where I would happily place one of my relatives."

Care plans and risk assessments were reviewed on a monthly basis and any changes or additional support needed was discussed at meetings and handovers between each shift change of staff.

Good



Summary of findings

Is the service responsive?

The service was responsive.

Before making a decision to move into Thorncliffe Grange people were given the opportunity to visit and meet the staff and spend some time with the people already living there. Where a person had limited capacity or were unable to verbalise their views and opinions, the registered manager would arrange to meet with the person's family, or with healthcare professionals that had been closely involved in the person's care. This enabled an initial care plan to be developed that would assist staff to support the person appropriately during their first few days living in the home.

The registered manager or another senior member of the team carried out an assessment of the persons needs prior to them being admitted into the home. This was to make sure the person's needs could be met safely and appropriately.

Choices of activities were available such as bingo, board games, armchair exercise and visiting singers and entertainers.

A complaints policy and procedure was in place and we saw that the registered manager responded to complaints in a timely manner with any action taken being recorded.

Good



Is the service well-led?

The service was well led.

A manager was in post who was registered with the Care Quality Commission.

Staff described the manager as open in her approach and very supportive.

Staffing rotas indicated there was always a nurse and senior carer on duty each shift. One member of staff told us: "There's always someone in charge to ask if you need help or support with something."

People were encouraged and supported to provide feedback about the service being provided. We saw that meetings were held with people who used the service and their relatives and an opportunity was given to complete a satisfaction survey questionnaire about the quality of service being provided.

Good



Thorncliffe Grange

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 and 12 November 2014 and was unannounced.

The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection, we requested information from some healthcare professionals involved with the service. For example, we requested information from dietitians, speech and language therapists and doctors.

Before the inspection, we requested information from a local authority about the service.

During our inspection we spent two days in the home observing the care and support being provided to people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

The registered manager took us on a tour of the home and introduced us to people living and working there. We looked at a sample of records which included six people's care plans, two staff recruitment files, servicing records for equipment used in the home, staff training matrix, medication records, minutes from resident and staff meetings, complaints log and some quality monitoring records.

We spoke with eight people living at Thorncliffe Grange, four visiting relatives, a visiting healthcare professional, three care workers, one senior care worker, two nurses and the registered manager.

We observed care and support in communal areas, spoke to people in private, and looked at care and management records.

Is the service safe?

Our findings

Arrangements were in place to make sure people living in Thorncliffe Grange were protected from abuse and avoidable harm.

We found the atmosphere in the home to be calm and relaxed and staff were seen to be respectful in their approach with people. One person told us: “Yes, I feel very safe here and the staff are very kind to me.” Another person told us: “I feel a lot safer here than when I lived at home. Of course it’s not the same but I’d rather feel safe than be on my own.”

The environment was maintained to a good standard and, at the time of our visit, was undergoing routine upgrading of decoration and furniture and fittings in various parts of the home. New window restrictors had recently been fitted to windows and the registered manager confirmed all windows where restrictors needed replacing or updating had had the new ones fitted. This was to make sure the risk of people falling out of the windows had been reduced as much as possible. A new, modern ‘nurse call’ system had recently been fitted throughout the home and we saw that staff responded to calls in a timely manner.

Regular maintenance and testing of things such as the water supply, gas, electrical installation and heating had taken place. To help alert people to fire, a fire alarm system was fitted and tested on a regular basis. Records indicated that staff had recently undergone fire awareness training to make sure they were aware of what to do in the event of a fire.

The risks of abuse to people were minimised because there were clear policies and procedures in place to inform the staff team of the action to take if they witnessed or suspected anything that gave cause for concern. The staff we spoke with during our visit all confirmed they had participated in safeguarding training and the training records we saw confirmed this. Each member of the staff team were able to describe the different forms of abuse and were able to tell us how they would deal with any concerns they had. All were confident that both the registered manager and nursing staff would respond appropriately and in a timely manner to any concerns raised.

Each person who wished to come and live in Thorncliffe Grange was subject to a full assessment of their needs prior

to an offer of a place being made. This meant that the registered manager and qualified nursing staff could assess if the service available was able to meet the person’s needs safely and appropriately.

We saw that people moved around the home without any restrictions and people told us that they enjoyed ‘pottering’ between the lounge and their bedrooms. One person told us: “When I have had enough chatting and watching television or playing bingo, I go to my room and relax on my bed. The staff know where to find me and bring me in a drink.”

A number of people had some difficulty with their mobility and we looked at how the service managed risk for some of these people. We found individual risks had been assessed and recorded in people’s care plan documentation. Management strategies were in place to guide staff on how to manage the identified risk(s) in a consistent manner. We noted that the risk assessments we looked at had all been reviewed on a monthly basis.

We observed care staff supporting people to transfer from their lounge chairs into wheelchairs with the aid of a hoist. Staff spoke with each person and reassured them that they were safe during the hoisting process. To protect the dignity of one female they were hoisting, a lap blanket was used. The people being hoisted showed no signs of distress and responded to staff by smiling or reaching out to stroke the carers’ hand.

We looked at how the registered manager maintained safe staffing levels within the home. With the exception of one member of staff, all staff spoken with told us that there was sufficient staff on duty at any one time to meet people’s identified needs. Staff told us that a recent increase in staffing levels had enabled more time to be spent with people carrying out activities and socialising rather than just providing people with care support. One member of staff said: “We now have more time to be with people without being rushed.”

Staff recruitment processes were in place, and the required pre-employment checks were undertaken prior to staff starting work. These checks included completion of a Disclosure and Barring Service (DBS) check to help make sure staff employed in the home were safe to work with vulnerable adults.

A Contracts Performance Officer from a local authority provided us with a report from their recent visit to the

Is the service safe?

service. Within the report it identified how staff managed a situation where one person living in the home had become agitated and vocal towards other people. The report states that staff used distraction techniques to calm the person and also protect other people, with the situation being resolved very quickly.

One visitor to the home told us: “The staff are very good, they respond very quickly when one of the residents asks for help or support.” Throughout our two day’s at the service we saw there was sufficient staff on each shift with a range of skills and experience. This meant people were being cared for by a staff team with the knowledge and skills to meet the needs of people living in Thorncliffe Grange.

Those areas of the home we viewed, including some bathrooms, toilets, communal areas and bedrooms were found to be clean and tidy. We spoke with two domestic staff on duty who told us that they had access to plenty of

appropriate cleaning materials. New laundry equipment had recently been installed, enabling better sluicing of soiled linen and all staff spoken with confirmed they had received training in the prevention and control of infection. Personal protective vinyl gloves and aprons were available in bathrooms and upstairs store rooms.

Medicines in the home were administered via a monitored dosage system and nurses and senior carers had the responsibility for administering medication to people living in the home. Medication was stored in two locked metal trolleys, one on each floor of the home. Staff with the responsibility for medication administration confirmed they had received training which was regularly updated. The registered manager carried out regular audits to make sure people were receiving their medicines safely and when they should. One person told us: “I take a lot of medication but I always get it when I should.”

Is the service effective?

Our findings

We spoke with six people using the service and four visiting friends and relatives. All spoke positively about Thorncliffe Grange and the care they or their friend or relative received. One person told us: “The staff certainly seem to know what they are doing and the best way to help me.” Visiting relatives told us: “The staff are very good and seem to know what people need and how to use equipment like the hoists.” “The staff we’ve met do seem very experienced and knowledgeable.”

Staff we spoke with told us that they received and good support from the registered manager and senior staff. The registered manager supplied us with the training record for all staff. This record indicated what training staff had participated in to date and included moving and handling, dementia awareness, fire safety, safeguarding, infection control, first aid, pressure care and maintaining records. 21 out of 24 care staff had successfully completed a National Vocational Qualification at Levels 2, 3 or 4. Nurses told us that they were supported to maintain their professional qualifications including the completion of ‘PINK’ training.

PINK training with the Clinical Commissioning Group (CCG) provides support to nurses in local policy, medication training, diabetes care, wound care, peg feeding, behaviour that challenges and speech and language therapy. This is to help ensure nurses are up to date and aware of accessible healthcare resources locally to people using services to the best possible standards.

Records indicated that the majority of staff had received an annual appraisal in September 2014 and this was confirmed by those staff we spoke with. Records seen, and staff spoken with confirmed that structured staff supervision had been inconsistent over the past six months although all staff spoken with confirmed they could access the registered manager at any time should they wish to speak with her or discuss any concerns or training needs. A nurse told us, “I have contact with the manager on a day to day basis; we are always discussing issues relating to the home and residents.” Other staff told us: “We have good handovers before every shift. These keep us well informed how each resident is and anything else we need to know.”

We discussed the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) with staff we spoke with. The MCA and DoLS provide legal safeguards for

people who may be unable to make decisions about their care. Staff spoken with had little knowledge and understanding of both MCA and DoLS and told us they had yet to receive training in these subjects. The registered manager had an understanding of both the MCA and DoLS and was aware of their responsibility to ensure all staff received such training and confirmed that training in both MCA and DoLS had been arranged over three days for all staff in late November 2014.

New care plan formats had just been introduced and included risk assessments for falls, pressure care, personal safety, mobility, nutritional needs and behaviours that challenge. Records were also available to show that people had regular access to healthcare professionals such as general practitioners, speech and language therapists and community dietitians. We saw that people were supported to attend regular appointments about their health needs, including hospital appointments. People who used the service told us staff would always contact healthcare professionals that were involved in their care if they had any concerns about their health.

On those files we looked at we saw that each person had their nutritional needs assessed and met. People’s weight was monitored on a monthly or weekly basis depending on their nutritional assessment. Records seen indicated that people usually maintained a stable weight but, where concerns were raised, appropriate action had been taken. Where there were concerns about a person’s food and fluid intake or they had any difficulties in swallowing, they had been referred to a specialist.

At least three people had been assessed by a speech and language therapist. Prior to our visit to the service, we requested any available feedback from healthcare professionals involved in providing a service within the home. Comments received from a health care professional included: “I have spoken to my colleagues who also visit Thorncliffe Grange and we have all been impressed with the care our clients with dysphagia (swallowing difficulties) have received. The staff we have spoken to on our visits have had an excellent awareness of dysphagia. They have been familiar with the needs of each patient regarding their swallowing without having to refer to notes. The advice we have given has been followed correctly e.g. correct positioning of clients, correct consistencies of diet and

Is the service effective?

fluids, good feeding practice. We have also been impressed by their management of complex dysphagic clients. The referrals we have received have been appropriate, requiring a swallowing assessment.”

We observed the lunch time meal in the upstairs dining room. Most people chose to sit at tables, but some had their meals while sitting in easy chairs with small tables being provided. People were offered a choice of meal and these were served hot with appropriate cutlery and condiments being made available. Where people required encouragement or physical support from staff to eat, this was provided in a dignified and unhurried manner.

People told us they enjoyed the food and that there was always plenty to eat and drink. One person said: “The food

here is really good and you get more than enough. Staff ask you each time what you would like and you can have a drink of tea whenever you want.” Records indicated that staff monitored those people at risk of dehydration and that they got enough to drink. Staff recorded people’s fluid input on charts and they also had access to small kitchens where they could make drinks for people. If staff had any concerns about a person’s fluid intake appropriate referrals had been made to the GP and dietician.

Where individual people had been assessed as requiring equipment and adaptations such as pressure relieving mattresses and cushions, rise and fall beds (profiling beds), walking aids and medical equipment such as peg feeding machines, these had been supplied.

Is the service caring?

Our findings

People living in Thorncliffe Grange told us they were happy with the care and support they received. One person told us: "I've not lived here long but the staff have been really nice with me." Another person said: "I like to spend time in my room and the girls are always popping in to make sure I'm alright or if I want anything, a smashing lot."

Throughout our time in the home we saw staff, including kitchen and domestic staff interacting with people in a caring and professional manner. The atmosphere in the home was calm and relaxed and it was evident that the staff knew the people living in the home very well. The conversations between staff and people were light hearted and appropriate.

Staff were seen to encourage those people with limited verbal communication to join in conversations and responded to people's individual way of communicating. People appeared comfortable with the staff that were supporting them and responded by smiling and touching staff when they were being supported or assisted. One person refused to use their walking frame when staff gently encouraged and reminded them about it. Staff did not force the issue but remained vigilant whilst this person moved from the dining table to one of the armchairs.

As many of the people in Thorncliffe Grange lived with varying levels of dementia all care and nursing staff had received training in this subject. Staff had a good understanding of the needs of people with dementia and we observed how staff responded and interacted with people to make sure they were involved in making choices in a way that was appropriate to them individually. One person living in the home told us: "I do forget and get confused but I'm not stupid and the staff know that. They do remind me about things but I soon forget. I join in with bingo or when the singer comes." This demonstrated that staff took account of people's strengths and abilities in order to provide care and support in line with their chosen lifestyle and preferences.

All the staff we spoke with had a good knowledge of the people they supported and cared for. We asked one member of staff to tell us about one of the people who was consistently cared for in bed and was living with dementia. They told us all about this person's background, how best to meet their needs, the risks to the person from potential

lack of stimulation and how to make sure they received enough food and drink. The care plan and information in this person's care file reflected the information the member of staff told us.

We looked at six care plans and related documentation. In two files we saw that the care plans had been signed by a family representative of the person, which also included consent to care and treatment. In another file we saw that the person themselves had signed the care plan and consent to care and treatment document. The information in the other three files gave no indication if the person using the service, or a representative, had been involved in creating and reviewing their plan of care. One visitor told us: "My relative does get confused and wouldn't be aware of what a care plan is. The manager and staff do keep me informed and let me know if anything has happened but I don't particularly want to be involved in paperwork."

We received comments from a number of professional healthcare visitors who regularly attended the home and their patients. They told us: "I can only confirm that I have no issues with the care provided at Thorncliffe Grange." "I find all the patients are treated with dignity and respect while I have been there." Another healthcare visitor we spoke with during our visit told us: "I can't fault the care provided in this home. It is a home where I would happily place one of my relatives."

During our time in the home we saw staff support people in a discreet and respectful manner. Staff quietly asked people if they needed any support to attend to their personal care.

Where possible, people were involved in decisions about their end of life care. For example one person had an advanced care plan in place (a plan of what they would like to happen at end of life) which had been signed by their family representative and general practitioner. We saw that the services of specialist healthcare practitioners such as Macmillan nurses had recently been used to support a person through the stages of end of life care. Macmillan nurses complete specialist courses in managing pain and other systems, including psychological support. A number of 'thank you' cards were also displayed in the hallway of the home from friends and relatives of people that had been supported at end of life. These indicated that the care and support provided by staff at that difficult time had been professional, caring and dignified.

Is the service responsive?

Our findings

Throughout our time in Thorncliffe Grange we observed how staff responded to people's requests and needs for support. We saw that staff were gentle in their approach with people and, in most instances, asked people for their consent before assisting them. If people refused to be helped staff respected their wishes. One person told us: "Staff are around to help you if you ask, but they don't force themselves on you, but they do watch out for you."

People considering moving into Thorncliffe Grange were given the opportunity to visit and spend some time with the people already living there and to meet the staff on duty before making any decision. Where people had limited capacity or were unable to verbalise their views and opinions we saw that the manager had arranged to meet with the person's family, or with healthcare professionals who had been closely involved in arranging the person's potential admission into the home. This enabled an initial care plan to be developed that would assist staff to support a person appropriately during their first few days and their transition from home or another service provision.

One visiting relative told us that communication between staff, especially nurses and the registered manager was very good. "Whenever we visit the nurse or the manager speaks with us to tell us how our relative has been and they always ring us if there are any concerns or problems."

Each person living in the home had their own individual care plan that was based on the information shared by the person, their family and healthcare professionals who had supported the person prior to moving in. We looked at six care plans and the information they contained. All had been reviewed on a monthly basis by one of the nursing staff and any changes noted which were then shared and discussed at handover meetings at the start of each shift. This meant that all relevant staff were aware of the changes and could then provide the appropriate level of care to make sure those changes were met.

A range of planned activities was displayed on a notice board in the main hallway of the home. Choices of activities were available such as bingo, board games, armchair exercise and visiting singers and entertainers. There were also seasonal activities planned such as a meal out to a local restaurant and planned Christmas festivities within the home. The registered manager told us she had recently interviewed a person for the role of designated activities organiser and they would be taking up post as soon as all pre-employment clearance checks had been completed. The manager said she hoped this would enable activities to be arranged and planned that were in line with people's individual preferences.

On the first day of our inspection, the registered manager received a fully reviewed and updated set of policies and procedures from the operations manager for the organisation. Although the manager had yet to read, sign and date each policy to demonstrate their agreement with each one, we could see that a copy of the complaints procedure had been included. There was a copy of the process to follow on display in the hallway of the home. This contained relevant names, addresses and contact details. The manager confirmed that other formats of the complaints procedure could be supplied on request, for example, large print, pictures or in other languages.

We looked at the complaints received by the manager and saw that investigations and responses to the complaints had been carried out in a timely manner with any action taken being recorded. Changes to laundry equipment had been made in direct response to a number of complaints previously received about poor laundering of clothing.

During our visit a minister from a local church held a service for those people wishing to attend. Services were held once a month and ministers from different churches in the local area took turns to visit the home. The manager told us that should someone wish to attend a local church service then they would be supported to do so. This meant that the spiritual and religious needs of people could be met where these needs were particularly important to them.

Is the service well-led?

Our findings

At the time of our inspection visit Thorncliffe Grange was being managed by a manager registered with the Care Quality Commission. Both staff and people who lived at the home spoke positively about the leadership and management style of the manager. One member of staff said: "Our manager is very open in her approach and is very supportive. Supervisions are becoming more regular and are planned to take place every other month." Another care worker said: "We have a really good manager, you can go to her door anytime and she will respond. She keeps us informed about things we need to know about but keeps confidentiality as well. We have a good leader, who is also part of the team."

During our time in the home we saw the manager chatting with people living in the home and their visitors. She also took time to interact with visiting healthcare professionals. One healthcare professional who was visiting said about the registered manager: "The manager is fully aware of each person's health status and doesn't need to look for staff to tell me about how people are. She will always give you time to discuss things and responds to any advice or suggestions made."

Staff told us there was always a nurse and senior carer on each shift. One member of staff told us: "There's always someone in charge to ask if you need help or support with something."

We were provided with information to demonstrate that accidents and incidents which occurred in the home were recorded by the manager and analysed. Where people were subject to a higher number of falls or incidents, they were referred to the relevant healthcare professional for specialist input and support.

There were systems in place to seek people's views about the service and the management of the home. There were meetings held (although infrequently) for people who lived at the home and their relatives and also customer

satisfaction surveys. The manager provided us with their analysis of the returned surveys for 2014. The manager had taken appropriate action to address some of the concerns raised within the returned surveys.

Any concerns or complaints raised with the manager or senior staff were dealt with in accordance with the complaints procedure for the home and all were addressed within the stated timescales. The Care Quality Commission had received no complaints about the service in the past 12 months.

Staff meetings were held at least twice yearly for the different grades of staff working in the home. We saw minutes from the last meetings for nurses and senior carers and carers held in June 2014. Various issues and matters were discussed including: staffing levels being maintained, medication, one to one supervision, safeguarding and maintaining confidentiality.

The registered manager had systems in place to monitor and review the service being provided at Thorncliffe Grange. This included sending regular data to the Clinical Commissioning Group on a monthly basis including details of categories of any falls, pressure ulcers, urinary tract infections and catheter care/problems that occurred to people using the service. The manager also sent data to the local authority on a 3 monthly basis. We saw evidence to demonstrate that action was taken to address any improvements needed that were identified as a result of the audits that had taken place.

In addition to the audits and checks carried out by the registered manager, regular visits to the service were conducted by the Nominated Individual (representative of the owner). This visit was to ensure that the service was being maintained to a high standard and any shortfalls found were brought to the attention of the registered manager. The shortfalls would be addressed within given timescales with the manager completing a report to confirm this.