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# Tunncliffe House

## 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 ●

# Summary of findings

## Overall summary

This inspection took place on 31 March 2016 and was unannounced.

Tunncliffe House is a large detached property in a quiet cul-de-sac close to Macclesfield town centre. The people who live there are accommodated on the ground and first floors of the building. There are six single and five double bedrooms. The home has a passenger stair lift to access between the ground and first floor. Staff members are on duty 24 hours a day to provide support for the people who live in the home. At the time of our visit there were 13 people living there. Twelve people had lived there for a long time and one person had recently moved in.

Tunncliffe House had a registered manager. 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.

Prior to this inspection we contacted the local authority quality monitoring team. They told us that they had visited in March and June last year and had identified some minor issues with the staff supervision system in place. This was addressed and during this inspection we were able to confirm the improvements had been maintained. Full details regarding this are in the main body of the report.

We asked people if they felt safe living at Tunncliffe House. All the people who commented said that they did and that they were happy living there. Comments included, "Of course I am, [we] have all that we need", "Staff are good", "Very safe" and "I am safe here and get on with the staff". We did observe a relaxed and welcoming atmosphere in the home between the people living there and the staff and owners.

The service had a safeguarding procedure in place. This was designed to ensure that any possible problems that arose were dealt with openly and people were protected from possible harm.

We looked at the files for the two most recently appointed staff members to check that effective recruitment procedures had been completed. We found that the appropriate checks had been made to ensure that they were suitable to work with vulnerable adults.

We asked the staff member on duty about training and they confirmed that they received regular training throughout the year and that it was up to date.

The service had a range of policies and procedures which included guidance on the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. .

There was a flexible menu in place which provided a good variety of food to the people using the service.

The four care plans we looked at contained personalised information and they were written in a style that would enable any staff member reading it to have a good idea of what help and assistance someone needed at a particular time. Three of the plans that we looked at were well-maintained and were being reviewed monthly so staff would know what changes, if any, had been made. We did identify one plan that was in need of up-dating. We queried this with the registered manager who explained that a new deputy manager had recently been appointed. She was in the process of reviewing them all and they were being re-written if necessary. We have since received written confirmation that the review process had now been completed and all of the care plans have been up-dated so no further action is needed.

The staff member on duty during our inspection was positive about how the home was being managed and throughout the inspection we observed them, the member of the domestic team on duty and the two owners who were also present interacting with each other in a professional manner.

We found that the providers used a variety of methods in order to assess the quality of the service they were providing to people. These included regular contact with the people living at Tunncliffe House.

## 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.

The provider had effective systems to manage risks without restricting people's activities. Risk assessments were up to date to ensure people were protected from the risk of harm.

We found that appropriate safeguarding procedures were in place and the provider understood how to safeguard the people they supported. People staying at the service felt safe and had no complaints.

The arrangements for managing medicines were safe. Medicines were kept safely and were stored securely. The administration and recording of when people had their medicines was safe.

### Is the service effective?

Good ●

The service was effective.

Staff members have had training on the Mental Capacity Act 2005 [MCA] and the Deprivation of Liberty Safeguards (DoLS).

The two community psychiatric nurses [CPN] we have spoken with were positive about the quality of the service being provided to their patients.

A tour of the premises was undertaken; this included all communal areas including lounge and dining areas plus and with consent a number of bedrooms. The home was well maintained and provided an environment that could meet the needs of the people that were living there.

### Is the service caring?

Good ●

The service was caring.

We asked the people living at Tunncliffe House about the home and the staff members working there and received a number of positive comments about their caring attitudes.

We have also received positive comments via written feedback

the home has received and via an email sent directly to the Commission.

The staff member and owners we spoke with could show that they had a good understanding of the people they were supporting and they were able to meet their various needs. We saw that they were interacting well with people in order to ensure that they received the care and support they needed.

### Is the service responsive?

Good ●

The service was responsive.

We looked at care plans to see what support people needed and how this was recorded. The plans contained personalised information and they were written in a style that would enable any staff member reading it to have a good idea of what help and assistance someone needed at a particular time.

The home had a complaints policy and processes were in place to record any complaints received and to ensure that these would be addressed within the timescales given in the policy. We looked at the most recent complaint and could see that this had been dealt with appropriately.

### Is the service well-led?

Good ●

The service was well led.

There was a registered manager in place.

There were systems in place to assess and audit the quality of the service being provided by Tunnicliffe House.

We saw that residents' meetings were being held and we were able to view the minutes from the last meeting held on the 8 March 2016. The minutes showed people had been involved in planning activities and had been invited to provide suggestions and feedback on aspects of the home and their daily lives.

# Tunnicliffe House

## 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.

We carried out an unannounced inspection on the 31 March 2016. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed all the information we already held on the service and contacted the local authority commissioning team to seek their views on Tunnicliffe House. The provider had also 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.

During our inspection we saw how people who lived in the home were supported with care. We spoke to a total of eleven people living there [One person was out during our inspection and one other person was in hospital], a visiting community psychiatric nurse [CPN], the senior staff member on duty, the registered manager/owner and another one of the owners. The people living in the home were able to tell us what they thought about the home and the staff members working there. We have also spoken to another CPN on the telephone since the inspection took place.

We looked around the home as well as checking records. We looked at a total of five care plans. We looked at other documents including policies and procedures and audit materials. Records reviewed included: staffing rotas; risk assessments; complaints; staff files covering recruitment; training; maintenance records; health and safety checks; supervision of staff; policies and procedures; minutes of meetings, medication records and storage of medicines.

# Is the service safe?

## Our findings

We asked people if they felt safe. All the people we spoke with who commented said that they felt that Tunncliffe House was a safe environment and that they were happy living there. Comments included, "Of course I am, [we] have all that we need", "Staff are good", "Very safe" and "I am safe here and get on with the staff". We did observe a relaxed and welcoming atmosphere in the home between the people living there and the staff and owners.

Tunncliffe House had a safeguarding policy in place. The policy was designed to ensure that any possible concerns that arose were dealt with openly and people were protected from possible harm. The registered manager/owner was aware of the relevant process to follow. They would report any concerns to the local authority and to the Care Quality Commission (CQC). Residential homes such as Tunncliffe House are required to notify the CQC and the local authority of any safeguarding incidents that arise. We checked our records and saw that there have been no safeguarding concerns requiring notification at the home.

Information about safeguarding was on display on the notice board in the entrance corridor.

The staff member we spoke with confirmed that they had received training in protecting vulnerable adults and that this was updated on a regular basis. The staff member we spoke with also told us that they understood the process they would follow if a safeguarding incident occurred and they were aware of their responsibilities when caring for vulnerable adults. They were also familiar with the term 'whistle blowing' and said that they would report any concerns regarding poor practice to the owners. This indicated that they were aware of their roles and responsibilities regarding the protection of vulnerable adults and the need to accurately record and report potential incidents of abuse.

Risk assessments were carried out and kept under review so the people who lived at the home were safeguarded from unnecessary hazards. We could see that the home's staff members were working closely with people and, where appropriate, their representatives, for example, their CPN to keep people safe. This ensured that people were able to live a fulfilling lifestyle without unnecessary restriction. Relevant risk assessments, for example, vulnerability when out of the home, smoking, medication medicines and diet were kept within people's care plan folders.

Staff members were kept up to date with any changes during the handovers that took place at every staff change. This helped to ensure they were aware of issues and could provide safe care. We also saw that there was a communication book that was being used to pass messages between staff members, these were ticked off when acted upon and a diary for any appointments that people had.

We asked if there was an individual Personal Emergency Evacuation Plan [PEEPS] in place for the people living in the home. PEEPS are good practice and would be used if the home had to be evacuated in an emergency such as a fire. One of the owners told us that there was a nominal roll at each exit for emergency or fire evacuation purposes. This was a list of the people living in the home and their bedroom location. They went on to say that everyone living at Tunncliffe House was mobile but if any special circumstances

affected the person, for example if they were a wheelchair user then this would be recorded.

We looked at the files for the two most recently appointed staff members, one of whom had worked at the home since August 2013 to check that effective recruitment procedures had been completed. We found that the appropriate checks had been made to ensure that the two people were suitable to work with vulnerable adults. Checks had been completed by the Disclosure and Barring Service (DBS). These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. We saw from these files that the home required potential employees to complete an application form from which their employment history could be checked. References had been taken up in order to help verify this. Each file held suitable proof of identity.

We saw that policies and systems were in place to help ensure that people's medicines were being managed appropriately. Each person's medicines were kept in a lockable medicine trolley within a designated room within the home. We undertook a random check of the medicine arrangements, including the blister packs containing medicines and medicines administration records being maintained for the people using the service. We saw that clear records were kept of all medicines received into the home, administered and if necessary disposed of. Records showed that people were getting their medicines when they needed them and at the times they were prescribed. This meant that people were being given their medicines safely. Staff members dispensing medicines received training before being allowed to do so.

Tunnicliffe House is only a small service and the people living there do not need any support with their personal care needs. There were only three staff members providing support to the people using the service, they were responsible for assisting if needed and prompting people when necessary. The staff members on duty also did the cooking and dispensed any medicines whilst on duty. Day staff members worked between the hours of 8.00am until 8.00 or 9.00pm. There was one waking night staff member between the hours of 8.00pm until 9.00am. There were usually two staff members on duty during the day but on occasions this was reduced to one. This occurred if there were any holidays, sickness or if staff needed to attend any training. The registered manager/owner and one of the other owners were also in the home on a daily basis. There was only one member of staff on duty during our inspection because of sickness plus the home's domestic assistant. They were joined by the registered manager shortly after our arrival and one of the other owners a little later so we did not have any issues regarding staffing during our inspection. The rota for March confirmed that on most days there had been two staff members on duty and that staff had attended dementia, manual handling and health and safety training during the month.

The home employed a domestic assistant who also worked for four hours a day between Monday to Friday. Our observations during the inspection were of a clean, fresh smelling and well ventilated environment.



# Is the service effective?

## Our findings

All the people living at the home that we spoke with felt that their needs were well met by staff that were caring and knew what they were doing.

We spoke with a visiting CPN during our visit who had been to undertake a six monthly medical review with one of her patients. She spoke positively about the home and told us, "The home 'nips' things in the bud. Communication is good and they deal with things quickly. We work with the home and people are contented here. The staff are encouraging and they work with us well".

Because of its small size and the fact that the staff team within the home was stable new staff are only appointed infrequently. There had only been two staff members appointed since August 2013. Given this fact the provider had their own 'in-house' induction training programme that was designed to ensure any new staff members had the skills they needed to do their jobs effectively and competently. We looked at the induction record used for the most recently appointed staff member and could see that they had all completed a first day induction checklist that provided basic information such as the location of fire exits and the procedures to follow if there was an incident. Following the initial induction all new staff members undertook an induction that included the work routines that they needed to adhere to. This had been signed by the staff member. There were then enrolled on any training that was relevant to the job they were undertaking.

We asked the staff member on duty about training and she confirmed that she received regular training and that it was up to date. We subsequently checked the two of the staff training records, one of which was for the most recently appointed staff member and saw that staff had undertaken a range of training relevant to their role. The deputy manager had only recently been promoted to the role so she was currently undertaking a management course. The other staff members had received training that included mental health awareness, the Mental Capacity act as well as other courses such as fire safety, safeguarding; moving and handling and emergency first aid.

The staff member we spoke with told us that they received on-going support and supervision. We checked records which confirmed that supervision sessions for each member of staff were taking place at least every two months. Supervision is a regular meeting between an employee and their line manager to discuss any issues that may affect the staff member; this may include a discussion of the training undertaken, whether it had been effective and if the staff member had any on-going training needs.

During our visit we saw that the staff and owners took time to ensure that they were fully engaged with each person and checked that they had understood and gave permission before carrying out any tasks with them. We observed the staff member requesting permission to enter rooms in order to carry out tasks with people and asked if that was okay rather than assuming consent.

The information we looked at in the care plans was detailed covering different aspects of people's lives and care needs.

Visits to and from other health care professionals, such as GPs and CPN's were recorded so staff members would know when these visits had taken place and why.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager during the inspection. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. The Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

Policies and procedures had been developed by the provider to provide guidance for staff on how to safeguard the care and welfare of the people using the service. This included guidance on the MCA and DoLS. The care planning system included a section on assessing the person's mental capacity and at the time of our inspection everyone was deemed to have capacity. Nobody in the home had a DoLS in place.

We asked the staff member on duty about the MCA and DoLS and she said that she had received training in this area. She also confirmed that everyone living in the home had capacity and they were free to come and go as they pleased. We saw this during the day when one person went out on their regular visit to the library and information centre. Another person had gone fishing and took out a packed lunch and a flask only returning to the home in the late afternoon.

Information about the MCA and DoLS was on display on the notice board in the entrance corridor.

There was a four week flexible menu in place which provided a good variety of food to the people using the service. Choices were available and people were asked about their likes and dislikes. Menus were also discussed at the service user meetings that were being held regularly. Special diets such as gluten free and diabetic meals could be provided if needed. Everyone that we spoke with said that the food they were being given was good and we did not receive any negative comments during the inspection. The registered manager/owner told us that they were recording the food and fluid intake for one person because of concerns about their weight loss prior to moving in to the home. The CPN we spoke with on the telephone spoke positively about this and said that the person was now putting on weight

Staff members monitored people's weights as part of the overall planning process on a monthly basis. This was done to ensure that people were not losing or gaining weight inappropriately.

A tour of the premises was undertaken; this included all communal areas including lounge and dining areas and with people's consent a number of bedrooms. The home was well maintained and provided an environment that met the needs of the people that were living there.

# Is the service caring?

## Our findings

We asked the people living in Tunncliffe House about the home and the staff members working there. Comments included, "Carers are the best in the world, everyone gets on well", "I am happy here, we all get on", "Staff are looking after me", "It grows on you, I like the staff", "Smashing" and "I like it here".

A family member has emailed us since the inspection took place with the following positive comments, "As far as we are concerned [X's] general health and welfare has improved since he has been in Tunncliffe House. We are very pleased with his nutritional care and support from all the staff".

We were also able to see a thank you card that had been written by the family members of someone who had passed away in August 2015. This included the following comments, "All of you earth angels that looked after [X]. It means a lot to us to know that his last years were spent at a lovely home with caring and supportive people".

The staff member and the two owners we spoke with showed that they had a good understanding of the people they were supporting and knew their personal preferences. The staff member told us that they really enjoyed their job.

We saw that the relationships between people living in the home and the staff/owners supporting them were warm, respectful and dignified. Everyone in the service looked relaxed and comfortable with the staff and vice versa. During our inspection, we saw in general there was good communication and understanding between staff members and the people who were receiving care and support from them. We saw that staff members were interacting well with people in order to ensure that they received the appropriate care and support from them.

The registered manager/owner told us that two people using the service had an advocate at the time of the inspection visit. One of the people we spoke to confirmed that they had an advocate and that they were working with them. Some of the people living in the home had family members who visited regularly and could 'advocate' for them if necessary. Information about advocacy services was on display on the notice board in the entrance corridor.

The quality of the décor, furnishing and fittings provide people with a homely comfortable environment to live in. The bedrooms seen, with the consent of whose room it was were personalised, homely, comfortable, well-furnished and contained items of furniture and individual items belonging to the person.

There were two main sitting areas for people to use; this included a comfortable lounge and a smoking room with access to the rear garden. These offered people a choice and we observed people using all of the communal areas during our inspection. The lounge had a large television that some people were watching whilst the people using the smoking room were listening to the radio.

There was a range of information, including advocacy services, safeguarding information as well as a

comments book in the entrance corridor for people to look at and use if they chose to do so.

We saw that personal information about people was stored securely which meant that they could be confident that information about them was kept confidentially.

## Is the service responsive?

### Our findings

Twelve of the people living in the home at the time of our inspection had been there for a considerable time so we did not look at their pre-admission documentation. We did look at the care planning documentation for the person who had only moved in to Tunnicliffe House a couple of weeks earlier. We saw that there was a hospital discharge care plan on file and notes on admission had been made. Daily care notes were being made and care plans were going to be completed if it was decided that their placement was to become permanent. This person was being supported by the mental health team and the CPN we spoke with on the telephone after the inspection visit spoke positively about the home and the care that was being provided. They told us, "It has been absolutely fantastic and they are managing his care really well. He has put weight on; he is brighter in mood and wants to do things. Staff really seem to care and I am very, very impressed".

We looked at four of the care plans being kept to see what support people needed and how this was recorded. The home used a 'Standex' system [This is a care planning system which can be purchased from the manufacturer that has been designed specifically for care and health services to use]. The first part of the system consists of an assessment of all areas of need. These include the following headings, cognition, psychological, physical, social and end of life. These heading are then sub-divided into for example, physical includes washing and dressing, communication, falls, personal safety and risk. Cognition includes memory, practical skills and behaviour. A care plan would then be completed if any needs were identified from the assessments. We looked at the assessments and care plans and could see that they contained personalised information and they were being written in a style that would enable any staff member reading it to have a good idea of what help and assistance someone needed at a particular time. Each of the completed care plans included the assessment of need, any goals or expected outcomes, what support was needed and then an evaluation. Whilst the documents we reviewed were well-maintained and were being reviewed monthly so staff would know what changes, if any, had been made we did identify one plan that was in need of up-dating. We queried this and the registered manager explained that a new deputy had recently been appointed and all of the plans were in the process of being reviewed in depth and were being re-written if necessary. We could see that three of the plans were up to date and have since received written confirmation that the review process had now been completed and all of the care plans have been up-dated so no further action is needed. People were encouraged to have involvement in the planning of their care and were asked to sign their care plan to show that it had been discussed with them and they agreed to it.

In addition to the care plans everyone had a separate personal file that contained any external reviews and correspondence.

The people using the service who we spoke with confirmed that if they needed a GP or other health professional, the relevant person was contacted straight away.

If people needed specialist help, for example if there was an issue with their mental health the home contacted the relevant health professionals who would then be able to be able to offer assistance and guidance. We were able to see a letter regarding one such instance that had only been written the day before our inspection took place.

Those people who commented confirmed that they had choices with regard to daily living activities and that they could choose what to do, where to spend their time and who with. It was obvious during the inspection that people were able to choose what to do and when, we saw people coming and going from the home. Relaxing, making drinks, chatting or if they wanted to do so spending time in their own room.

The home had a complaints policy and processes were in place to record any complaints received and to ensure that these would be addressed within the timescales given in the policy. A copy of the procedure to be followed was on display on the notice board in the entrance area. There was also a small book in the entrance corridor that contained the following comment, 'Tunnicliffe House welcomes tour comments, if you have any concerns, complaints or comments please enter in the book or see a member of staff'. We looked at the most recent complaint about the smoking room being too cold made in February 2016 and could see that this had been dealt with appropriately. The people we spoke with during the inspection told us that there were able to raise any concerns. Comments included; "I would speak up if any problems".

## Is the service well-led?

### Our findings

Tunncliffe House is only a small service so feedback from the people using the service was gathered on an on-going basis by asking the people who lived there what they thought about the home and to tell staff members or the owners if there were any problems. Two of the owners including the registered manager are in the home on most days and because people have lived there for a long time they know all of them well. The relationships we saw between them and the people living there during the inspection visit were relaxed and comfortable.

We saw that meetings with the people living in Tunncliffe House were being held regularly. We looked at the minutes from the last meeting that had been held on the 8 March 2016. Topics discussed included suggestions for the menu, social activities as well as practical issues such as the smoking room, reminding people not to leave their radios and televisions on if they go out and reminding people how important it was to tell someone if there were any problems.

The provider had a quality assurance system available to monitor the quality of care being provided in its homes. The most recent survey of the home had been completed in August and September 2014. We asked about this and one of the owners explained that a survey was not undertaken in 2015 because a new quality assurance form had been designed that was to be given out to people in the near future.

In addition to the above there were also a number of safety checks being carried out weekly and monthly. These included the fire alarm system and emergency lighting. We also saw that there were up to date maintenance certificates covering the home's fire alarm system, gas safety and portable appliance testing [PAT].

The staff member we spoke with had a good understanding of their role and responsibilities and was positive about how the home was being managed and the quality of care being provided. Throughout the inspection we observed them and the owners interacting with each other in a professional manner. We asked the staff member how they would report any issues they were concerned about and they told us that they would have no hesitation in reporting any concerns that they had. They said that they could raise any issues and discuss them openly with the owners. The staff member we spoke with told us that she really enjoyed her job.

The registered manager/owner told us that staff meetings were held approximately every two months and the last had been held on the 25 January 2016. We looked at the minutes from this meeting and could see that a variety of issues including the smoking room, care plans and diets had been discussed. Meetings were not being held more frequently because there was only a very small staff team working in the home and any issues were usually dealt with as they occurred. Staff meetings enabled the owners and staff to share information and / or raise concerns.

Periodic monitoring of the standard of care provided to people living in the home was also undertaken by Cheshire East's Council quality monitoring team. This was an external monitoring process to ensure the

service met its contractual obligations to the council. We had contacted them before our inspection and they told us that they had last visited in June 2015. This was a follow up visit to one undertaken in March 2016 when they had identified some issues with the supervision system. This wasn't that they were not taking place but that the content of the discussions recorded was poor. They explained that the manager dealt with everything as and when it cropped up so she struggled to find issues to discuss during the supervision session. The quality monitoring officer has told us that they had worked with the manager and devised a system to record issues so they could be easily found for discussion at supervisions or annual appraisal's. When they had visited again on the 26 June they had found a supervision matrix for the year and when looking through supervisions that had taken place since the first visit they were stored in new files and the contents of the supervisions had improved. We found that this had been maintained when we undertook our inspection and have since passed this information back to the quality monitoring office.

As part of the inspection we repeatedly requested folders and documentation for examination. These were all produced quickly and contained the information that we expected. This meant that the provider was keeping and storing records effectively.