

Anchor Hanover Group

Tolson 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 ●

Summary of findings

Overall summary

The inspection of Tolson Grange took place on 23 November and 4 December 2017 and was unannounced. This meant the home did not know we were coming.

Tolson Grange is a residential care home for up to 42 older people, some of whom are living with dementia or other mental health problems. Accommodation at the home is provided over three floors, which can be accessed using a passenger lift.

People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the last inspection, the service was rated as Good. At this inspection we found each of the key areas we looked at remained Good and the service met all relevant fundamental standards.

People remained safe at the home. People were supported by adequate numbers of staff who had the skills and knowledge to meet their needs. The process followed to recruit new staff was found to be safe.

Staff adopted a kind and compassionate approach to their work. People's involvement in decision-making was encouraged. People's rights to privacy and dignity were understood and promoted by staff. People's choices were respected.

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

Person centred plans were in place and people and their relatives were involved in planning the care and support they received. Care plans were regularly reviewed.

The district manager was able to demonstrate their oversight of this service and we found audits were effective as identified actions were followed up. Complaints were appropriately responded to and people and relatives were also able to give feedback through surveys and meetings.

People and relatives were complimentary about the food and drink they received. Staff enabled people to access healthcare when this was required.

Staff received ongoing support through supervision, although we recommended the management team review the consistency in recording of these meetings. Training completion rates were consistently high.

People were supported to maintain their religious beliefs and they were also assisted through the use of technology to maintain relationships with family members.

The storage, disposal and administration of medicines and topical creams was found to be safe. Staff responsible for administering medicines had received the relevant training and their competency had been recently checked.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Tolson 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.

On day one of our inspection the team consisted of one adult social care inspector and an expert-by-experience with a background in care for older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. On day two of our inspection the team consisted of two adult social care inspectors. On both days of our inspection there were 35 people living at Tolson Grange.

We spoke with seven people who lived in the home as well as three relatives and three health professionals who were visiting the home at the time of our inspection. We spoke with the home manager, the district manager, acting deputy manager and six members of staff. We observed care interactions in communal areas of the home. We spent some time looking at documents and records relating to people's care and the management of the service. We looked at three people's care plans in full and a further six care plans regarding specific areas of care.

Due to technical problems, the provider was not able to complete a Provider Information Return. This is 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 took this into account when we inspected the service and made the judgements in this report.

Is the service safe?

Our findings

People we spoke with consistently told us they felt safe living at Tolson Grange. Staff were able to recognise abuse and knew how to report any safeguarding concerns. People, relatives and staff told us there were sufficient numbers of staff to meet people's needs. We saw evidence which showed staff routinely responded to people requesting assistance within a minute when they pressed their call bell. We saw evidence of staffing levels being reviewed on a monthly basis which were based on people's dependency levels.

Risks had been appropriately assessed, monitored and reviewed. Fire safety checks had been regularly carried out and people had personal emergency evacuation plans in place. Certificates relating to gas safety, electrical wiring and lifting equipment were all up to date. We discussed examples of some areas of maintenance which staff had reported internally and subsequently 'chased up'. We observed three wall lights were not working in the ground floor lounge. The home manager and district manager told us they would review this immediately. We found communal areas and other parts of the home were clean.

We found safe recruitment practices had been followed. References had been taken and checks had been carried out with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups.

We found there were safe arrangements in place for managing and administering people's medicines. We saw two people received their medicines covertly. We found there was insufficient guidance recorded for staff relating to how the medicine should be hidden. We shared this feedback with the district manager. Following our inspection, we received confirmation the guidance from the pharmacy had been added to the relevant records.

We saw evidence of regular medication audits which contained action plans with timescales and evidence of actions having been completed. Staff had been trained in the administration of medicines and had an up to date competency check.

We saw evidence of lessons learned where appropriate action had been taken. For example, where staff had used the wrong form to record a safeguarding concern, the home manager and district manager had taken action to resolve this and share with the staff team how this should be correctly documented. Records of accidents and incidents showed appropriate action was taken to reduce levels of risk, including an analysis of trends. Where people had fallen, we saw appropriate follow up action had been taken.

Is the service effective?

Our findings

When staff started working at Tolson Grange they received an induction to the home. Training records we looked at showed high levels of completion which meant staff had received information to be able to carry out their roles effectively. One staff member said, "They're good here if you want to do any training." The majority of staff had received a recent supervision and noted the home manager and acting deputy manager had created a supervision planner to ensure all staff had received an up to date supervision. We recommended the management team review the consistency in recording of supervision to ensure this contained clearer recording of personal development.

We looked at the staff workforce and found employment opportunities for people with learning difficulties which demonstrated the registered provider's commitment to equality, diversity and human rights.

People we spoke with were complimentary about the food and drink they were given. We discussed storage arrangements for food coming out of the kitchen with the district manager. They told us they had arranged for the purchase of two portable hot plates to ensure food was kept hot.

People were given choice as staff used 'show plates' which meant people living with dementia would be able to recognise the sight or smell of the food being offered. We saw hot and cold drinks were offered to people. We looked at food and fluid charts and saw people at risk of weight loss and dehydration received adequate food and fluid intake.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards.

We checked whether the service was working within the principles of the MCA. We saw from people's records that decision specific mental capacity assessments had been made in line with the MCA. Records of best interests meetings showed the involvement of the relevant individuals. We found DoLS applications had been made and where they were granted with conditions attached, we saw these were being met.

We heard staff offering people choice. Staff we spoke with had a good understand of how the MCA and DoLS applied to their work and could describe appropriate action they would take where people refused care.

We saw evidence in care records of health professionals being involved in people's care. We spoke with three visiting health professionals who said the service always made appropriate referrals and supplied relevant information regarding people's healthcare needs.

Doors to people's rooms in some areas of the home had been painted in a unique colour which helped people living with dementia recognise which was their room. Surrounding walls were decorated in a distinctively different colour which helped to provide contrast in the colours used in these living spaces.

The management team told us people were able to access an electronic tablet which they used to show people images of where they used to live and for face to face online contact with relatives to maintain family relationships.

Is the service caring?

Our findings

People and relatives we spoke with told us they were happy with the quality of care provided by staff who were familiar with their care preferences.

We found staff were warm in their interactions with people which were natural. Staff regularly paid people compliments which helped to ensure a positive environment where people were made to feel good about themselves.

People told us their personal care and appearance was taken care of by staff. People looked well cared for. They were tidy and clean in their appearance which was achieved through good standards of care.

We saw care files included things people liked to do and the way they wanted to be supported in everyday living. One person wanted a newspaper every day and we saw this was given to them. We spoke with two staff members and found they knew people living in the home and talked about their care needs, personalities and preferences.

People told us staff helped them to retain their privacy and dignity. We observed staff knocking on people's doors before entering their room. One staff member said, "Even if they don't understand, you still knock on the door."

We saw people were supported to maintain their religious beliefs as this information was included in people's care plans. Church services were held monthly and one person's record of activities included an entry which stated '[Name of person] told me this became very important to them to attend these services as the Church has always been a big part of their life'.

The district manager told us the registered provider had a forum which demonstrated their commitment to supporting people's sexual orientation.

We saw information on advocacy services was on display. Advocates are used to support people in decision making where they do not have family or friends to represent them. We saw information on the lesbian, gay, bi-sexual and transgender (LGBT) community on display in the home.

Is the service responsive?

Our findings

Each person had their needs assessed before they moved into the home. This was to make sure the home was appropriate to meet the person's needs and expectations. From the initial assessments care plans were devised to ensure staff had information about how people wanted their care needs to be met.

People's care records included information about their lives, preferences and what was important to them. Care records provided guidance for staff how to meet people's care needs and also covered their preferred routines, likes, dislikes, religious beliefs, hobbies and interests. Care plans were changed in response to people's changing needs. For example a person had been independently mobile but when their mobility decreased, their care plan reflected this. Assessments were repeated each month and care plans were updated if there were changes and if not, signed to say they were still relevant.

We saw records of baths and showers which routinely took place at least once a week. One relative we spoke with confirmed their family member had been having baths.

Information on end of life care was seen on display in the home. We found systems were in place to ensure people who needed end of life medicines could be provided these without unnecessary delays.

People and relatives told us the provision of activities had improved. We observed activities taking place during our inspection. We saw one person's care plan showed how much they enjoyed growing fresh ingredients in the garden. We saw evidence of growing foods in the garden.

Tolson Grange had adapted one room in the home to present this as a pub which was named the 'Golcar Arms'. As well as being able to access both alcoholic and non-alcoholic drinks, there was a duke box. A staff member we spoke with told us this area was mainly used in the evening two to three times a week.

People and relatives felt able to raise concerns and complaints if they were dissatisfied with the service they received.

We saw a suggestion box in the home for people and relatives to comment on the service they received which could be done anonymously. We looked at the record of complaints and saw these were appropriately managed. We saw records which showed when complaints were received; an acknowledgement of the receipt of the complaint and a response once an investigation had been completed. Replies were sent out within identified timescales.

Is the service well-led?

Our findings

At the time of our inspection, Tolson Grange did not have a registered manager in post. However, a home manager was providing cover along with an acting deputy manager. Interviews for a home manager were taking place at the time of our inspection. '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 saw the management team had an active presence in the home.

Staff told us they felt comfortable approaching the home manager and acting deputy manager for support and told us they listened. Staff said they worked well as a team and noted there was a positive culture in the service. We saw evidence of staff being given opportunities for personal development which meant they were prepared to step into more senior roles. Staff told us their meetings were two way discussions with the management team.

The views of the people who lived at the home were sought through meetings. A satisfaction survey for people, relatives and staff was being undertaken at the time of our inspection. We saw 'You said, we did' information on display which related to feedback from people and relatives regarding improvements they wanted to see and noted how the registered provider had responded.

The home manager and district manager completed their respective audits and checks to enable them to monitor and improve the quality of people's care. For example, care plan audits had identified where consent needed to be recorded more clearly. During our inspection we found consent was appropriately recorded which showed relevant action had been taken. Other audits, such as those for medication, mattresses and infection control were effective. The district manager told us they had carried out a spot check on a night shift in October 2017. Learning outcomes were shared with staff through daily meetings and supervision.

We saw evidence of visitors to Tolson Grange from Huddersfield University, Huddersfield Giants and a local school as part of inter-generational projects. A mobile library visited the home every two months. The registered provider's PIR stated 'Tolson grange is involved in projects to improve awareness and information on dementia to small businesses within the community. The aim is to make our community Dementia friendly'. This demonstrated both staff and the management team engaged with various groups from within the local community.

The registered provider has a legal requirement to tell the Commission about certain events and incidents affecting their service or people using it. Notifications were being submitted to the Care Quality Commission at the time of our inspection. People's records were securely stored in a locked office to which relevant care staff all had access.