

Partnership Caring Ltd

# Thorncliffe Grange

## Inspection report

2 Windmill Lane  
Denton  
Manchester  
Greater Manchester  
M34 3RN

Tel: 01613200740

Date of inspection visit:  
31 October 2018

Date of publication:  
27 November 2018

### 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 October 2018.

Thorncliffe Grange Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. We regulate both the premises and the care provided, and both were looked at during this inspection.

Thorncliffe Grange is located in Denton, Manchester. The home provides nursing care and accommodation for up to 50 older people. Bedrooms are situated on the ground floor and first floor of the home. Access between floors is via a passenger lift and staircase. The building is situated in its own grounds with gardens and off-road parking. At the time of our inspection 41 people were living at Thorncliffe Grange.

There was a registered manager in place. 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.

At our last inspection in November 2014 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Staff were aware of their responsibilities to safeguard people from abuse. Safe recruitment practices were in place and the service followed national and local safeguarding guidance.

We found records were written in a positive and respectful way and provided appropriate guidance on how to support people safely.

Staffing levels were high which meant people received prompt support. Risks to people's safety were assessed and medicines were administered safely.

Staff knew people's care needs, preferences, personal histories and backgrounds. People said staff protected their privacy and their dignity was respected. People were supported to be independent.

People said staff treated them with kindness and compassion. Comments included, "This is a good place, staff are brilliant" and "[Registered manager] is very caring and knows people really well."

We observed meaningful interactions between staff and people who used the service. People told us staff were kind and caring.

People received care from staff who were appropriately trained to effectively carry out their job roles. People were supported to have maximum choice and control of their lives. The service acted in accordance with the Mental Capacity Act (2005).

People's nutritional needs were met and they were supported to maintain good health and receive ongoing healthcare support.

Thorncliffe Grange had arrangements in place to receive feedback from people that used the service, their relatives, external stakeholders and staff members about the services provided. This information was used to support continuous improvement.

Effective quality assurance audits were in place to monitor the service. The service regularly sought feedback from the people who lived there and their relatives. Staff had regular supervisions and were invited to team meetings.

People and staff thought the registered manager and management team were approachable and supportive.

## 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.

# 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 unannounced inspection was conducted by one adult social care inspector on 31 October 2018.

Before this inspection, we reviewed notifications that we had received from and about the service. A notification is information about important events which the provider is required to tell us about by law. We reviewed the Provider Information Record (PIR) before the inspection. This is a form that asks the provider to give some key information about the service, and tells us what the service does well and the improvements they plan to make. We used this information to help plan the inspection. We also checked with the local authority commissioning and safeguarding teams. They informed us that they did not have any concerns about Thorncliffe Grange and were satisfied with the level of care provided.

During the inspection we spoke with five people who used the service, four relatives, the registered manager, a registered nurse, the cook and five care staff members. We also received feedback from four health and social care professionals that we contacted prior to the inspection.

We observed interactions between staff and the people living at the service. We reviewed care records and risk management plans for four people who lived at the service, and checked other records relating to people's support plans which included medicines administration records to ensure these were accurate and completed correctly. We looked at a range of staff files and the training records for all the staff employed at the service to ensure that staff training was up to date. We also reviewed additional information on how the quality of the service was monitored and managed.

# Is the service safe?

## Our findings

People told us they felt safe living at Thorncliffe Grange. Comments included; "We are very safe here; the staff look out for us"; "There is good security here. The front doors are locked so people can't just walk in off the street" and "I feel safe and I have trust in the staff, without a doubt."

Staff were trained in safeguarding procedures and knew what to do if they had concerns about a person's safety and welfare. The service had a robust safeguarding policy in place and had a system for passing concerns to the local authority.

Where accidents or incidents had occurred, there was an evaluation review and an action plan implemented to reduce the risk of a reoccurrence. The service also referred all accidents to the local authority for monitoring purposes.

Each person's care records included risk assessments and care plans to mitigate these risks. These included the risks of falls to people and moving and handling assessments with guidance on how staff supported people to mobilise safely. Care records showed risks regarding pressure areas to people's skin were assessed thoroughly. Specialist equipment was provided, where needed, such as air flow mattresses and pressure mats to alert staff should someone get out of bed and require support.

Risks of choking on food where people had difficulties swallowing were assessed and referrals made to the speech and language therapist (SALT) for assessment and advice. There was a care plan for managing these risks and we saw the cook followed procedures to ensure people received modified diets where this was needed. Specialist staff were available daily to support people with eating.

The service carried out environmental safety checks of the fire safety equipment, fire alarms, electrical appliances, hoists and passenger lift. First floor windows had restrictors in line with guidance for this type of care setting. Each person had a personal evacuation plan so staff knew how to support people to evacuate the premises in the event of an emergency. The staff were trained in fire safety and the alarms and emergency lighting were tested as required. There were contingency plans in place in the event of a fire or need to evacuate the premises. Hot water temperature checks were completed to reduce the risk of scalds and maintenance completed water checks to minimise risks associated with legionella.

We found that staffing levels were high. We based this judgement on our observations and what people and their relatives told us. Staff also said there was enough staff to meet people's needs. The staff rota showed at least four care staff on duty on the upper residential floor during the day, plus the registered manager. On the ground floor there was always a nurse on duty and four carers with an additional staff member who was specifically employed to assist people with eating at busy times of the day. At night time, staff consisted of one nurse on the lower floor and waking night staff on each floor. The registered manager was on call and available 24 hours to support staff.

Medicines were safely managed. Records and medicines stocks showed medicines were administered to

people as prescribed. Medicines were safely stored and the temperature of the medicines storage room and fridge monitored.

The home was clean and hygienic. There were no offensive odours. Staff wore protective aprons and gloves to control the risk of infection. People told us the home was kept clean and hygienic. Each floor of the home had full time domestic staff to help keep hygiene standards high.

# Is the service effective?

## Our findings

People and relatives said they felt supported by staff who understood their needs. A relative told us, "The staff here are second to none, [name of relative] has been in a few different places but Thorncliffe Grange is by far the best."

Some people living at the home were able to make decisions about their own care and support. Where decisions were made on behalf of people who were unable to give their consent, mental capacity assessments had been carried out in accordance with the Mental Capacity Act 2005 (MCA). The 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 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 (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Applications for DoLS were made where appropriate. Staff were trained in the MCA and had a good awareness of the legislation. People told us staff asked for their consent before providing care.

All staff we spoke with told us they were provided with training that enabled them to do their job and meet people's needs and we saw training records that showed staff engaged in a range of learning opportunities. A health and social care professional told us, "The staff are constantly wanting to engage and develop their own learning to enhance the care provided, and are welcoming of any available training."

Newly appointed staff received an induction to prepare them for their job and this involved an assessment of their competency to work effectively and safely with people.

Staff told us they felt well supported and we saw that staff had regular supervisions and were invited to team meetings.

People told us they liked the food and that there was a choice. One person told us, "The food is good quality and there is plenty of it." People's nutritional needs were assessed. People chose from menus which altered regularly. The cook had worked at Thorncliffe Grange for many years and knew people well, ensuring people with dietary needs received the correct meals. Meals were home cooked and fresh fruit and vegetables were provided. Snacks were made available day and night.

People's health needs were met by the service. A health and social care professional told us, "I find Thorncliffe proactive, and welcoming, they have excellent therapeutic relationships with their health



colleagues within the community to ensure holistic focused patient care. I feel the care given is patient centred and encompasses a holistic vision." Another health and social care professional told us, "We see a consistent staff team who know their residents well and can inform us of their progress. The staff have always been aware of our advice to residents on our caseload and carry out that advice in a caring and friendly manner. They refer appropriately and contact us with any concerns they have regarding changes to our client's situation."

The service had received an award 'pressure ulcer heroes' from the local authority tissue viability matron to recognise their excellent standard of care.

# Is the service caring?

## Our findings

People and their relatives commented on the kindness and compassion of the staff and were very positive. For example, when we asked one person if they got on well with the staff they replied, "The carers are always around to help, very lovely girls." A relative told us, "I can tell [name of relative] really likes the staff here and they know them well. I have no hesitation in recommending the home to everyone." Another relative said, "Care at Thorncliffe Grange is absolutely fantastic."

We observed staff speaking to people kindly and with respect. Staff knocked on people's bedroom doors and waited for a response before entering, which promoted people's privacy. One person said, "They respect my privacy and they always keep me covered and close the door if I am in the shower."

Staff were aware of the need to treat people equally irrespective of age or disability or race. Staff had attended training in equality, diversity and inclusion.

A relative said they were always made welcome, "I always feel welcome when I visit and can help myself to a hot drink, it's like a second home really." We saw staff welcome visitors into the home. We observed visitors came and went as they liked.

A health and social care professional told us, "Staff are approachable and friendly. Staff are very knowledgeable with regards to all residents. I feel that Thorncliffe Grange is a safe and caring environment." Another professional told us, "We work very closely with Thorncliffe staff and find them well organised, caring and they look after their residents well."

Care plans showed people were involved in decisions about their care. People said they were able to exercise choice in how they spent their time, in the meals they ate and the times they received personal care. The registered manager told us, "People have as much control over their day as possible, people can go to bed and get up when they like."

We saw that staff knew people well. People's known communication methods were used to determine what it was people wanted but we also saw that where people did not communicate verbally staff appeared to know what the person wanted or waited for a response from the person to see their reaction. We saw a care plan that explained that staff should observe body language and other cues to determine a person's mood. This helped ensure that people received the care they wanted.

All the records we asked to look at were stored securely. Staff received training in information management and confidentiality which ensured information would only be shared with people who needed to know people's personal details.

Bedrooms were individually decorated and contained people's own personal possessions such as family photographs. Some people chose to spend time in their rooms, but were invited to join any activities or events that were happening.

We saw people were well presented and dressed appropriately for the weather and looked well cared for. This showed that staff were attentive to people's needs and preferences.

# Is the service responsive?

## Our findings

Care records showed people's needs were assessed prior to being admitted to the home. Care plans reflected individual needs and how people preferred to receive support from staff. Care plans showed attention to detail regarding personal care such as oral health care and people's needs at night. Each person had a care record which had details of their preferred routines, preferences and life history. People said they were involved in decisions about their care which were included in their records.

We looked at four care records. Information about each person was detailed and written in a person-centred way focussing on their abilities and strengths. The care records contained detailed information to guide staff on the care and support to be provided. They also showed that risks to people's health and well-being had been identified, such as the risk of poor nutrition and the risk of injury. Where a risk had been noted action to reduce or eliminate any identified risk was recorded in detail. Charts were completed to record any staff intervention with a person, for example, recording food and fluid intake, an identified risk regarding behaviour, and when 'as required' medication might be used.

There was an activities programme which was currently under review, which included quizzes, crafts, bingo, film afternoons and musical entertainment. In response to feedback from people and relatives the service had recently recruited an activities coordinator to improve the range of options available. People could go out on a one-to-one basis to go shopping or to a coffee shop.

The home welcomed visitors from various spiritual backgrounds on a monthly basis to meet people's religious needs.

A complaints procedure told people how to complain, who to complain to and the timescales the service would respond to any concerns. This procedure included the contact details of the Care Quality Commission. We looked at the complaints log and saw the service had dealt with any complaints effectively and to the satisfaction of the complainant.

We looked at how the service was meeting the requirements of the Accessible Information Standard (AIS) as required by the Health and Social Care Act 2012. This requires service providers to ensure those people with disability, impairment and/or sensory loss have information provided in an accessible format and are supported with communication. People's communication needs were assessed and care plans included details about these needs. The service was able to provide information for people in an easier to read format, different languages or braille if required.

Some care records included Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms which means if a person's heart or breathing stops as expected due to their medical condition, no attempt should be made to perform cardiopulmonary resuscitation (CPR).

The service helped people and their families to explore and record their wishes about care at the end of their life. The registered manager said their aim was always for people to have a death free from fear and pain.

They explained how this was achieved, including practical steps, such as the provider buying equipment quickly to respond to people's changing needs, for example an adaptable bed with a specialist mattress. Staff were training in the six steps program so they were prepared to support people at this difficult time. People on the upper residential level of the home were supported at the end of their lives with support from the district nursing team. The service had provided a spacious room for people receiving palliative care where their relatives could visit and spend time with their loved one in peaceful surroundings. A health and social care professional told us, "The home has devised a family room which is for patients with palliative needs and family can stay with the patient as long as they require, I thought this was a wonderful idea and I have not come across anything like this in the other homes in the area."

The service had recently arranged for a classic car to be brought in for a person receiving care at the service because this was a passion of theirs. The person said, "It was wonderful to have a ride out, it was a treat that I really enjoyed."

# Is the service well-led?

## Our findings

The service is required to have 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.

Thorncliffe Grange had a manager that had registered with the CQC in January 2011.

The service had a positive and inclusive culture. People and visitors said they felt, "Always welcome." The management team encouraged feedback, led by example and were accessible to both people using the service and staff. The home was transparent and open with effective communication in place. Information about the service was accessible. People living, working and visiting the service confirmed this in their feedback.

The registered manager was held in high regard by people living at the home, relatives, staff and health and social and social care professionals. One health and social care professional told us, "I find the registered manager engaging, and I feel her leadership is empowering and therefore the staff deliver and work effectively under her competent management. I believe the care staff go above and beyond for the patients and put the patient at the heart of everything they do." Another professional said, "I feel that due to Thorncliffe Grange having consistent management the home is well-led and effective."

Staff met with the registered manager if they required support or to discuss important issues. There were handovers between shifts so information about people's care could be shared, and consistency of care practice could be maintained.

We looked at some key policies and procedures including, for example, infection control, health and safety, complaints, medicines administration, safeguarding, whistleblowing and reporting falls. We saw the policies and procedures were updated and available for staff to follow good practice.

Incidents and accidents were investigated accordingly. These systems included an analysis of events that could be used as an opportunity for learning and preventing further incidents from occurring.

The law requires that providers of care services send notifications of changes, events or incidents that occur within their services to the Care Quality Commission. We checked and found that since our last visit we had received appropriate notifications from the service.

Meetings were held for people who used the service/families. We saw that issues such as; meals, events and future plans were discussed. The registered manager explained that she regularly spoke with family members when they visited their relatives and was in touch with some families by email.

We saw spot checks and direct observations were carried out with staff to ensure that standards of care were maintained. We looked at a sample of these and determined they were carried out regularly and where

issues were noted, staff discussed these with their manager or attended additional training. Any action taken regarding staff performance issues was also recorded. One staff member said, "[Registered Manager] is very hands on and supportive. We have our competency checked regularly and can ask for extra support or training at any time."

We saw that records at the service were kept securely and could be located when needed. This meant only care and management staff had access to them ensuring people's confidentiality.

From 1 April 2015 it has been a legal requirement of all services that have been inspected by the CQC and awarded a rating to display the rating at the premises and on the service's website, if they have one. Ratings must be displayed legibly and conspicuously to enable the public and people who use the service to see them. During this inspection we saw that the rating from our last inspection was clearly displayed in the reception area.

Staff understood the scope and limits of their roles and responsibilities which they told us helped the service to run smoothly. They knew who to go to for support and when to refer to the registered manager. They told us that mistakes were acknowledged and acted on in an atmosphere of support. The management team and staff consistently reflected the culture, values and ethos of the service, which placed the people at the heart of care.