

Kumar Properties Limited

Thorncliffe Residential Care Home

Inspection report

Thorncliffe
Astley Bank
Darwen
Lancashire
BB3 2QB

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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 the 9 October 2018 and was unannounced.

Thorncliffe Residential Care Home is a residential care home for 28 older people with a range of needs. Bedrooms were located on both the ground floor and first floor; a lift was available. There were 28 people accommodated at the service on the day of our inspection.

At our last inspection 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.

At this inspection we found the service remained Good.

All the people who used the service told us they felt safe in the service. We saw safeguarding training had been completed by all the staff and those staff we spoke with knew their responsibilities in relation to this.

Risk assessments were in place to keep people safe, without restricting them. Risk assessments were reviewed regularly to ensure they remained current.

Medicines were managed safely. Staff had received training in administering medicines and their competencies were checked regularly. We found medicines were stored safely and the medicine administration records were completed without any gaps.

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

When commencing employment, all staff had to undertake an induction. Training courses were available to staff which were relevant to their roles. Staff members told us and records confirmed that staff members received supervisions and appraisals on a regular basis.

People who used the service told us staff were kind and caring. We observed interactions from staff that were kind, caring and respectful.

Staff members knew people very well, including their preferences, background and history. People's care records contained information relating to their sexuality, cultural/spiritual needs and relationships.

Records evidenced that GP's, district nurses, podiatrists and other health care professionals were contacted to meet people's health care needs.

All the staff we spoke with told us they would be happy for a family member to be cared for by the service.

We saw detailed, person centred care plans were in place. These clearly reflected people's choices and preferences. People told us they had been involved in the development and review of their care plans.

One person told us they had needed to raise an issue with management. However, they were satisfied with how management had dealt with this and that it was resolved to their satisfaction. We saw the complaints policy and procedure was available in communal areas.

All the people we spoke with knew who the registered manager was and told us they were approachable.

The registered manager sought feedback from people who used the service, relatives, external professionals and staff to improve the service.

The service's management and leadership processes achieved good outcomes for people.

The service was meeting all relevant fundamental standards.

Further information is in the detailed findings below

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 remains good.	Good ●
Is the service effective? The service remains good.	Good ●
Is the service caring? The service remains good.	Good ●
Is the service responsive? The service remains good.	Good ●
Is the service well-led? The service remains good.	Good ●

Thorncliffe Residential Care Home

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 was a comprehensive inspection which took place on 9 October 2018 and was unannounced.

This inspection was conducted by two adult social care inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service, in particular older people.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the home, what the home does well and improvements they plan to make. The provider returned the PIR within the agreed timeframe and we took the information provided into account when we made the judgements in this report.

In preparation for our inspection we gathered feedback from health and social care professionals who visited the service. We also reviewed the information we held about the service and the provider. This included safeguarding alerts, information from whistle blowers and statutory notifications sent to us by the registered provider about significant incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us.

During our inspection visit, we spoke with seven people living in the home, one relative, the administrator, one housekeeper, two members of care staff, the deputy manager and the registered manager.

We had a tour of the premises and looked at a range of documents and written records including four

people's care records, three staff recruitment files and staff training records. We also looked at information relating to the administration of medicines, a sample of policies and procedures, staff meeting minutes and records relating to the auditing and monitoring of service provision.

Is the service safe?

Our findings

All the people we spoke with who used the service told us they felt safe. One person told us, "I feel safe here with everyone. If I didn't I could speak to the 'higher-uppers' – I'd ask the manager if I saw her." One visitor we spoke with told us they felt their relative was safe.

The systems and process in place within the service protected people from abuse. All the people we spoke with told us they felt safe. Staff had received training in safeguarding and knew their responsibilities and the registered manager had made appropriate notifications to the local authority safeguarding team as and when required.

Risk assessments within the service ensured people were supported to remain safe without restricting their freedom. We saw risks to people's health and wellbeing had been assessed as well as risks within the environment. All risk assessments were reviewed on a regular basis.

Staff recruitment procedures protected people who used the service. We reviewed three staff personnel files and found any gaps in employment had been checked, references gained and checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

All the people we spoke with told us there were enough staff on duty to meet their needs. One person commented, "In relation to the number of people that live here, there are enough staff." One staff we spoke with told us, "It can be busy but there is more than enough staff on duty." Another commented, "I think staffing levels are alright. We have busy days but we all work together." We observed call bells were answered promptly and staff did not appear rushed. The service ensured there were sufficient numbers of staff to support people and meet their needs.

One person we spoke with about their medicines told us, "The 'girls' look after my medication and give it to me when I should have it. I can have pain relief if I need it." Another person told us, "My medication changes all the time and I am involved in discussions about this." We found medicines were managed safely within the service. All staff had received medicines training. The registered manager and deputy manager took the main responsibility for medicines within the service to reduce the risk of errors. We saw medicines were stored safely and in line with legislation and guidance, including controlled drugs [medicines which are controlled under the Misuse of Drugs legislation]. Medicines administration records had been completed accurately, medicines policies and procedures were in place and accessible and protocols were in place for those people who had been prescribed medicines 'as required' [PRN]. All medicines records contained a photograph of the person for identification.

People were protected by appropriate infection control procedures being in place. One person who used the service told us, "They're always cleaning. My wheelchair is cleaned every so often too. I have a bath twice a week and staff wear those disposable aprons and gloves." Staff had received infection control training and

knew their responsibilities, including the use of personal protective equipment [PPE] such as gloves and aprons. One staff member told us, "Yes I have had training. I ensure I dispose of things properly, use the right mops and the right bags [for clinical waste/soiled laundry]." We saw PPE was available throughout the home and observed staff using this.

Appropriate action had been taken to ensure the premises and equipment were safe. All gas, electrical equipment and hoists had been checked and/or serviced to ensure they remained safe. Safe systems and processes were in place in relation to fire safety. Regular maintenance checks of fire equipment were undertaken, fire drills were done regularly and people who used the service had personal emergency evacuation plans in place.

We asked the registered manager how lessons were learned when things went wrong. They told us, "We don't keep things a secret. We discuss it in team meetings and if it involved a staff member then it would be discussed in a supervision initially and then anonymised to discuss in team meetings so we could learn from it."

These systems and processes ensured that people were safe whilst receiving support from the service and its staff members.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. Records we looked at showed the registered manager had submitted an application to deprive someone of their liberty if it was deemed necessary. Staff members had received training in MCA and DoLS and people had choice and control over their lives and were not being restricted without the correct authorisation being in place.

Care records we looked at showed those people with capacity had signed to consent to their care and support. Those people who had been deemed as lacking capacity had care plans in place, developed in their best interests. The registered manager had a good understanding of MCA and DoLS.

People's needs and choices were assessed prior to moving to the service to ensure effective outcomes were achieved and people's needs could be met. We saw detailed pre-admissions assessments were completed to ensure the service could effectively meet their needs prior to moving into the service.

Staff had the skills, knowledge and experience to effectively support people and meet their needs. One relative we spoke with told us, "The staff are very good and I'm quite confident to leave [name of family member] with them; they're all very well trained." Staff told us, "You are so well supported here, we have lots of training", "We have booklets to do every month" and "I have done the dementia tour training. Everyone is encouraged to do it. I thought it was really good. It gives you empathy, it is amazing." Training records showed that staff were expected to complete training on a regular basis and to ensure they were up to date.

People were supported to eat and drink a balanced diet to ensure their nutritional needs were met. We had two negative comments from people who used the service about the food they received, however, all other people using the service told us they enjoyed the meals. Comments we received included, "The food generally is good. You get enough to eat and the staff will make you what you like, as an alternative. At 10:00pm the trolley comes round again and you get Horlicks, potato cakes, crisps, all sorts. It's great!", "The food is sometimes cold when it gets to me [in own room]; the meat can be quite warm but the vegetables cold. I have complained to the 'girls' that bring it but not to the manager", "I never leave anything – I'm content with the food" and "The food is okay – more or less all right; plenty of drinks." We saw the registered manager had taken action to address the two concerns brought to our attention. People had a choice of two

hot meals and a dessert at lunch time. We observed the food looked appetising and overheard people comment on how they enjoyed their lunch. We saw soup and sandwiches were offered every evening meal with another hot alternative such as, hot pot, fish cakes, sausage and mash and chicken kiev.

People had access to healthcare services. One person who used the service told us, "The nurse has been whenever I've needed her, and I've had a few doctors here too." One relative we spoke with told us, "[My family member] has hospital appointments, a GP when needed, podiatry every few weeks, diabetic eye tests. They are well looked-after. If there is nobody within the family to take [my family member] to an appointment, staff here will drop everything and go with them." Care records we looked at confirmed people had access to GP's, district nurses, opticians, podiatrists and dentists to meet their healthcare needs.

Is the service caring?

Our findings

People who used the service told us, "There are some lovely staff – they have a gift; that lady [specifying a carer] is one of the loveliest. She shows you respect and there are a lot of carers like that", "I find [the carers] easy to get on with" and "We have a bit of fun with [the carers]. I tell them off and they tell me off!" One relative we spoke with told us, "There are two staff in particular who are very good with [my family member]; they pay attention to residents' welfare here."

Staff told us they knew people well. One staff member told us, "I know people very well. I always read care plans." Another staff told us, "Some people are in their rooms as they are poorly so I spend time talking to them. You get to know that people like things doing in a certain way."

We noted a compliment from an external professional, which stated, "It was an absolute pleasure to see the way [name of staff] interacted with the residents and the responses she got from them. I particularly enjoyed her jokes and judging by the laughs, I would say the residents did too. I hope you are able to pass on my comments to [name of staff] as I do feel she should be made aware of the positive impact she seems to have on the residents at Thorncliffe."

We observed interactions from staff that were kind, caring, sensitive and respectful. The service ensured that people were treated with kindness, respect and compassion and that they were given emotional support when needed. Most staff had worked at the service for a considerable time, which provided continuity for people.

We looked at how the service promoted equality and diversity. Equality is about championing the human rights of individuals or groups of individuals, by embracing their specific protected characteristics and diversity relates to accepting, respecting and valuing people's individual differences. All the staff we spoke with were able to describe equality and individuality. They knew people well, including their preferences and background. The registered manager told us, "Everyone is individual, there is no preferential treatment here." Care records we looked at contained information about their gender, sexuality, cultural/spiritual needs and relationships that were important to them.

People's privacy and dignity was respected. One relative told us, "They look after people's dignity and privacy very well. For example, they won't let me go into the bathroom with [family member] – they say 'No, let them have their privacy'." We saw people could spend time alone in their rooms if they wished. Staff were seen to knock on people's doors before entering their bedrooms and doors were closed when personal care was being delivered.

We looked at how people were supported to express their views and be actively involved in making decisions about their care and support. The deputy manager told us, "There are key workers and they will sit and chat with people privately once a month." Records we looked at confirmed each person had a key worker and we saw regular reviews were held with people.

One person who used the service told us, "Staff try and get me to walk with the frame as much as I can. Sometimes they just hold my hand." Another person told us, "The door is always shut [when having a bath] and they leave you to get on with it as well as you can, then they'll do the rest for you as you want." One staff member told us, "We don't do too much for people if they can do it themselves." Throughout our inspection we saw people were encouraged and supported to be as independent as possible. Care records also identified the level of support people required and what they were able to do independently.

We found records relating to people who used the service and staff members were stored securely. This helped to maintain the confidentiality of people who used the service.

All the staff we spoke with told us they would be happy for a family member to be cared for by the service. One staff member's relative used the service and another staff spoke of one of their relatives having used the service in the past.

Is the service responsive?

Our findings

We looked at how people received personalised care that was responsive to their needs. One person who used the service told us, "When I came in, there was a basic care plan, which was short term. I've had one or two updates and now it's longer term; I've been involved in it all along." We looked at four people's care records. We found care plans that were in place were detailed, person centred and reflected people's current healthcare needs. Care plans clearly reflected people's preferences, likes and dislikes and the level of support required. We saw care plans were reviewed on a monthly basis to ensure they continued to reflect people's current needs and wishes.

We looked at what activities were available to prevent boredom. People who used the service told us, "We have exercises every week – catching a ball, skittles and so on. It was with a lady but she's left and we've got two boys now, on Saturday mornings. We've been shopping to Oswaldtwistle Mills, had lunch there etc. It's very nice but they can't do it every week", "The activities are not for me, not my thing; and I keep to myself for that reason. The carers come and have a chat sometimes" and "I prefer to stay in my own room, so I can choose what I want to watch on television. I'm not interested in the activities really." One relative we spoke with told us, "Someone comes to do activities, I think – a fitness therapist. And different activities go on every afternoon. People visit or phone, and they can use the pay phone here if they want to."

One the day of our inspection we noted some people accessed the local community for lunch and dancing and in the afternoon, in one of the lounges staff were playing cards and dominoes with people. We saw notices on the wall informing people what activities were planned for the day; activities were different each day, in each of the lounges.

We looked at how people were supported to discuss their wishes at the end of their life. One relative told us, "The staff discussed end of life wishes with us at the beginning. I wasn't very happy about it but I understand why they need to go through it with you." Care records contained detailed information about people's wishes in the event of their death. This included information such as if the person wanted a burial, where they wanted their possessions to go, any family members they wished to be involved and if they had made a will. This would ensure their needs and wishes were met at the end of their life.

We checked if the provider was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. Information could be provided in many formats, such as larger print, audio books, easy read and braille. The registered manager told us they could access all this as and when required for people.

Technology was used to support people to receive care and support. The registered manager told us, "I believe technology, it is a great thing - we don't look at it as a way to reduce staffing levels but to free up staff time to spend with the residents." The service used a call bell system, which enabled people to alert staff that they were needed. Sensor mats had been placed in bedrooms, where people were assessed as having a

high risk of falls. The home also had Wi-Fi available throughout the building and access to a 'tablet' which would enable people to use the internet to keep in contact with their family or friends. Staff had access to eLearning, where they could undertake online training. We also saw one person had an electronic writing pad which they used to communicate with staff.

One person who used the service told us they had needed to raise a concern but they were fully satisfied with how this had been managed and resolved. Another person told us, "I'd get in touch with or go and see the manager if I had any complaints, but I've never had to. I'm not aware of any complaints policy." The service had a complaints procedure in place which we observed was available in communal areas of the service.

Is the service well-led?

Our findings

There was a registered manager in place within the service. 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.

During our inspection our checks confirmed that the provider was meeting the requirement to display their most recent CQC rating within the service. We found that the registered manager had notified CQC of any accidents, serious incidents and safeguarding allegations as they are required to do. This meant we were able to see if appropriate action had been taken to ensure people were kept safe.

The majority of people could name or describe the registered manager and everyone felt they, and other management staff, were approachable and responsive. One relative we spoke with told us, "The manager is [name of registered manager] and the deputy is [name of deputy manager]. You can see them at any time and they are both very approachable."

The registered manager was very knowledgeable about people who used the service. We observed throughout our inspection that the registered manager was very visible in the service and spent time supporting staff and chatting with people who used the service.

People who used the service, staff and others were consulted on their experiences and shaping future developments. Residents, relatives and staff meetings were all held on a regular basis and allowed people to discuss topics of their choice and to give feedback to the service. We also saw surveys were sent out to residents, relatives and staff. We looked at the results of these surveys and found they were all positive about the service.

There were monitoring systems that ensured that responsibilities were clear and that quality performance, risks and regulatory requirements were understood and managed. The registered manager undertook a number of audits within the service. Action plans were developed as part of audits to ensure improvements were made.

Policies and procedures were in place, which had been reviewed to ensure they remained up to date with best practice guidance and legislation. These were accessible to staff to support them in their roles.

We asked the registered manager what had been the key achievements of the service since our last inspection. They told us, "Happy residents and happy staff – I think that is the best thing you can ask for. We have a good reputation and I know we are well thought of in the community. We respond to people's wishes."

The registered manager promoted transparency and an open culture for staff through the use of an 'open door' policy. The registered manager told us staff frequently used the 'open door' policy and commented, "I

ask staff if there is anything I can do to make things better for them in their role."

The service's management and leadership processes achieved good outcomes for people.