Crown Care Homes Ltd

Thorncliffe Residential Care Home

Inspection report

Thorncliffe
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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

About the service
Thorncliffe Residential Care Home is a residential care home providing personal care to up to 28 people in a three-storey building. The service provides support to people over 65 years. At the time of our inspection there were 26 people using the service.

People's experience of using this service and what we found
Peoples felt safe in the service. Staff were recruited safely and there were enough staff to meet the needs of people living in the service. Staff were aware of how to recognise and report concerns. Measures were in place to monitor and manage risk. Medicines were managed safely. Infection prevention and control measures were in place and being followed.

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

People felt able to make decisions around their daily routines. People were having their diet and nutritional needs met. The provider worked in partnership with other agencies to maintain people's health and wellbeing. Staff received regular training and supervision.

Peoples were being treated with dignity and respect. People were supported to have visitors to the service and maintained relationships.

People were supported to have person centred care. Activities were being offered at the service and processes and systems were in place to respond to complaints.

Governance polices, systems and processes were in place and were being used to maintain oversight of the service. The registered manager promoted a learning culture. Staff were positive about the service and felt management were approachable and supportive. People and staff were involved in decisions about the service and their views were being sought and acted upon.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update
The last rating under the previous provider was good (published December 2018).

We carried out a focused inspection of this service under the new provider (published Dec 2021). At that inspection, we looked at the safe and well led key questions only. The service was rated good in both key questions.

Why we inspected
The service was registered under the new provider in August 2020. This is the first comprehensive inspection under the provider.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Thorncliffe Residential Care Home on our website at www.cqc.org.uk.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Thorncliffe Residential Care Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by two 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.

Service and service type
Thorncliffe Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Thorncliffe Residential Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This 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. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced on the first day.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. This included feedback, concerns, investigations, and statutory notifications which the provider is required to send to us by law. We also sought feedback from professionals including the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with four people who used the service and three relatives. We spoke with six staff members. These included one kitchen staff, two care staff, a senior care staff, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at three people's care records, associated documents, medicines records and medicines related documentation. We also looked at three staff files, training and supervision records, as well as records relating to the operation and management of the service. We undertook a tour of the building, observed medicines administration and their storage, and completed observations in the communal areas.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection (December 2021) we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from the risk of abuse. People and relatives told us they felt safe in the service. They said, "oh yes, there is always someone there." Relatives said "[Person] is definitely safe, there are staff to look after [them]" and "It's peace of mind for us, we know [they are] safe."
- Staff understood the actions to take if abuse was suspected. Systems were in place to investigate and act on safeguarding concerns. Records viewed included the actions taken.
- Accidents and incidents were being recorded. The information included details of the incident as well any action taken. The registered manager was looking at the information to identify trends and themes to prevent reoccurrence and learn any lessons.

Assessing risk, safety monitoring and management

- The provider had systems to monitor and manage risks. Environmental checks were being completed and identified actions were addressed.
- Individual risk assessments were contained on electronic care files. These included specific risks to people such as moving and handling and falls risks.

Staffing and recruitment

- Staff were recruited safely. There were enough staff to meet people's needs.
- The provider had a dependency tool to help determine the number of staff needed based upon the care needs of people living in the service. Staff rotas showed staffing levels matched this tool.
- People and families told us there was enough staff. People said "Yes, I think so, if I need anything there is someone there" and "If I press my buzzer, it doesn't take long for them to come, about five minutes."
- Most staff spoken with felt there was enough staff on duty. They told us, "I feel like that there is enough staff…we have our own regular staff which is good." One staff member felt more staff were needed in the afternoon. The registered manager confirmed they were in the process of reviewing staffing levels.
- Recruitment checks were in place before employment. This included full employment history, reference checks and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicine were received, stored and managed safely.
- The electronic management system had built in features to alert the registered manager to errors, delays and changes in the system.

● Some people had 'as required' medication. Protocols to guide staff on when to administer were in place.

Preventing and controlling infection

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was supporting people living at the service to minimise the spread of infection.

● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was using PPE effectively and safely.

● We were assured that the provider was responding effectively to risks and signs of infection.

● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

● We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

●There were no restrictions around visiting. The provider has been asking families to book in visits and provided assurance that all visits were being accommodated. A visiting pod was still available for a small number of families who preferred this option.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection under the previous provider in December 2018, we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this. This key question was not reviewed at our last focused inspection in December 2021.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Peoples needs and choices were being assessed and considered. The registered manager explained that she gathered information from a variety of stakeholders to ensure people's needs could be met on admission.
- People had care plans and risk assessments in line with current guidance and legislation. These were reviewed regularly. A 'resident of the day' system was in place and prompted staff to complete a monthly detailed review of the person's care.
- People told us they had choices around their routines. They said, "I can decide what I wear, what times I get up or go to bed and I can choose what I eat" and "We can make our own choices; I like to get up early and I like to go to bed at 6 pm as I like to watch TV."

Staff support: induction, training, skills and experience

- Staff received regular training and supervision. The majority of staff had completed the provider's mandatory training. The registered manager and nominated individual had systems to ensure that training was renewed and ongoing.
- Competency assessments were carried out around moving and handling and the management of medicines.
- People and relatives felt staff were trained and were skilled. People said, "Yes, they seem to be well trained, they know how to look after me."
- Staff received regular supervision which included testing their knowledge and understanding on key areas for the service.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have their nutritional and dietary needs met. Systems were in place to monitor and manage people's nutritional needs and fluid intake.
- People told us they received enough food and drinks. However, they felt t more variation would be beneficial in the menu. They said, "It isn't bad, but I would like more vegetables" and "It's ok but I would like more variety". People were involved in decisions around the menu and the minutes of a recent residents' meeting evidenced involvement of people around improving their meal choices.
- Nutritional risk assessments were being completed and people's weights were being regularly monitored. Evidence was seen that the provider was making referrals to appropriate agencies to support people around their dietary needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

● Appropriate referrals to other agencies were being made to maintain people's health needs. We viewed care files which showed health professionals were being contacted following incidents, such as falls, and changes in people's needs.

● People and relatives told us they received timely support from outside professionals. Relatives said, "Doctor has been, a chiropodist comes in every six weeks or so, the physio has been in twice" and "[Person] has had District Nurses to do any dressings."

Adapting service, design, decoration to meet people's needs

● The property had been adapted so people could access parts of the building safely.

● Pictures of activities, celebrities, places or things of significance were viewed alongside names on people's bedroom doors. The registered manager explained how they wanted to reflect something important and personal to help people identify their bedrooms.

● People and relatives were mostly happy with the property and decor. They did describe their rooms and communal area as plain although they were aware of an ongoing redecoration programme.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● The provider was working within the principles of MCA. Capacity assessments and best interests' decisions were being recorded on electronic care files and contained decision specific information.

● DoLS applications and renewal dates were being recorded by the registered manager and evidence of recent submissions for renewals were observed. The DoLS applications once authorised were stored electronically on care files.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection under the previous provider in December 2018 we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this. This key question was not reviewed at our last focused inspection in December 2021.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People were treated with dignity and respect. Most people and relatives felt care staff treated them well. People told us, "They look after us very well, they spoil us sometimes." Relatives said, "Yes, [the person] calls them [their] friends that look after [them]." One person told us that the quality of care could vary between staff. We made the registered manager aware of the feedback. This would support ongoing monitoring of care provided.
- During our inspection, care staff were observed interacting with people and offered reassurance when people were anxious and upset. Care staff were seen spending time interacting with people in the lounges.
- Care plans reflected people's decisions and choices around care delivery. For example, one care plan viewed recorded how the person liked staff to address them. Another file detailed how the person preferred staff to sing when completing moving and handling tasks to help reassure them.
- Peoples individuality was respected. End of life care plans reflected peoples cultural and spiritual needs. The Provider was offering training in Equality and diversity. Most staff had completing training in this area.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence. They said, "I choose my clothes and I do as much as I can for myself." Relatives also felt people were supported. They told us "[Person] does try to do things for themself, but they are there to help if [person] needs it."
- Staff recognised the importance of maintaining people's dignity and respect. They told us, "Treat people how you want to be treated, the residents are my main priority. I take pride in my work" and "Dignity and respect means making sure there is no one around when doing personal care; show respect as you would with a family member."

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection under the previous provider in December 2018 we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this. This key question was not reviewed at our last focused inspection in December 2021.

Improving care quality in response to complaints or concerns

- Systems were in place to manage and respond to complaints. The nominated individual reviewed any complaints alongside the registered manager in weekly meetings, to look at learning for the service.
- People and relatives told us they knew how to complain. People said, "I could talk to any of the girls, they would help if they could."
- Several relatives told us they had complained regarding laundry going missing. They said, "Sometimes [person] will have stains on their clothes. Their clothes are an issue and always have been. Sometimes they don't have their own things and their things go missing, that is a big issue" and "I do most of [person's] washing as most of their clothes go missing." The registered manager provided assurances following the inspection around action they planned to take to improve laundry identification and management.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People received personalised care. Care plans and risk assessments were electronic. We observed information was person centred and contained detailed information on how people wanted their care delivered. People's likes and dislikes were clear, and the system recorded regular reviews of the information.
- People provided mixed feedback on being involved in their care plans. One person said, "I have never looked at one" and another told us, "When I came in, they did a plan, and they review it every 12 months." As part of the inspection, we viewed copies of staff meeting minutes which showed the registered manager reminded staff regularly to communicate reviews and care plans to people and their relatives.
- End of life wishes, and preference were being considered and recorded sensitively.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager confirmed information could be made available in accessible formats if people needed it. For example, an audio version of the service user guide was available for people who had sight difficulties.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow

interests and to take part in activities that are socially and culturally relevant to them.

● Activities were being offered. During our inspection, we observed activities taking place and a hairdresser was attending the service in line with daily activities schedule. We saw evidence of community trips being planned.

● People told us a variety of activities were available. They said, "We play bingo and play board games, connect 4, snakes and ladders. They do our nails and facials. We go on trips out like shopping and to Blackpool, the staff have a whiteboard upstairs where they write on the activities. We do keep fit, and chair exercises" and "We play bingo, some games and we do some exercises."

● People and relatives told us they could maintain their relationships. People said, "Yes they can come anytime" and "Oh yes, I haven't any family, but friends sometimes come."

Good

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff told us the service was well managed, "I think it is well managed. It's the best place I have worked at for a long time. I like it here. I can go straight to my manager or deputy and discuss things" and "She [manager] is really nice. She would listen if I had something to raise." The [nominated individual] is nice, always cheerful and approachable. They have a presence in the service."
- Views of staff, relatives and external stake holders were being sought through surveys. The outcome of the surveys was mostly positive, and the provider had communicated ways to continue to improve the service. For example, positive feedback was provided around the use of the electronic care plans with families and as an action from the survey, staff were reminded to continue to take photographs to maintain this communication.
- Communication systems were in place. We viewed minutes of regular meetings with staff and people living in the service. Regular communication was maintained with relatives through the electronic care system.
- Appropriate referrals were being made to outside agencies as part of people's care needs.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Governance systems were in place and supported the registered manager to maintain an overview of the service. The registered manager had tools in place to analyse information to look for trends and themes. For example, call bells usage was audited, and it was noted delays occurred at a particular time. Findings were recorded and actions to address the findings were noted.
- Policies and procedures were in place and updated regularly to reflect current legislation.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered manager and nominated individual understood their responsibilities around duty of candour.
- Continuous learning and development were seen within audit and governance documents. We observed a governance meeting and learning for the service was considered a regular agenda item during staff meetings.
- During inspection, we observed a denture cleaning agent accessible in a person's unlocked en-suite

bathroom. This could pose a risk to other people living in the service. The registered manager provided evidence that this risk had previously been assessed and advised this was an oversight. Following the inspection, the registered manager confirmed this had been discussed with staff to prevent further occurrence. We were assured the provider had a culture of openness and learning when something went wrong and responded appropriately.