The John Thornhill Memorial Trust

Thornhill House Church Lane

Inspection report

Thornhill House
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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

We inspected Thornhill House Church Lane on 8 December 2016 and it was unannounced. It provides accommodation and nursing care for up to 19 people, some of whom are living with dementia. There were 19 people living at the service when we visited.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Thornhill House Church Lane was last inspected on 9 September 2014 and they were meeting all of the standards that we reviewed at that time.

There was a strong commitment to developing caring, respectful relationships with people and they were supported by staff who demonstrated compassion and empathy. People and their relatives told us that staff were extremely kind, caring, and thoughtful and people were afforded privacy and treated with dignity and respect. They received a personalised service which encouraged meaningful, imaginative activities and opportunities for people to pursue and develop hobbies. Links with the community were pursued to ensure that people were not socially isolated and they were able to continue important relationships.

People were involved in planning their care and were consulted about any changes that were considered. People received care which was based on best practise and continually reviewed. Care was planned around people's individual preferences and this included their spiritual and cultural wishes. People's diverse needs were considered and their human rights were respected. They had also developed a recognised approach to support people at the end of their lives to ensure that it was dignified and comfortable.

People's relatives could visit at any time and reported that they were always welcomed. Complaints were encouraged and any concerns were thoroughly investigated and lessons were learnt from them.

People were protected by staff who understood their responsibilities to detect and report abuse. Risk to people's wellbeing were assessed and actions put in place to reduce them. People received their medicines as prescribed and safe systems ensure that they were protected from harm.

People told us that there were always enough staff to meet their needs promptly and that they felt safe. Staff received training and support to enable them to fulfil their role effectively and were encouraged to develop their skills. .

Staff supported people to make choices and sought consent to their care. When people were unable to make their own decisions they were made in their best interest, with people who mattered to them. Restrictions on people's liberty were considered and applications made to ensure that they were legally

approved.

The manager and staff team worked closely with external healthcare professionals to ensure people's health and wellbeing was promoted and maintained. Mealtimes were planned to ensure that people had good quality food and a choice, as well as regular access throughout the day.

The home was managed by an experienced and motivated registered manager who developed their staff team to ensure that they were up to date with new and best practice. There was a strong commitment to deliver a high standard of personalised care and continued improvement was based on the views of people who used the service. There were systems in place to drive quality improvement which included regular audits and responsibilities were shared within the staff team.

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
People were protected by staff who knew how to keep them safe from harm and how to report any concerns. They were supported to take their medicines safely and when they needed them and there were systems in place to store them securely. There were sufficient staff to ensure that people were supported safely. Risks to people health and wellbeing were assessed and plans to manage them were followed. Safe recruitment procedures had been followed when employing new staff.

Is the service effective?

Good

The service was effective
Staff received training and support to enable them to work with people effectively. They understood how to support people to make decisions about their care and if they did not have capacity to do this, then assessments were completed to ensure decisions were made in the person's best interest. People were supported to maintain a balanced diet and to access healthcare when required.

Is the service caring?

Outstanding ☆

The service was exceptionally caring
Staff had developed caring, respectful relationships with the people they supported. People said that the staff were compassionate and listened to their choices. Their dignity was promoted and they felt valued. Relatives and friends were welcomed to visit freely and people's independence was promoted. People received dignified and compassionate care at the end of their life care which was planned in advance with them.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive
People received a personalised service which was responsive to their individual needs and there was an emphasis on each person's identity and what was important to them. There was a commitment to ensuring strong links with the community and an emphasis on enhancing people's lives through the provision of

meaningful, imaginative activities and opportunities.
People felt they could raise concerns and any were taken seriously, investigated and followed up to develop the service.

Is the service well-led?

Good

The service was well led
People knew the manager well and reported that they were approachable and kind. There were systems in place to drive quality improvement and the responsibilities were shared within the staff team. The staff team felt very well supported and were confident that any concerns would be responded to.

Thornhill House Church Lane

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 inspection visit took place on the 8 December 2016 and was unannounced. It was carried out by one inspector and an expert by experience. The expert by experience had personal experience of using or caring for someone who used a health and social care service

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public.

The provider had completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help us to come to our judgement.

We used a range of different methods to help us understand people's experiences. We spoke with seven people who lived at the home about their care and support and to the relatives of five people to gain their views. One relative wrote to us after the inspection visit to share their views. Some people were less able to express their views and so we observed the care that they received in communal areas. We spoke with five care staff, one nurse, the chef, the maintenance person and the registered manager. We spoke with one health professional by telephone after the inspection visit to gain their feedback. We looked at care records for four people to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

Good

Is the service safe?

Our findings

People were kept safe by staff who understood how to recognise and report suspected abuse. People we spoke with told us that they felt safe. One person said, "I didn't feel safe at home anymore but I feel really secure here." One relative who wrote to us said, 'My relative has volunteered more than once that they "feel safe here" and that the staff are good to them.' Staff knew what signs of abuse could be and told us how they would report any concerns. One member of staff said, "I would report anything I was worried about straight away. I know that the nurses and managers would look into it immediately; I am completely confident of that."

Where safeguarding concerns had been raised the manager had liaised with the local authority to ensure that people were safe. They told us, "They saw the plan we had in place and were happy that it didn't need further investigation." There were no further safeguarding referrals. This showed us that action was taken to protect people from harm and to keep them safe.

People were supported to manage risks to their health and wellbeing to keep them safe. One person told us, "I am prone to falls and so the staff have completed a risk assessment with me and we have agreed that I will use a mobility aid to walk around the house and I need to be accompanied when I go outside. I understand completely; it is about my safety." We saw that when the person started to walk they were reminded gently by staff to use their aid, which they did willingly. We saw that another person sat on a pressure relieving cushion to protect their skin from harm. When people required support to move this was provided in line with their care plan. For example, we saw that people were supported by one member of staff when using a mobility aid. Another person was in a supportive chair and staff told us that they were tipped back slightly in it because they were at risk of falling out. The records that we reviewed confirmed that these risks had been assessed and that staff were following the plans put in place to reduce the risk.

People had access to emergency alarms and some people wore them in the house so that they could request staff attention when needed. One person told us, "I did have a small fall and I pressed the alarm. Two staff came very quickly and I was thoroughly checked over. Everything is done properly and they are very safety conscious."

Accidents and incidents were monitored and reviewed and action was taken to avoid repetition. We saw that one person had bruises on their feet from the mobile hoist that they used. The manager told us, "We reminded carers of the correct way to support the person and completed some observations of staff supporting them to make sure they were doing it correctly. We also recognised that the mobile hoist was no longer meeting the person's needs and so we have arranged for a ceiling tracked hoist to be installed". We saw that there was a colour coded notice displayed on the wall to remind staff which was the correct sling to use for the person at different times and that there was a plan to do the installation within the next few weeks. One member of staff we spoke with said, "This guide is really helpful to check that we have the right slings in place." This demonstrated that the provider took action to protect people from harm.

We saw equipment was maintained and tested. The moving and handling equipment was checked and we

saw that portable electrical appliance testing had been completed. In the PIR the provider told us, 'We have a designated health and a trained safety representative who is also our maintenance man, the two roles go hand in hand to that the building is well maintained and equipment is safe.' We saw that the maintenance team were completing safety checks within the home. One person we spoke with said, "They are always checking that things are working ok." This demonstrated the environment and equipment were maintained so that they were safe.

People received their medicines when needed. One person said, "The staff help me to make sure I take the right medicines." One relative told us, "I think that my relative's condition has improved since they came here. They get their medicines regularly." We observed that people were given their medicines individually and that time was taken to support them when needed. Some people had medicines prescribed to assist them to feel calmer during periods of anxiety or distress. These were continually reviewed to ensure that they were meeting people's needs. One member of staff told us, "After a period of distress one person's medicines were increased. However, we noticed that they were making them drowsy and so it was altered to be administered every other day." One healthcare professional we spoke with said, "The home is pro-active about reducing the amount of prescribed drugs people take and we work together as a team to achieve that." When people had medicines prescribed to take when needed (PRN) staff understood the circumstances which meant they were required. One member of staff described how they supported people to make this judgement. They said, "It may be that we have recorded that they are taking regular pain relief and so they need to take something stronger. For other people who can't tell us it is about monitoring for signs of discomfort and distress such as facial gestures or moaning." Records that we reviewed showed that there were there were protocols in place to guide staff when PRN medicine should be given.

Two people were receiving their medicine covertly; this means without their knowledge. Medicines can be given covertly if the person does not understand that they are essential to maintain their health and wellbeing. We saw that their capacity to make this decision had been assessed and that the decision to administer their medicines in this way was made in their best interest with guidance from relevant healthcare professionals.

There were arrangements in place to store medicines safely. We saw that the majority of people's medicines were stored in locked cupboards in their rooms. There was also a storage room for any medicines that required refrigeration. One person we spoke with said, "I have been really impressed by the system because I always know exactly where my medicines are and what I will be getting." One member of staff we spoke with said, "When the manager came, they introduced this system and we have found it to be much easier to manage. People like it as well as it means they have ownership." We saw that records were kept and that medicines were managed safely to reduce the risks associated with them.

People felt there were enough staff and they did not have to wait to have their needs met. One person said, "There are enough staff and they always come quickly to support you when required." We saw that staff were always available in the communal areas to meet people's needs and that they had time to speak with people. One member of staff we spoke with said, "There are plenty of staff and we all support each other as a team to make sure that people are supported." The manager said, "We also have a twilight shift which is flexible to meet people's needs. During winter it is earlier because people choose to go to bed when it is dark but we change it and it is often later in the summer when people to do more in the evenings." This showed us that the provider ensured that there were sufficient staff to meet people's needs.

Safe recruitment procedures were followed to ensure that staff could work with people who used the service. One member of staff told us, "They took two references and I filled in an application form and had an interview. They also did my DBS check before I started". The DBS is the national agency that keeps

records of criminal convictions. Records that we reviewed confirmed that these checks had been made.

Good

Is the service effective?

Our findings

People were supported by staff who had the skills and understanding to fulfil their roles effectively. One person said, "Staff are very good at their jobs and I have a lot of confidence in them." One relative who wrote to us said, 'All of the staff, nurses and carers, understand my relative's physical and medical needs.'

Staff had the training and support that they needed to enable them to do their job. One member of staff described their induction. They said, "When I first started, I was partnered with an experienced member of staff who showed me how to support people. The moving and handling lead taught me everything about moving people safely. I am now completing booklets which help me to understand why we do it the way we do."

Staff also received ongoing training and support to ensure that they continued to develop their skills. One member of staff said, "I am now working towards my national diploma. It is really interesting and helps me in my job. We recently did person centred care and I really liked it because it emphasised looking at things from the person's perspective because it is their home." One member of staff was employed to organise activities for people. They told us that they received all of the same training as the other staff so that they were up to date and also that they could give assistance in emergency situations.

Some staff had lead roles which was based on their skills, expertise or qualifications. Other staff told us how useful it was to have this level of expertise within the home and that they could go to them for advice. One member of staff said, "We have our own moving and handling lead and they show us how to use any new equipment and check that we are doing it right. I would always speak to them if I was unsure." When we spoke with the manager they told us how they ensured that these people maintained their skills and understanding so that they could mentor others. They said, "The staff in the lead roles attend seminars and conferences whenever they can to ensure that they are up to date with recent guidance and legislation. For example, the infection control lead attends health authority support meetings and the health and safety lead recently attended a provider's forum with me which focussed on this subject." This showed us that the provider ensured that staff were given the training and support they needed to do their jobs effectively and that this was adapted to suit different roles.

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 application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We looked to see whether the provider was working within the principles of MCA. Staff we spoke with understood about people's capacity to make decisions for themselves and could describe how they supported them to do so. One member of staff told us, "Some people are unable to make decisions for

themselves and so decisions are made for them that are the best for them because of how they are presenting; for example, to take some medicines." We saw that, when needed, people had mental capacity assessments in place. When they did not have capacity to make decisions then these were made in their best interest with guidance from healthcare professionals and in consultation with people who were important to them. For example, best interest decisions were completed around medical interventions and also for increases or decreases in medicines which could have a sedative effect on people and therefore restrict them. When people did have restrictions placed upon them which could not be avoided, applications had been made for DoLS authorisations.

People had good meals and were always offered a choice. One person said, "The food is always hot and homemade." Another person showed us the weekly menu which was given to everyone and told us that people could choose what they wanted. They said, "The food's very nice and you get a good variety. There are a couple of choices each day and if there was nothing I liked then an alternative would be provided." People told us that they attended meetings with the chef where they planned the menus. One member of staff we spoke with said, "We put a plan together and then we review it all the time. People will tell me what they enjoyed." Some people required specialist diets and the chef and staff we spoke with were knowledgeable about them. When people required support to eat this was given in a respectful manner. This meant that the provider ensured that people had enough to eat and drink and maintained a balanced diet.

People had their healthcare needs met. One person told us, "I will see the doctor for a routine matter during their weekly visits. If it was more urgent them they would arrange something sooner." Another person said, "I have recently had my eyes examined here and was delighted with the support." A healthcare professional we spoke with said, "The staff arrange a list of people for me to see on a weekly basis. If they ask me to see someone in an emergency it is always entirely appropriate. They manage a wide range of conditions here and they do it all well." Records that we reviewed showed that people's healthcare was monitored and reviewed. This meant that people were supported to maintain good health and to access healthcare services.

Outstanding ☆

Is the service caring?

Our findings

Without exception people who used the service, relatives and a health professional told us that staff were caring and compassionate. One person we spoke with told us, "We're very lucky because the staff are so incredibly kind." Another person said, "Everyone here is so caring and so welcoming; it is lovely." One relative we spoke with said, "We are very lucky to have our relative here because the staff are so kind." One relative wrote to us after the inspection visit because they said that everyone at Thornhill House deserved a 'bouquet'. They said, 'The staff deal with my relative kindly and patiently and always preserve their dignity.' This showed that people received care that was planned around them as individuals and made them feel as though they mattered.

We saw that people were greeted warmly and they were asked how they were and if there was anything they wanted. One person who was living with dementia had limited verbal abilities and so staff stayed by their side and spoke gently to them while stroking their face. On two occasions they said a word or two and staff responded straight away and reassured them that they were nearby and listening. Some people required assistance to eat and throughout the support staff maintained eye contact, encouraged them and stroked their hand. They said comments like, "You are doing marvellous, well done."

We saw there was a warm and friendly atmosphere in the home with lots of laughter. One relative told us, "It's something you really notice here that everyone is always laughing." One person we spoke with said, "It is great because you can always have a joke with the staff." The manager told us, "First and foremost this is people's home and we make every effort to keep the atmosphere relaxed and informal so that they are happy here."

One person who lived at the home wanted to spend time with another person who was unwell. Staff spent time planning their visit with them. They asked them what time they wanted to visit and for how long and had a discussion with the person about a previous visit which had left both people feeling tired. Together they agreed a time and what support the person would need and we saw the member of staff ensured that the rest of the staff team were informed, particularly those who were assigned to support the individual on that day. We saw that they were assisted to the other person's room and that staff then went back several times with cushions and drinks to ensure that the visit was successful. They also put their head around the door every time they passed to offer reassurance and check that the person was coping. This demonstrated an empathetic and compassionate approach to supporting people during difficult times.

People told us that every member of staff who worked at the home was caring and compassionate and would always help you out. One person said, "All of the staff are great and that includes the maintenance person. If I let them know that I need something, they sort it out straight away and they always stop for a chat and a laugh." We saw that some people came to the home for the day for some respite support and they were met at the door by the manager. The manager told us, "It can be disorienting for them if they haven't been here for some time and I also don't want to take my staff away from supporting other people so I always make sure that I welcome them." One of the people we spoke with said, "The manager is just the kindest person." We observed that all of the staff knew people well and when they spoke with them, they

ensured that their body language and tone of voice was appropriate to the person. For example, when a member of staff spoke to each individual about their meal choices they knelt on the floor beside one person and spent several minutes working through the options. When they asked other people they sat beside them and chatted freely in an upbeat manner. There were volunteers and students also supporting the people who lived at the home and they spent time talking with them or for some people who were no longer able to verbally communicate they provided company and comfort by sitting close by and talking.

People were involved in all aspects of planning their care and support and their choices were respected and acted upon. Staff we spoke with told us that people had care plans which told them how people preferred their support to be given and what made them happy. One member of staff said, "We complete plans with people when they move here and spend a lot of time getting to know them and their families to check that we are getting it right for each person. Some people can share their choices easily and for others it is a case of talking closely to people who know them well and trying different approaches until we can see that they are happy through verbal or nonverbal communication." One person who had recently moved into the service told us, "It was hard to move but I am settling in now. The staff ask me about everything and how I like things." We saw that care plans described in detail how people had chosen to be supported and what their likes and dislikes were; for example, in their daily routines. There was also a one page profile which was based on national best practise in planning for individuals. This showed what was important to the person at a glance and staff told us that they were helpful. One member of staff we spoke with said, "We know that people have explained the support they want in their care plans. We check with them every day though because people change their minds or feel differently on some days."
We saw that these plans were put in place and people made choices about their care and support. For example, some people chose to spend time in their room and others preferred company in communal areas. One person chose to listen to music in their room and so staff ensured that they went in to them regularly to check on their wellbeing. We heard them asking them whether they had managed to speak with someone they were trying to get hold of earlier and whether they wanted assistance with cutting their meal. This showed us that people's preferences were respected and that staff continued to monitor and support them in the manner that they preferred. We saw that one person had chosen to take their wardrobe out of their room and they had their clothes hanging in the en-suite shower that they did not use. The manager told us, "I know it seems unusual but it was their idea. They wanted some personal furniture in their room and to ensure that their visitor who uses a wheelchair had enough space to spend time comfortably in their room with them."

We observed that all staff spent time with people ensuring that they understood what they were asking and patiently explained why. For example, one person asked why they had to take some medicines and the member of staff spent five minutes explaining who had prescribed it and what it was for until the person was no longer afraid and accepted the medicine. Another person who was living with dementia was asked for their clothes protector because it was dirty after a meal. We saw that they didn't want to hand it back and said, "It's mine." The member of staff said that was okay and they would come back later to see them. After about ten minutes we saw that the member of staff returned and again asked if they could take it because it was dirty and that this time the person was happy to hand it over. One member of staff we spoke with said, "When there are two of us supporting someone we usually arrange for one of us to take the lead explaining what we are doing and why; otherwise two people speaking at once can confuse the person we are supporting." This showed us that the staff knew people well and were confident to put the person and their wishes as their first priority.

In the PIR the provider described how they supported people who had difficulties communicating. They said, 'Any communication difficulties are observed and supported. For example, we have used picture cards and talking books.' At the time of our inspection visit people were not using these support systems. The

manager told us, "We have developed close working relationships with the speech and language therapy team through the work one of our nurses has done with them around people's swallowing and nutrition. It has also been really useful to help us think about communication generally particularly as people deteriorate and for end of life care."

In the PIR the provider told us about the measures that they had in place to ensure that people were supported to maintain their mobility for as long as possible. They told us that they had two staff who were trained to be moving and handling assessors and to offer guidance and support to other staff. They also employed a physiotherapist on a part time basis to provide specialist support. The manager said, "We recognise that independence is important for people's physical and mental health." We saw this in place when one person was assessed as being at risk of falls and used a mobility aid to assist them to move independently. They also had periods when they required support with their mental health and there was a plan in place to ensure that they should move freely around the home as this was recognised to assist them to manage this. We observed that staff supported the person to do this by removing hazards, gently re-directing them when they couldn't and encouraging them to take a rest when they seemed fatigued. The staff we spoke with were aware of the plans and understood why independence was of such importance to this person. We saw that this approach meant that the person's mental health was supported without needing to take prescribed medicines to calm their anxiety.

Staff offered people support when required but encouraged them to be as independent as possible. We saw that some people wore emergency alarms which meant that they could request assistance wherever they were in the home. One person showed us their alarm and said, "I can go where I want with this!" They explained that the security of the alarm gave them confidence to move freely in the house and garden. The manager told us, "People are encouraged to maintain independence for all aspects of their lives for as long as they can, including personal care. We also try to help people to re-gain some independence. One person who came to live here had been a keen walker. We helped them to buy some walking trainers and they slowly built up their confidence again until they were going out walking twice a day. It kept them fit and they formed friendships in the village."

Relatives and friends were able to visit the home without restriction. One relative we spoke with said, "My son doesn't finish work until late in the summer but nobody ever minds that he comes to visit our relative late in the evening. We are always welcomed whenever we come." Another relative wrote to us to say, 'The staff are always friendly and helpful towards me and other family members. It may seem a little thing but my when brother travelled to visit he was given lunch; in short, he was looked after as well.' All of the relatives we spoke with praised the friendly, warm and homely atmosphere. One relative told us, "We are always offered a drink when we visit. We can also go to the 'café' area in the kitchen to make our own." We spoke with one of the volunteers who supported the manager to run the home through the house committee. They said, "We embed strong principles about caring for people's relatives and carers in the home. We see it as holistic care for the person and also supporting the wider community. For example, we have supported relatives by signposting them to organisations which can provide specialist support."

Staff demonstrated a shared set of values which focussed on people's rights and needs. One member of staff we spoke with said, "The best part of my job is being able to spend time with people and finding out all about their lives and interests. It is so interesting and I have learnt a lot from them." Another member of staff said, "It is a great place to work because we all care about getting it right for the people and we take pride in that and encourage each other." A third member of staff said, "I wouldn't work anywhere else now. I have never worked in this type of environment before but the caring attitude is embedded in everything. Before I even start work everyone asks me how I am; it is just lovely." One health professional we spoke with

said, "In this home the person is first. All of the staff recognise that first and foremost it is the person's home and their families and relatives are always included. The staff are caring and they always accommodate people's wishes; from how their room is organised to how they take their medicines."

The manager told us how they developed staff to ensure that they provided compassionate care. They said, "All of the staff are supported to continuously develop through training and qualifications. However, I also observe how they support people. When I think that the interaction with someone has been a bit sharp or rushed I will meet with the member of staff to tell them what I saw and remind them that people's wellbeing and happiness is more important than tasks. I tell all of the staff to ask for help whenever they need it rather than ask someone to wait." We saw that staff did ask for assistance when a meeting with the manager was interrupted to request support. The manager then gave people their afternoon drinks while the staff supported someone to lie down in their room. This showed us that compassionate care was the first priority for the manager and emphasised with the staff team.

People's dignity and privacy was upheld at all times. The environment was designed so that people could receive visitors privately. There was a café area in the kitchen where they could meet and people had chairs and lounge areas in their rooms. Some people chose to leave their doors open and others kept them closed for their visits and staff respected this. Some rooms had a glass window so that staff could see inside. The manager explained, "The home was designed like this and at times when people are unwell or receiving end of life care it can be really useful to be able to observe someone without disturbing them. However, everyone has curtains and blinds and it is entirely their decision whether to close them or not. If they were unable to make that decision we would work with their family and other professionals to make the decision in their best interest." Whenever people required personal assistance this was completed in a private space. We saw that people were supported to receive care by gentle prompts when needed.

Staff understood that people's personal belongings assisted them to maintain their dignity and sense of self. People had their own furniture in their rooms and photos of families and friends. Pieces of art work that people had made were displayed with pride around the home and people we spoke with were keen to show them to us and showed that they felt valued by them being displayed. One person ate their meal with a cloth protecting their clothes held around their neck by a silver chain and they told us that they had bought it on a holiday. Staff understood the importance of this and complimented the person on it. People had photos of themselves on their doors and for some people who were living with dementia this included photos from different periods of their life to help to orientate them. The manager also ensured that people's personal appearance was given attention so that they felt good about themselves. They told us, "We employ two staff who also happen to be qualified as a beautician and the other as a hairdresser. Some of their hours each week are spent providing haircuts and beauty treatments to people and that means that people continue to be supported by staff who know them well."

People were supported to put advance plans in place to detail the care and support they wanted at the end of their life. In the PIR the provider told us that they had a lead member of staff who has completed additional training and worked with the manager and the team to ensure high standards of care at the end of life. They also said, 'We have devised a critical care plan which prompts and ensures high standards of care for people receiving palliative care.' We saw that some people had medicines ready which would support them to manage their pain when needed and that these were kept so that there was no delay in people receiving the relief. The manager told us, "We have devised the care plan along national guidelines to meet our resident's needs. We reviewed and adapted it when we analysed the care people received at their death and feel that we have got it right now. We have been asked by health professionals to share this work and we agreed to be filmed so that our practise could be shared with other homes." We saw that the experience of a person's death was reviewed in team meetings to ensure that any opportunities for learning

were captured so that improvements could be made to future care. The home had received two awards which celebrated their expertise in end of life care.

The manager also told us how people's emotional and spiritual needs were also met. They said, "We work closely with our local chaplain and they visit weekly. At the end of someone's life they will come and spend time with the person and their relatives whenever they are asked ad we really value their support to ensure that the person received calm and dignified care. We haven't needed to as yet but we would make links with other religious communities if people had a different faith." One healthcare professional we spoke with said, "They excel at supporting people at the end of their life and have done a huge amount of work around it. They are very skilled and all of my patients who requested to do so have been able to die at home." At the time of our visit there was no-one receiving end of life care but we saw that some people were under close review and there were plans ready to support them when needed. We saw that relatives had sent cards and compliments to thank the staff for the personalised and dignified support people had received. At the door there was a small tree with Christmas baubles made from card which relatives and people who lived in the home had written on as a memory tree for the people who had passed away.

Outstanding ☆

Is the service responsive?

Our findings

People were supported to have fulfilling lives and their interests and preferences were embedded in the care they received. People we spoke with told us that they were involved in planning their care and were consulted about any changes that were planned. One person said, "The staff and the manager talk to me about everything and always check that we agree." One relative told us, "They consult us about everything and provide exactly the kind of support we want for our relative."

There was a comprehensive assessment process in place. In the PIR the provider described how this included a visit from the manager before a trial period of living at the home. They then explained that the care plan would be agreed. They said, 'We work alongside residents and their families and take a holistic approach to produce individualised person centred care plans."

The manager ensured that the development of care planning incorporated established best practice by developing staff expertise. One member of staff was the lead in supporting people who were at risk of choking. They told us, "I did some training with the speech and language team which gave me the qualification to be able to complete swallowing assessments for people here instead of needing to refer to them. We have developed a close relationship and as soon as I have completed the assessment, I send it to them and they will check that it is correct and meets national guidelines. It means that we can be responsive to people's changing needs and ensure that they receive the support they need straight away. It also means that the team respond quickly when I do refer someone to them because they have faith in my work and they know if I am uncertain then it is probably quite complex." We saw that one person's plan had been reviewed recently and that staff had guidance in how to support them with their meals. The lead member of staff was also on hand to offer practical advice at mealtimes and observed staff to ensure that they were confident to support the person as agreed. This showed us that there were innovative approaches were employed to ensure that people received expert input into planning their care. It meant that the person continued to be supported to eat enough as their health deteriorated without any delay and limited discomfort.

Another member of staff had the qualifications to be the lead in supporting people's mental health and those living with dementia. We saw that people had plans in place to support them which had assessed what the triggers to people's distress might be and how staff could support them to avoid these as well as actions they should take to reduce distress. For example, we saw staff re-directing one person and engaging them in conversation when they were distressed. When we reviewed their plans we saw that this was the technique encouraged to avoid the person becoming fixated on certain anxieties. The plan clearly demonstrated all of the techniques which could be tried before offering medicines which would relieve the distress. When we reviewed records we saw that the person's episodes of distress were mostly diffused before they needed to take medicines to relieve the anxiety. This showed us that there were responsive plans in place which supported people to manage their mental health through diversion and emotional support alongside medicines.

People's care was regularly reviewed to ensure that they were receiving support which met their needs. For

example, two people who lived at the home were unwell and we observed staff speak with each other continually to update each other on their current condition. They amended the care that one person received on an hourly basis and tried different approaches to provide them with the support they needed. We saw that records were maintained so that all staff would know at a glance what support was provided and what the plan for continued care was. This meant that the staff knew how to ensure that the person was pain free and when they should alert other staff to the need to possibly increase their pain relief. Another person was supported to stop using a devise that they found uncomfortable and intrusive. One member of staff we spoke with explained, "The person was using the devise when they moved here but did not like it. Difficulties with it often made them unwell and they needed to attend hospital which they didn't want to do. We spoke with them about the choices they had and they decided that they wanted to try not using it. We got medical advice and supported them with the trial. That went really well and they no longer use it which has improved their quality of life a lot." This showed us that care was regularly reviewed and was flexible to ensure that the person receiving it had an improved quality of life.

One healthcare professional we spoke with told us that the care was person centred and regularly reviewed. They said, "People's needs are regularly reviewed and this can be weekly if needed. I have never disagreed with the assessment that the staff have made or the care that they have planned. It really is excellent." When we reviewed records we saw that they were up to date and that they were comprehensive. For example, one person had fallen on a few occasions and on investigation it was found that they had a chest infection. We saw that their care plans for moving safely, breathing and emotional wellbeing had all been updated with this information because of the impact that it could have had on all of those areas of their lives. This meant that the person was supported through an illness by staff who understood how it could affect them, and ensured that they made a good recovery.

Staff knew people well and were very knowledgeable about their likes and dislikes, what was important to them and their personal life histories. When we spoke with them they could describe the support that people were receiving in great detail. For example, they knew how to move people safely while respecting their independence by walking alongside them while they moved with a mobility aid. One member of staff said, "We have a handover daily where we are kept up to date and I also make sure that I look in people's care plans." We observed a handover meeting and saw that it was detailed and discussed each person's current health and wellbeing. For example, some medicines that were kept at the home in anticipation of a recurring illness had been given to the person who showed signs of this. The member of staff leading the handover reported that they were already showing signs of improvement; demonstrating that forward planning meant that people's needs were met promptly avoiding a prolonged period of ill health. One of the staff who was starting work had not been in for several days and so the meeting was adapted to ensure that they were fully briefed on everything that happened in their absence which was still impacting on people. This showed us that all staff had up to date information to ensure that they could support people.

Each person had named staff who were their keyworkers or 'named nurse'. One member of staff said, "It means that we take particular responsibility for their welfare, liaising with their relatives and looking after their belongings. We can support other staff to understand them better as well so that there is consistency in our approach."

People had opportunities to pursue their interests and hobbies. One person we spoke with said, "The staff know that we are keen readers and so they organise for us to borrow four books a month from the mobile library." Another person told us liked to use computers and so they were provided with a Wi-Fi connection so that they could use their computer. They took pride in showing us certificates of achievements that were displayed in their room and explaining how they continued to develop their skills. Two people told us that they enjoyed bird watching and so the manager had installed bird feeders outside their room's window so

that they could maintain this interest. We saw that one person had been supported to embroider a large sign which was on the wall outside their room. One member of staff said, "They have always sewn and so we stencilled a simpler pattern and supported them to continue with this hobby." Several visitors we spoke with commented on the work and the person was really pleased with the attention to their work. The home had pet rabbits which people told us that they enjoyed watching. The manager told us, "We really tried to tame the rabbits so that they could sit on people's laps and be stroked. However, the rabbits had other ideas and now people like to watch their antics though the window or when they are in the garden." One person we spoke with showed us the garden and said how much fun the pets had given people. In the PIR the provider described the support they had given other people; for example, bringing their pet cat into the home with them.

People were supported to be active members of their community and to maintain links and relationships that were established. We saw that a community choir visited to perform a carol service and one person took pride of place at the front of the audience because they were previously a member of the choir. Although they were no longer able to actively participate in the singing they enjoyed hearing their friends and their contribution was celebrated by the choir. Nearly all of the people who lived at the home attended the event and we saw that one person who was less comfortable in crowds was supported to enjoy the music from a more private space with a family member for company. This meant that they were able to enjoy the performance and participate in an activity that they enjoyed without being uncomfortable.

Community links and relationships were facilitated and encouraged to ensure that people did not become socially isolated. We spoke with a volunteer from the management committee who said, "One of our main priorities in developing the home is to continue to develop our relationships in the community. We got involved in the community open gardens scheme and that has been really successful because it meant that lots of people came into the home and it also re-ignited lots of peoples interest in gardening." One person we spoke with told us that they were a keen gardener and enjoyed spending as much time as possible outside in good weather assisting volunteers. The manager told us, "It has been great to re-ignite people's passions. One person who lives here is head of gardening and works with a paid member of staff as well as volunteers. After this year's open gardens we were donated some money and a group of people enjoyed a trip to the garden centre to choose new plants. One person who did not want to join in at first has taken great pleasure from seeing the apple trees they chose last year produce fruit this year." People told us that they grew vegetables and one person took great pleasure in their harvest of potatoes. We spoke with the chef who said, "It was great in the summer because we had lots of fresh produce to create meals with. It was lovely for people to enjoy eating the food they had grown."

People were supported to attend religious festivals in their community by staff and members of the church. Other people told us that they chose to see the chaplain on their weekly visits. When we spoke with the manager they said, "We ask all people how we can help them to maintain their spiritual beliefs and to date people have either chosen not to engage or to use the local church." People's cultural heritage was celebrated and respected. A recent project had been to design and make a well dressing which had been used in the local community tradition. It was now displayed in the home and people described to us how much they enjoyed making it and participating in the familiar tradition. Meals were provided which also celebrated local traditions as well as planning for other events such as national saint's days. For example, staff told us how they planned to celebrate one person's cultural heritage on Saint Patricks Day. We spoke with the manager about how they planned for people's diverse needs and they said, "Although most of the people who come to this home have a similar racial and cultural background we never assume and we always explore their individual needs with them and what's important to them; for example, around sexuality or important relationships. We have had married couples who have moved in to the home and we have supported them to have the privacy to protect their relationship." This demonstrated to us that the

provider considered people's diverse needs and human rights when they planned their service with them.

People from the community were encouraged to volunteer in the home to provide social interaction to people. The manager told us, "We have different volunteers seven days a week who help with teas and coffees and to be able to spend time with people making that a sociable occasion. Other volunteers came to help us to put up decorations, to do activities and to give us extra support for outings." One of the volunteers said, "I love coming here and enjoy helping other people." The provider also arranged for meals made at the home to be delivered to people living in the community by volunteers. The manager said, "We are building community networks and helping other people who need it."

Activities were planned individually and in groups to encourage social interaction and for therapeutic support. People we spoke with told us about outings to shops and tea rooms that they had enjoyed. An activity coordinator told us that they had an annual budget to plan activities which met everybody's needs. They said, "My priority is to engage people so that they really feel this is their own home and also to build communities within the home and wider." People told us that they attended meetings where they discussed activities and planned events. The activities co-ordinator also described how they planned for people who didn't engage in groups. They said, "I plan around people's interests and personal histories as well as their current needs. For example, I was listening to a radio programme about the cello and about how therapeutic it is because it is close to the human voice. I immediately thought of one person here who loves classical music and so we arranged for a cellist to perform. They really enjoyed it and we often have a conversation about it. It was beautiful and lots of other people told me how much they enjoyed it so we will definitely do something like that again." We saw that there was a selection of lights and other therapeutic materials which were used when people were supported to meditate or relax. The manager told us, "We made sure staff had the training to do this before it was used as we wanted it to be valuable to people and not at all threatening." This demonstrated that care was taken to plan creative and innovative activities which would enhance people's wellbeing.

People and their relatives told us that they had not ever had to complain but that they would feel comfortable about doing so and knew who to speak to if they needed to. One person told us, "We have regular meetings where we are encouraged to raise any concerns but I can honestly say no-one really has any." One relative we spoke with said, "I have never had to raise any concerns but if I did I wouldn't hesitate to speak with any of the staff or the manager because they are all so approachable." We saw that each person had a copy of the complaints procedure in their welcome pack. In the PIR the provider told us that they hadn't received any formal complaints. When we spoke with the manager they told us how they investigated any grumbles or concerns raised in line with the complaints procedure. For example, one person had complained about the quality of a vegetable in their meal. The manager had spoken with the chef and discussed where the food was purchased and both the chef and the manager had apologised to the person. The manager had followed up one week later with the person to ensure that there were no further problems. The manager told us, "It may seem a bit over the top but I want people to know that they can raise anything with me. If they see me taking the small things seriously I hope that they will also come to me with more serious concerns and trust that I will investigate it thoroughly." One of the volunteer from the management committee told us, "We see one of our roles being a more independent ear to listen to complaints. However, we haven't had any complaints to be involved in and we have observed that the residents don't hesitate to speak directly to staff; e.g. if they need some maintenance work completed. This showed us that the provider encouraged any concerns about the quality of care and wanted to improve in response to that feedback.

Good

Is the service well-led?

Our findings

People knew the manager and found them approachable. One person said, "The manager is brilliant." One relative we spoke with said, "The manager runs the place brilliantly and we have never seen them in a flap. The staff are happy and that can only be attributed to the manager. They are completely approachable and I can always knock on their door." We observed that the manager knew people well and spent time having individual conversations in the communal areas. They greeted every visitor who arrived personally and also made time to check in at the end of the visit to check if everything was ok.

The manager was supported in their role by the provider. In the PIR they told us, 'There is a trustees meeting three monthly with a view to improving governance. The manager meets with a trustee on a weekly basis to discuss any concerns and to make decisions. There is also a house committee monthly (a group of volunteers) who ensure standards are being met.' We spoke with a volunteer from the house committee who said, "The committee members bring a range of skills and experience to support the manager. I recently worked on a project about raising the standards in care homes and so I hope that experience is helpful. I see our roles as a critical friend to the manager and an independent group for residents to come to with any concerns." Another committee volunteer told us, "The team work together from different backgrounds but with a shared vision of good holistic care for the people who live at the home. The manager leads this though very strong principles about the standard of care people receive, the support that we should provide to relatives and they are amazingly supportive to staff. They really are an amazing person."

People and their relatives had meetings where they were encouraged to say what they thought about the home. One person said, "There are meetings for us and relatives. We are encouraged to raise any concerns that we have but to be honest there aren't really ever any." The manager explained, "After my meeting with the house committee we then meet with the residents and their relatives to discuss the running of the home." One volunteer from the committee told us, "Each month we have a theme. The last one was health and safety and we ask everyone for their thoughts and we had a good discussion about fire and the safety systems that we have in place and how they could be improved." In the PIR the provider told us, 'The residents also have a three monthly meeting chaired by the activities coordinator who listens to the residents and makes anonymous minutes which the manager will resolve. If the manager can't then they may other professionals to come into the home.' The activity co-ordinator told us that one person has requested that they want to set up a resident's magazine. They said, "The manager is always receptive to their ideas and we will work on this with the person. It is a great idea."

Feedback was also sought from relatives through annual surveys. The manager told us, "We review the feedback and put actions in place which we will feedback. The last one asked for more support for people who have memory loss and our activity co-ordinator has worked with families to find out what may continue to stimulate them; for example, favourite music. This showed us that there were systems in place to ensure that people and their relatives were able to give feedback and that action was taken in response to it.

Staff felt that they had a shared set of values and that they were well supported to do their jobs. One

member of staff said, "We all support each other in the staff team to make sure that people feel like this is their home and that we meet their needs. If I had any concerns that someone wasn't sharing those values I wouldn't hesitate to report it to the manager." Staff told us that they were aware of the whistleblowing policy and that they were confident that they would use it if necessary. Whistle blowing is the procedure for raising concerns about poor practice. Staff told us that they had regular supervisions and team meetings. One member of staff said, "I have recently had my appraisal with the manager and it was really supportive. They are very kind and helpful." Another member of staff said, "The manager gives us additional responsibilities and lead roles which develops our skills and expertise."

Audits were completed regularly to drive quality improvement. The staff who took a lead role completed the audits for that and completed a report for the manager. The manager told us, "They are the people who have the skills and I think that one of the key priorities of a manager is to recognise your own weaknesses and other people's strengths. I don't encourage a hierarchy here, we all support each other and I am one of the people who need to listen to the feedback from the audits. Our maintenance team often advise me about safety and that's how it should be." We saw that audits were regularly completed and that actions were shared with the wider staff team. Improvements were monitored and reviewed. One member of staff we spoke with said, "Introducing the new medicines system and getting rid of blister packs has reduced the number of medicines errors that we had significantly." The home had also completed a national dementia care audit though an improvement agency. The manager said, "I attended the meeting with the mental health/dementia lead member of staff. We then took the audit back to the home and completed it with the team. As an outcome we reviewed our care planning to make them more person centred and invested in sensory equipment for people living with dementia."

The registered manager understood the responsibility of registration with us and notified us of important events that occurred in the service which meant we could check appropriate action had been taken.