Cannon Care Homes Ltd

Thornfield

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

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

Summary of findings

Overall summary

Thornfield is registered to provide accommodation for people who require personal care; most people are living with dementia. The inspection took place on 15 and 22 September 2016 and was unannounced. There were 34 people living at the home at the time of the inspection; this included one person who was in hospital.

We last inspected Thornfield on 6 September 2013 when we judged they were compliant with all the areas we inspected.

There was a registered manager at service who had registered with CQC. 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.

Thornfield was well run by an approachable registered manager who worked alongside a committed provider. The service was well-led and the registered manager and her management team provided a strong role model for good practice. Staff said they were well supported and had access to a range of training and supervision. There was good staff morale with staff clearly enjoying their work and understanding their roles and responsibilities.

The environment was designed to stimulate people and provide them with space to move around, both internally and externally. Vintage film posters and life-size images of famous celebrities were used by staff as reference points to help people find their way around. They also created points of discussion between staff and people living with dementia.

Staff were clear about the ethos and values of the home which they demonstrated in their actions and interactions with the people living in the home and their teamwork. There were sufficient numbers of staff on duty in order to meet the needs of people using the service. Throughout our inspection, staff were busy but not rushing to complete their work.

Staff had been trained to consider how to support people at their end of life with the aim to feel calm, pain free and safe. The registered manager recognised the importance of the use of touch, massage and music to help the person not to feel alone. They understood how important it was for relatives to feel able to contribute to the person's care and shared skills with them to support them.

Staff were attentive and the atmosphere was unrushed. Staff had the specialist knowledge and skills required to meet people's individual needs and promote their health and wellbeing, including end of life care. Staff knowledge of good dementia care practice meant they tried a different approach if they were unsuccessful when they first tried to offer assistance. They worked as a team to ensure people received the support they needed but in a manner which acceptable to them.

People were supported to retain an active presence in the local community and to maintain their personal interests and hobbies, such as swimming or charity work. There was a diverse range of activities, both on a one to one basis but also as a group. Care and activities staff were supported by an aromatherapist, physiotherapist and music therapist who visited weekly. The atmosphere was lively but staff also recognised when some people needed peace and a slower pace.

People living at the home told us staff were kind and caring. Other people were not able to comment directly but their actions showed us they felt safe and loved. There were positive relationships between staff and people living at the home, and their visitors. The service was exemplary in recognising people as individuals and responding to their preferences. Staff explained how some people needed regular reassurance while other people were more gregarious and were more able to express their emotions, whether negative and positive.

Food and drink were provided to a high standard and the importance of the social occasion of meals was recognised and celebrated; the commitment to good quality meals was high. Staff took time to ensure people understood the options that were available to them, for example they named the choices then described what they looked like or the main ingredients. Written information was available in the form of menus on the table and there were also photographs of the meals to provide a visual prompt. The kitchen was based at the heart of the home and people could see into it, watch meals being prepared and chat with catering staff.

Staff worked closely with local healthcare services and people had prompt access to any specialist support they needed. A health professional described how staff always asked for advice appropriately and were keen to learn techniques to help people to eat and drink safely. They described staff members' good practice, such as seating at the same level as the person and connecting with the person they were supporting. They said staff were "great." Another health professional said people looked well cared for and staff treated them as individuals. Medicines were well managed and staff practice was reviewed regularly to ensure their practice was safe.

People were confident concerns or complaints would be listened to and acted upon. Recruitment practices were well managed. Staff knew their responsibilities to safeguard vulnerable people and to report abuse. There were systems to monitor the quality of the service, including responding to suggestions for improvements.

The registered manager was aware of their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and demonstrated through their practice an understanding of how this impacted in the way they worked.

The Care Quality Commission (CQC) is required to monitor the operation of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are put in place to protect people where they do not have capacity to make decisions, and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. We discussed DoLS with the registered manager and looked at records. We found the provider was following legal requirements in the DoLS. At the time of the inspection, an application had been made to the local authority in relation to people living at the service. This meant people's legal rights were protected.

People were supported to make their own decisions wherever possible. Staff understood the principles of the Mental Capacity Act which was shown in their approach and practice. They acknowledged people's emotions, by not undermining people's feelings but at the same time helping them to feel safe rather than

challenged. This enabled people to feel in control and able to make choices.

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.
Recruitment practices were well managed so the provider could demonstrate that staff were suitable to work with vulnerable people before they started working at the home.
Medicine management was safe.
Staffing levels met people's emotional and physical needs.
Throughout our inspection, staff were busy but not rushing to complete their work.
Staff knew their responsibilities to safeguard vulnerable people and to report abuse.

Is the service effective?

Outstanding

The service was outstanding in providing effective support.

Staff had the specialist knowledge and skills required to meet people's individual needs and promote their health and wellbeing. Staff were calm in their approach and gave individuals time and at a pace that suited them. There was good teamwork which ensured people were not overlooked and each person given attention.

Staff worked closely with local healthcare services and people had prompt access to any specialist support they needed.

The environment was designed to stimulate people and provide them with space to move around, both internally and externally.

People were supported to make their own decisions wherever possible. Staff understood the principles of the Mental Capacity Act which was shown in their approach and practice.

Food and drink were provided to a high standard.

Is the service caring?

Outstanding

The service was outstanding in providing caring support.
The service was exemplary in recognising people as individuals and responding to their preferences. They supported them to have as much choice and control over their lives as possible. This included end of life care.

Staff provided care and support in a warm and compassionate manner that took account of each person's personal needs and preferences.
People were treated with dignity and respect and their diverse needs were met.
Staff knew people well and there was a friendly atmosphere with laughter being a regular occurrence.

Is the service responsive?

Outstanding ☆

The service was outstanding in providing responsive support.

People received personalised care that was responsive to their changing needs.

People were supported to retain an active presence in the local community and to maintain their personal interests and hobbies. The staff team organised a rich programme of activities.

Staff supported people to access the local community by using a leisure centre, supporting volunteering and meeting up with friends and family.

People and their relatives knew how to raise concerns and make a complaint if they needed to.

Is the service well-led?

Good

The service was well-led.

The registered manager worked alongside a supportive staff team and committed providers. She had established an open, reflective management style and provided strong values-based leadership to the staff team.

People were supported to play an active role in the running and development of the service.

There were systems to monitor the quality of the service, including responding to suggestions for improvements.

Thornfield

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.

The inspection took place on 15 and 22 September 2016 and was unannounced. On the first day two adult social care inspectors and an expert by experience visited the home. The second day was completed by one adult social care inspector. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed all information about the service before the inspection. This included all contacts about the home, previous inspection reports and notifications sent to us. A notification is information about important events which the service is required to tell us about by law. 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 service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made the judgements in this report.

We met with many of the people living at the home. We spent time in communal areas of the home to see how people interacted with each other and staff. This helped us make a judgment about the atmosphere and values of the home. We spoke with 11 people to hear their views on their care. However, some other people were not able to comment specifically about their care experiences, so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people living with dementia. We also spoke with four visitors to hear their views about the service.

We spoke with six staff who held different roles within the home, and the manager. We also completed a tour of the premises to see the changes that had been made since our last inspection.

We reviewed three people's care files, three staff recruitment files, a range of staff duty rosters, three

medicine records, policies and staff training records. We also looked at records relating to the management of the service. Two health professionals also provided us with positive feedback about the service.

Good

Is the service safe?

Our findings

There were safe medication administration systems in place and people received their medicines when required. Staff completed a medication administration record (MAR) to document all medicines taken so all doses were accounted for. Medication audits were completed to help ensure improvements were maintained and staff were informed when standards needed to be improved.

Records were generally well completed, although several entries had been handwritten and not double signed by staff to help prevent errors. On several occasions the wrong code had been used, which was not best practice. When staff administration or recording practice needed to be improved steps were taken by the management team. This ensured staff repeated training and had their practice observed to ensure they were competent for the role.

Medicines were stored safely and securely. Stock levels tallied with written records. When medicines were opened, labels were attached to show when this had happened, which was good practice. A health professional had recently completed an audit of the medication practice in the home and their report showed there were no significant concerns. Actions had been taken to address the report's recommendations, such as updating people's photographs. Staff checked medicines together against the records when they administered medicines, which needed a witness and a double signature, which was safe practice.

Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. One staff said "It means making sure everyone is in a safe environment"; they went onto to describe the protocol if they observed abuse. When we spoke with staff and the registered manager they could tell us how they kept people safe by being aware of where some people were in the building and who they spent time with.

Staff were clear in their conversations with us that poor practice by colleagues would not be tolerated and would be reported. They were confident the registered manager would address their concerns; the registered manager shared with us a current performance management issue that had been reported to them by staff. They had taken this seriously and praised staff for their actions.

We saw how the skills of staff diffused situations where potentially an altercation could have taken place between people. A relative commented in written feedback described staff as 'amazing' in the way they managed difficult situations. The registered manager informed the local safeguarding team if incidents occurred. They also sought advice from health professionals involved in people's care to help reduce the risks to their safety. A health professional confirmed they had never witnessed any incidents that had concerned them at the home. They described the care as being "tailor made" for each individual.

Risk assessments were in place to support people. Care plans identified individual risks for people. For example, pressure mats were in place for those people who needed support from staff when they got up at night. These mats alerted staff that the person needed assistance. Arrangements were in place to keep

people safe in an emergency. For example, people's personal evacuation plans were up to date. These documents are important. They ensure staff and emergency services staff were aware of the safest way to move people quickly should they need to be evacuated in the event of a fire or other emergency. Records showed staff had received fire training, which staff confirmed.

There were arrangements in place to ensure regular servicing of equipment took place. For example, electrical servicing had been completed and equipment, such as hoists were checked and serviced. Staff practice showed they knew how to move people safely using equipment. Where testing was needed to promote a safe service, this was undertaken. For example, testing the water for the possible risk of Legionella infection.

There were effective recruitment and selection processes in place. Recruitment practices ensured new staff were suitable to work with vulnerable people. Recruitment files provided an audit trail of the steps taken to ensure new staff members' suitability, which included references and appropriate checks. Disclosure and Barring Service (DBS) checks were completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Throughout our inspection, staff were busy but not rushing to complete their work. Rotas showed there was seven care staff, including a senior, in the mornings and afternoons. This reduced to six care staff, including a senior from 5pm until the three waking night staff came on duty. Care staff were also supported by two activities staff members who worked split shifts and at weekends. An aromatherapist and physiotherapist also had set hours each week to support people's well-being and help maintain their mobility and independence. Housekeeping, laundry, catering staff and maintenance staff also worked alongside the care staff team and interacted with people living at the home. One person told us the maintenance person had helped them with their room, which they appreciated. All were supported by the registered manager and their deputy, which was confirmed by staff.

There was a lively atmosphere because of music and activities, although there were also areas to provide a more peaceful place for people to spend their time. Staff were available in all of the communal areas, this was well managed. Staff were calm in their approach and gave individuals time and at a pace that suited them. We observed good teamwork which ensured people were not overlooked and each person given attention. This included at mealtimes. For example, one person was assisted by a staff member with their meal who gently checked with them to make sure they were ready to eat the next mouthful. There was no sign of impatience or pressure from the staff member for the person to eat faster. Some people were not able to comment directly on the staffing levels; their visitors told us they had no concerns about staffing, although several had the impression there were less staff at weekends. We spot checked a range of rotas from different months and found this was not the case.

Staff told us there had been significant improvements in the staffing levels and that the staff group was more stable. They reported concerns about staffing levels in the past but said these had now been addressed. For example, one staff member said "It's massively changed now. (The registered manager) has worked hard to sustain a manageable staffing level." This was reflected by the rotas. One staff member said "coming here was like a breath of fresh air... there are enough staff for us to spend time with people...we can really engage with our clients...you can build up trust, it's having the time to do that that's so important." We saw numerous examples of this individualised approach during our inspection. Another staff member said since the registered manager had been in post "staffing levels have improved tremendously." A visitor commented that had been a number of staff changes in the last two years but that they had no concerns now. A health professional said the staff team were more stable and if agency staff were used, they were usually the same agency staff and knew the people living at Thornfield well.

Outstanding ☆

Is the service effective?

Our findings

The provider had invested in making the environment more suitable and stimulating for those people living with dementia. There was an on-going commitment to improve and maintain the environment. This included coloured front doors for each person's bedroom. Staff explained people could choose the colour, which was sometimes based on their own front door at their previous home. Some people had chosen pictures to also help them identify their door. For example, one person showed us a photograph of them as a child, which they said held happy memories for them. Another person had a photograph of a seaside town which they knew well; staff said the person responded well to staff if they used the town's name to help them find their bedroom.

Vintage film posters and life-size images of famous celebrities were used by staff as reference points to help people find their way around. They also created points of discussion between staff and people living with dementia; staff said the life-size picture of Elvis was the most popular figure and often prompted displays of affection from people passing by. One communal area was furnished as a bar while the dining room contained a restaurant display cabinet with shelves of different desserts to help people see the choices available. There was a range of communal areas to ensure people had space and choices where to sit. A visitor said they would recommend the home with one of the reasons being that "The residents can walk around the whole home; with plenty of space...There was a garden party in July with Pimms and music." The garden was accessible from three different doorways and people accessed it independently throughout the day

The hall was designed to resemble a classic hotel lobby complete with suitcases, pigeonholes for letters and a reception desk. Recently an area entitled the snug had been transformed into a vintage railway carriage including mock railway carriage windows with countryside scenes with curtains either side. A staff member commented "it's always changing here...To make it more interesting for the residents." A health professional said one person responded well to this area as it was less busy than other parts of the home; the person looked calm as they spent time in the railway carriage listening to music. Later a visitor spent time with their spouse in this area which gave them some privacy and a place to share afternoon tea. The home was spacious and allowed people to spend time on their own if they wished. Since our last inspection, the bathrooms had been updated providing a wet room and a specialist bath.

The registered manager and senior staff recognised the importance of employing staff with the right attitude and approach and had systems in place to help them make a judgement before employing applicants, including feedback from current staff and people living at the home. They recognised the importance of training to give staff the right skills to support people living with dementia who often had complex emotional care needs. They provided positive and strong role models by working alongside staff and continuing with their own training and development.

The staff training records showed the provider ensured there was training on a range of subjects. This included safeguarding, fire safety and medicine administration. There was a thorough approach to re-training staff when their practice needed to improve. The management team were clear staff needed to understand the consequences of poor practice to help them appreciate the responsibilities of maintaining people's safety and well-being. For example, the management team identified some staff who administered

medicines needed further training. Records showed this was addressed through supervision, re-training and then observation of their practice.

In their Provider Information Return, the registered manager said 'Staff are trained to a high standard, which includes induction, supervision, appraisal and on-going training.' The provider had invested in an innovative approach to training, including virtual dementia training. This took the form of a mobile training unit enabling staff to replicate the physical and sensory impact of living with dementia. Several staff commented on the impact of this style of training, for example 'that was a real insight...It made me more aware of what people with dementia go through." The staff member who made this comment supported a person to sit in a chair during our visit. Their approach reflected a thorough understanding of the person's experience and recognised their need for reassurance and a clear explanation to help them understand their surroundings. New staff were supported to complete an induction programme based on the Care Certificate before working on their own, which was confirmed by records and rotas. The Care Certificate is a national set of standards which new care workers are expected to meet as part of their induction. Records showed supervisions were part of the system to provide support and enhance staff performance, which staff confirmed. The provider was committed to ensuring staff have the opportunity to develop their skills and knowledge which was evidenced by people moving through different roles within the home as their confidence and competence increased. This was confirmed by staff.
People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles effectively. Most people were not able to comment directly on the skills of staff so we observed how they interacted with staff and saw people responded well to the interventions of staff. Staff had the knowledge of good dementia care practice to try a different approach if they were unsuccessful when they first tried to offer assistance. They worked as a team, giving the person time before another staff member offered to help. For example, a person chose not to have any lunch, they were quite abrupt with two staff members, who accepted their decision but said they would come back later to check if they had changed their mind. A little later a third staff member offered to accompany them into the dining room, the person readily accepted their help and we heard them discussing the options for lunch.

Visitors commented positively on the skills of staff. One said in writing that the work of staff had helped their relative's life 'to be a little more easy and a lot more fun.' Another said 'All the staff have a very friendly, professional attitude towards family members when visiting, but more importantly they have the same attitude towards the residents they are caring for.' A staff member told us "We have a lot of staff here who are really caring and understanding of our residents. You can't teach that...it's about the right personality, you've got to have patience, not taking anything personally." Staff demonstrated they knew that care had to be delivered on the person's terms to make them feel safe and valued.

A health professional described staff as "angels" because of their "gentle" style despite the complex behaviours of the people they cared for. This was confirmed by a visitor who recognised their relative need a skilled approach by staff to prevent confrontation with others. Staff demonstrated these skills throughout our inspection diffusing potential altercations between people living at the home. They acknowledged people's emotions, by not undermining people's feelings but at the same time helping them to feel safe rather than challenged. This helped reduce the level of tension.

People were positive about the quality and quantity of food. For example, one person said "the food is very good" and another said "there's lots of choice, and the food is lovely." On the subject of food one person said "Beautiful, as good as I could do...I had a fried egg this morning – beautiful breakfast." Their relative confirmed that they always said the food was good. Another person commented out loud after their meal, "they certainly feed you well here." In a quality assurance survey in 2016, people commented 'I like it all, chefs do a good job', 'fantastic' and 'can't grumble.' Staff took time to ensure people understood the

options that were available to them, for example they named the choices then described what they looked like or the main ingredients. We saw additional portions were served for those that wanted them.

Written information was available in the form of menus on the table and there were also photographs of the meals to provide a visual prompt. The kitchen was based at the heart of the home and people could see into it, watch meals being prepared and chat with staff. Staff said "People can come and go as they please and ask for snacks, ice cream, cakes, cups of tea, plus milkshakes, smoothies and drinks. They walk about a lot here so they use up extra calories." One person popped in for an ice cream while we were talking with staff. Some people responded well to lunch being made into an occasion; staff talked about visiting the restaurant and reassured people when they were worried about the cost. Other people chose to eat in the lounge with a bar and others chose to eat in quieter areas.

People were not restricted by a routine instead staff recognised some people needed to be encouraged to eat whenever they were hungry rather than having to eat with everyone else at the home at a set time. For example, one person was sleepy at lunchtime; staff checked on them on several occasions but agreed it would be better to serve their meal at a later stage. Another person enthusiastically tucked into a pudding before lunch was served as this had been their preference. A visitor commented about their relative "The food is good. She was very thin when she came in, but has since put on weight and looks much better."

People's weight was monitored and action was taken if they were losing weight, for example consulting with their GP. Staff in the kitchen said people's dietary needs were "changing all the time...staff will come in and tell us"; this verbal information was then recorded. The registered manager told us a new type of drink was being trialled at the home which contained vitamin supplements. There were a variety of flavours and staff offered a choice; people responded positively to the taste of the drinks, saying "very nice." Throughout our inspection, we saw people being encouraged to drink and staff taking time to ensure the person was happy with their choice when it was served.

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberties Safeguards (DoLS). We found that people were not free to leave Thornfield because of the risk this would pose to their safety and most people were under constant supervision.

We discussed DoLS with the registered manager and looked at records; they were following legal requirements in the DoLS. Applications had been made to the local authority in relation to people living at the service. This meant people's legal rights were protected. Where people had given lasting power of attorney to a representative, the registered manager knew to ensure a record was kept. This meant that staff and external health care professionals had these details for reference to help ensure the right people were involved in specific decisions around a person's care and welfare or finances. Records showed mental capacity assessments were decision specific, such as whether a movement sensor mat was used to alert staff if a person chose to get out of bed.

The management team knew who they needed to involve in best interest decisions. They shared an example

when they had involved health professionals and families to support two people living in the home. The registered manager and her deputy recognised the sensitivity of the issue and they recognised their intervention could be seen as a deprivation of the people's liberty. They knew their responsibility was to safeguard people until they had been assessed to have the capacity to make decisions related to their lifestyle choice. They had appropriately involved a range of health and social care professionals to help them support the two people. They recognised the importance in listening to the individuals' wishes, which included arranging for an independent person to represent one of the people, whilst maintaining good relationships with the two people's families.

People had access to health and social care professionals. Records confirmed people's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. For example, a health professional described how staff always asked for advice appropriately and were keen to learn techniques to help people to eat and drink safely. They described staff members' good practice, such as seating at the same level as the person and connecting with the person they were supporting. They said staff were "great."

Another health professional said people looked well cared for and staff treated them as individuals. A visitor told us they were "kept up to date" with any changes to their relative's health. During our inspection staff picked up on changes in people's health and contacted health professionals for guidance. Staff then actioned their advice and monitored the people during the day, for example their fluid intake. Staff were also supported by a physiotherapist. This meant people's independence was promoted by helping them maintain their mobility and staff could be respond to people's changing needs by seeking advice, for example how to move them safely.

Outstanding ☆

Is the service caring?

Our findings

People and their relatives were given support when making decisions about their preferences for end of life care. Where necessary, people and staff were supported by palliative care specialists. The provider had invested in specialist end of life training called 'Soul Midwives', which was founded 20 years ago, for some staff who had expressed an interest in this area of care. The description of a 'Soul Midwife' is a companion to anyone at the end of life 'drawing on traditional skills to ensure the person's death is a dignified and peaceful experience.'
The registered manager and a group of other staff learnt about the principles of soul midwives on a one day course. The registered manager said she was confident they already had good practice but wanted to know if there was more they could do. The registered manager said they were so impressed by the course they had asked the provider to train up a staff member for the home for a more intensive training course. She explained that her aim was for people who were dying to leave "in a calm, pain free and relaxing way." She described how the power of touch was so important and said relatives often wanted to be involved in caring at this time. She gave the example of showing a relative how to use a hand and arm massage with appropriate oils. This had helped the relative to feel connected and reassured them they could help. The registered manager said people who were dying responded well to this type of touch which reduced their anxiety and fears as they knew they were not alone.

One staff member had become qualified as a soul midwife following a three day course. They described their role to us to support the person both emotionally and physically at the end of their life and to provide reassurance and comfort to their family. They explained the practical interventions which were put in place, such as a swallowing assessment but also their conversations with the person about what they would like to happen. They explained the continual re-assessment process and how people's care plans were updated. They said "...changing needs were assessed by senior staff...Everybody was informed." This comment reflected our discussions with kitchen staff who recognised the importance as working as a team and communicating well.

Other staff had their practice updated and a discussion in a staff meeting requested staff to share their knowledge in this area of care. The registered manager was working with people to ensure there was a record of people's advance care planning, although they recognised this was a sensitive issue and the timing of this conversation needed to be carefully managed. The care plan offered a range of suggestions to help people to think about what was important to them for example, 'to keep my sense of humour', 'to have human touch' or to meet with clergy or chaplain.' Written feedback from relatives included 'It was a wonderful relief to know (X) was safe in your hands' and '(X) really seemed content in their last few months.'

People spoke positively about staff and told us they were skilled to meet their needs. Comments included: "I like it here; it's lovely...the staff are very friendly", "nice service" and "they are very nice." A person who had difficulty with their verbal communication said "I like it but I don't say I will be here forever." People who visited the service were complimentary about the quality of the care provided. Written feedback from relatives included 'Very caring staff that meet all the challenges that dementia brings, there's never a dull moment' and 'I am constantly impressed with the friendly and professional manner of all staff.' Visitors were

offered hot drinks and welcomed by name by staff. Several staff took time to enquire about a recent trip taken by one visitor; the visitor obviously appreciated the staff members' interest and chatted to them. Several visitors chose to have meals at the home and written feedback confirmed this worked well to help maintain a relationship with their relative.

People benefited from a staff group who were extremely skilled in understanding people's ways of communicating. Staff knew people's individual communication skills, abilities and preferences. Some people were not able to say how they felt about the caring approach of the service so we took time to observe their interactions with staff. We saw they regularly told the staff how much they liked them, often hugging staff or kissing them on the cheek. A range of people interacted in this manner towards different staff. Staff always responded well to these displays of affection, giving people eye contact and showing that they valued the person's attention. We saw this then relaxed and reassured each person. Care staff and activities staff were supported by an aromatherapist and music therapist who visited weekly to help meet people's emotional and physical well-being. It provided another way of communicating with people to show staff cared through music or touch to help people feel part of their surroundings and valued.

The service was exemplary in recognising people as individuals and responding to their preferences. Staff explained how some people needed regular reassurance while other people were more gregarious and were more able to express their emotions, whether negative and positive. One staff member said about one person who could become low "I make it my mission to get (name of resident) smiling and laughing again." We saw how this approach was successful. Staff recognised people's fears and acknowledged them but also boosted people's confidence telling one person who was fixated on their health that they were "in their prime." A health professional commented that staff were "really loving" towards the people living at Thornfield.

People were at the heart of the service. There was a very strong person-centred culture and staff really understood that people, their views and their wishes were what mattered most. There was a strong caring culture amongst all staff members regardless of their role. The registered manager had high expectations that people's dignity and privacy was respected by all staff. It was clear that this approach had been taken on board by all staff, whatever their role in the home. On one occasion, a visitor talked about a person living at the home which undermined their dignity, immediately the staff member included the person living at the home in the conversation signalling to the visitor that their approach was not appropriate. We discussed this incident with the registered manager and they told us how they had supported staff to manage situations where this occurred. The registered manager and staff spoke about relatives in a sensitive and caring manner; they recognised the emotions people experienced when someone they loved needed to move into a care setting.

Staff worked as a team to support people in ways that took account of their individual needs and helped maintained their dignity. Several people told us they had chosen to have a key to their room so they could lock their room when they left. Staff recognised this was important to their sense of privacy and independence. People's rooms were personalised, people were asked about preferences for the colour scheme when they moved in. A person told us they had a duvet on their bed because this was their choice, they chose not to have net curtains at the windows as they liked to watch staff working in the garden or people passing in the street.

There was a genuine rapport between staff and the people living at the home. Staff were empathetic and recognised when people were feeling low and considered how best to meet their emotional needs. Some people responded well to a joke and others from physical touch. A staff member brought in a dog to the home; staff understood the affection and attention of the dog helped people feel valued and brought them

back from looking withdrawn to looking contented. The dog was small and well behaved; people's responses to him showed he was much loved. He sat by people's feet and accepted being hugged and was willingly sat on people's laps. For many people his presence was a source of joy and helped them connect with the world.

People received care and support from staff who had got to know them well. Throughout the inspection, we saw examples where staff ensured people's privacy and dignity was maintained. For example, quickly picking up on people's behaviours to pre-empt what support they needed, such as finding their way to the toilet. A person looked visibly relieved when a staff member realised they were uncomfortable and needed the toilet. The staff member's approach was subtle and sensitive.

People were also provided with napkins to help them protect their clothing, if this was required. Staff knew to knock on the doors to private areas before entering; staff practice showed respect towards people's rooms and their belongings. Another visitor commented how their relative needed a sensitive approach when being supported with personal care; they said staff were able to provide this support because of their careful approach.

The registered manager was aware of local advocacy services and had made use of them in the past. Advocacy services are independent of the service and the local authority and can support people to make and communicate their wishes. The registered manager told us it had been particularly helpful to have an independent advocate involved when there were sensitive issues for families as to what was best for their relative. We saw that personal files were stored securely and staff were discreet in how they shared information about the people they were supporting.

Outstanding ☆

Is the service responsive?

Our findings

People's lives were enhanced because of the responsive approach to ensuring their skills and hobbies were continued, so they felt valued and important. Staff had an in-depth understanding of people's past lives, their interests and preferences. People were supported to take part in interests and activities of their choice and to be part of the community. One person said they had always been a busy person. They said "I hate doing nothing." They had previously worked in a charity shop in London and staff had assisted them to continue with this role since moving to the home. They now worked in two different charity shops each week; one of the organisations was the same as the one they had previously worked for. They talked positively about their work and staff asked them on their return how their day had been. They also had kept up their interest in needlework.

Other people were being supported to go swimming; one person went each week to a hydro pool with staff and then went out for coffee and a cake afterwards. Other people were offered the opportunity and one person told us they sometimes chose to accompany them. Several people were artists; we saw their work, staff encouraged them in this interest and praised their skill and ability. One person told us they planned to draw a picture of one the donkeys from a local charity that had visited the home.

The registered manager also recognised the importance of including relatives in the life of the home and recognising their skills. They had identified that "some relatives struggled with the transition" of their relative or spouse moving into residential care and it was important to include them. This inclusion also benefited the people living at the home, such as a charity concert arranged by a daughter to fund raise for the home. People living at the home have been asked what they would like to spend it on. Accessible board games in a larger size and entertainment have been chosen. The registered manager valued the help and involvement of relatives, including cake making for coffee mornings and garden parties and carpentry work For example, a relative had made a wooden bench for the room refurbished to resemble a railway carriage and a fireplace for one of the lounges.

People and their interests were highly valued by staff. We saw that people's personal interests had been linked to individual personalised activities. For example, one person told us they liked to help people settle in when they moved to the home. They said "When people are new I help them find their way around and because I now have a badge (with their name on it) like the people who work here they know they can ask me." They explained they also helped run the shop which was based in the grounds. They showed us they held the key to the shop and talked about the items that were on sale. They recorded the items in a book when people wished to buy items like soap or toiletries. People living at the home went with staff to a nearby supermarket to choose stock for the shop. For example, a staff member assisted them to go in search of a choice of talcum powder that might suit the taste of people living at the home.

People could go over to the shop and be served by another person from the home or staff brought a basket of items over to people to choose from if they chose not to leave the home. In the summer, the registered manager said a table and chairs was put outside and people went over with staff for a coffee. Recently, sweets and crisps had been put on display behind the bar area in the lounge; the registered manager said

this worked well as a visual aid to encourage people to request items.

People's diverse tastes were celebrated. During our visit, there was a range of music being played in different areas of the home. A staff member said "We've got a diverse range of music...we're dancing all the time." At one point people chose to get up and dance with staff. After people had returned to their seats, they told us "nice and easy – I like it here" and "I like socialising." One visitor commented positively in their written feedback that they were impressed by hearing Elvis Presley when they first visited. A person told us they had enjoyed dancing to Abba. Earlier in the morning, there was live music with the option of requests.

A health professional told us a harpist also visited the home and commented on how much there was going on. They also said when needed there was a gentle approach by staff in quieter areas of the home which counterbalanced the stimulating environment in some communal places. A visitor told us "X has cheered up so much since she's been here" and a third visitor said in written feedback that the staff approach made 'life a little more easy and a lot more fun.' A music therapist visited the home to support staff, which included a drum circle, and a chance to try different instruments, a staff member said "we gave instruments to the residents and they just fall about laughing."

Staffing levels and the management of activities were responsive to people's changing needs during the day. For example, some people living with dementia can become more restless and anxious at certain times of the day. This can be linked to past occupations or previous roles in caring for others. The registered manager recognised some people would need additional support so had arranged for activities staff to work split shifts so they came back later in the afternoon.

Records and visitors confirmed there was a large range of activities available in the home from group sessions or on a one to one basis. These sessions helped to enhance the daily lives of people and showed the service was being extremely responsive to people's social and emotional needs. Activities included a 'Fun of the Fair' afternoon with traditional games, photos showed people participating, while the chefs provided hotdogs, chips and onion rings, as well as a selection of homemade sweets for tea. A French day included a continental breakfast and clockwork snails for racing. There were regular art and craft workshops, exercise classes, as well as memory box sessions, and the garden had raised beds which were planted up by people living at the home. Some people chose to be involved in the running of the home by participating in laying the tables or folding laundry, which a relative confirmed. During the summer an ice cream van visited the home and photos show people engaged in choosing their preferred ice cream.

People's relationships mattered and the service went out of its way to facilitate ongoing contact. Earlier in the year, the provider bought a car adapted for wheelchairs. A visitor told us about the benefits this had brought to their relative. They described how a staff member had accompanied their relative to visit another family member who lived in a different care home. This was the first time they had all spent time together for some time. The staff member described the meeting as an emotional experience for everyone involved.

The staff member had accompanied the person on three different occasions on a one to one basis to places that were important to them. They said meeting people who had known the person when they were working in a local town had provided a further insight into who they were and what they had achieved. They commented people's reaction in the town showed that the person was popular and missed. They had supported the person to walk into their previous local pub to maintain their dignity and independence, although they used a wheelchair for the rest of the visit. We saw they had built a lovely rapport with the person with gentle humour and laughter being a key part of their exchanges.

Ensuring people were at the heart of their assessment and can plan was important to the service in ensuring

they were truly being responsive to people's needs. The management team told us how they involved people in the assessment process before they moved into the home. For example, they visited one person in hospital on three occasions to ensure they understood about their move to Thornfield. Wherever possible, the registered manager encouraged people to come in for a trial visit to help them decide if the home was the right place for them. The registered manager told us that following the initial assessment an individual care plan record was drawn up detailing the care, treatment and support the person required. This ensured staff understood the personalised care people required. People's individual care needs were detailed and it was evident from our discussions with staff that they had a really good insight into people's personal routines and preferences. Reviews took place and where possible the person and their relatives were involved.

People benefitted from good communication and team work of staff. Handover between staff ensured that important information was shared, acted upon where necessary. This meant staff could be responsive to people's changing needs; staff told us there was good teamwork. A new electronic care recording system had been introduced which staff were adjusting to. At the time of our inspection, written records and electronic records were running alongside each other in order to ensure staff were competent and confident to transfer over to the new system.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. A visitor commented in writing in a visitors' survey in 2016 'Everyone is very approachable and give their time to answer any concerns' and 'staff are helpful, efficient and friendly.' Good records were kept with clear timescales to show when complaints would be addressed. We checked the outcome of one complaint and saw the steps that had been taken to address it. The registered manager said further environmental work was needed to address one of the concerns and acknowledged that they needed to consider if a different approach would reassure the complainant further. Discussion took place around keeping a log of concerns that might not be formal complaints but still needed to be shown as being addressed. A survey from a visitor included the comment 'Staff are encouraged to apologise when things go wrong.'

The provider had a complaints policy in place which was on display on the notice board in reception. The registered manager and their deputy spent time on the floor so they spoke with people regularly to enquire how they felt and if they had any concerns they wanted them to be aware of. Having a presence and making these enquiries enabled them to be pro-active in dealing with any concerns at an early stage and avoid anxiety on the part of people living at the home. Staff had an elected whistle-blower whose role was to share concerns with the management team if staff felt unable to go directly to them. However, the staff we spoke with were confident they could go direct to the registered manager and the deputy, one said "the management are smashing...it's an open door policy."

Good

Is the service well-led?

Our findings

The registered manager has been the manager since late 2015. A registered manager is a person who has registered with CQC to manage the service. Staff spoke favourably about the positive impact they had on the home. For example, staff said "staffing levels have improved tremendously", "It's really positive here at the moment" and "I know my managers here are very approachable...They are very supportive of staff and residents." When there had been staffing difficulties in the past the registered manager and the deputy manager had worked alongside staff and stayed overnight to help ensure people were safe. They both demonstrated a passion for high quality dementia care.

One staff member said the registered manager "has lots of ideas and is very good fun. She is not stuffy, there's nothing you can't take to her...she's unshockable." Another staff member said the registered manager was "really approachable. If you need anything doing she'll sort it out. You can go to her with anything." A written comment from relative was 'I cannot put into words how the staff are, in all aspects from the cleaners to the cooks from the care staff to the management are tremendous.' This showed that the ethos and values of the provider and registered manager have filtered through to all staff members.

People living at the home were at ease with the registered manager and the deputy. They engaged with them and showed affection towards them. Relatives were clear about the role of the registered manager. Visitors knew who the registered manager was; one visitor said they would go the registered manager or the deputy with a problem but also commented "anybody will help." Two visitors told us the home was well run; a third felt some minor improvements could be made and suggested the registered manager would benefit from spending more time sitting and watching to improve the efficiency of staff. In their Provider Information Return, the registered manager stated they aimed to increase their observations as a way of measuring the well-being of people. Relatives participated in formal care reviews but also said they could share their views on a day to day basis, or when a meeting or an open house event was held.

The registered manager had a clear understanding of the key values and focus of the service. She and the providers were committed to continuously improving the service. They were able to reflect on past decisions and consider if their approach could be improved, which highlighted their person centred approach. Records showed there were regular audits of care and safety issues, which demonstrated how the management team and provider ensured the service was safe and provided good quality care. For example, a manager from another service owned by the provider completed audit checks which were shared with the provider.

The management team were proud that there had been an improvement in the quality of their audits; records confirmed this. Records were well maintained and organised in a structured way so that information was easy to find. The registered manager and staff demonstrated through their practice their awareness of confidentiality and did not divulge unnecessary information, for example when discussing sensitive issues relating to people living at the home.

The provider had commissioned an external audit of the home in late 2015 to include interviews with staff.

This was to address previous issues with staff morale and staff retention. They have been open with the Care Quality Commission about the work they have undertaken and the outcomes. Outcomes have included pay rises and incentive schemes to encourage training and to recognise loyalty. A staff member commented "The owners have a great outlook on care...If the home needs anything there is no penny pinching."

Effective quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. The home's care planning system flagged up changes or overdue support to individuals. This meant seniors and the manager could keep track of how and when care was provided to ensure staff met people individual needs. Regular audits were completed by the provider and the management team to check on the quality of the service, such as medicines and the premises. An internal audit for medicines had identified shortfalls and action had been taken.

The registered manager said in their Provider information Return, 'Residents are encouraged to share ideas and suggestions and given the opportunity to attend interviews of new staff...' Minutes from residents' meetings included the purpose 'to discuss changes within the home and also to give the residents an opportunity to discuss what they would like to see going on in and around the home.' Minutes from meetings showed people were encouraged to come up with ideas and to feel included in the running of the home. They were also used as a time to reassure people. For example, the registered manager explained to people how the new electronic care system worked so they knew staff were not on their phones but instead in putting information. She reassured people that the aim of the new system was to free staff up to spend more time with them.

Regular staff meetings took place to supplement supervisions. More had taken place when the service had experienced staff recruitment and retention issues. However, staff confirmed this had now been resolved and the staff team was more stable with regular bank staff available to address staff sickness and holidays. The style of the minutes for these meetings had changed to highlight the agreed actions; a staff member said "...things do get addressed."

Two staff members commented on how staff morale had been improved by the registered manager's style to ensure they received positive feedback if their work was good; one said "it makes such a difference to staff morale." A third staff member said when they had first stated it had been difficult because of staffing issues but commented "...it's very good now; any problems are just teething stuff."

Customer satisfaction surveys were sent out covering different topics to ask people and their relatives to provide feedback on the service they received. For example, the quality of the food. We saw there was positive feedback which echoed the comments made during our inspection.