

## Cannon Care Homes Ltd

# Thornfield

### Inspection report



87 Scalwell Lane  
Seaton  
Devon  
EX12 2ST

Tel: 0129720039  
Website: [www.cannoncarehomes.co.uk](http://www.cannoncarehomes.co.uk)

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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?	Outstanding 

# Summary of findings

## Overall summary

About the service: Thornfield is a care home without nursing and is registered to provide accommodation and support for a maximum of 38 people. At the time of the inspection there were 32 people living with dementia staying at the service.

People's experience of using this service: At our last inspection we rated the home as Outstanding in three of the five key questions and overall. At this inspection, there had been many further improvements in pursuit of an ever more safe, effective, caring, responsive and well-led service. As a result, the home is now rated as Outstanding in four key questions and overall.

People were at the very heart of the service. A person commented on the "...high quality care, you would have to go quite a way to find a better one, everyone's nice." People's feedback and our observations provided us with many examples of how good this person-centred approach made them feel. For example, a relative said, "My mum was resisting care, however as soon as she entered Thornfield she is so happy - a changed woman in fact. I couldn't fault the care provided. Mum has a new lease of life and all problematic behaviour has disappeared as has her stress. The home is full of love and laughter and activities abound with an emphasis on music, which all enjoy."

Staff promoted people's right to make choices in every aspect of their lives and actively supported them to maintain their independence for as long as possible. There was a commitment to provide a socially stimulating environment seven days a week, one person said, "The entertainment here is very good, never boring." People were treated with the utmost dignity and respect. End of life care was provided in an individualised and compassionate way. People were treated with dignity and respect in a way that truly valued them as individuals. The registered manager and all staff, whatever their role, were always prepared to go the extra mile to ensure people received the care they needed and lived full and meaningful lives.

There was a registered manager in post. A registered manager is a person who has registered with CQC to manage the service. Like registered providers (the 'provider') 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.

The registered manager was deeply involved in all aspects of the running of the home and provided their team with skilled leadership. This ensured all staff had the same aim to enable people living with dementia to lead fulfilled lives. The culture of Thornfield was exceptionally open and positive. The atmosphere was relaxed and friendly; a fact repeatedly commented on by visitors. One said, "(X) has settled in beautifully at the home because of the staff's professional attitude and kindness, everything printed in their brochure is exactly as stated and all the family are very happy with these arrangements."

Learning and development was a high priority for both the registered manager and their team. This meant

the staff team were exceptionally skilled and motivated. Under the registered manager's research-led leadership a number of innovative changes had taken place, to promote people's physical and mental health. A person told us, "High quality care, you would have to go quite a way to find a better one, everyone's nice." A visitor said, "Thornfield is a lovely home, well run, with caring dedicated and professional staff who are always happy to go that extra mile."

The service placed people's wellbeing at the heart of their work. People received personalised support which met their needs and preferences wherever possible. People told us the service listened to their wishes and suggestions to improve their care and support.

Effective quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. Regular audits were completed by the registered manager and the management team to check on the quality of the service, such as medicines and the premises. Regular staff meetings took place to supplement supervisions.

Staff members commented on how much staff morale had improved by the registered manager's approachable style. However, they also appreciated the registered manager's quick and firm response when practice needed to improve.

People received their medicines as prescribed. Systems were in place to safeguard people from abuse, and the service responded to any concerns or complaints. We saw good practice in relation to equality and diversity. There was a thorough recruitment process in place that checked potential staff were safe to work with people who may be vulnerable. Enough staff were in place to meet people's needs.

More information is in the full report.

Rating at last inspection: This service was last inspected in 2016, when it was rated as outstanding in three areas with outstanding as an overall rating.

Why we inspected: This inspection was scheduled for follow up based on the last report rating.

Follow up: We will continue to monitor the intelligence we receive about the service. If any concerning information is received, we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good 

### Is the service effective?

The service continued to be exceptionally effective.

Details are in our Effective findings below.

Outstanding 

### Is the service caring?

The service continued to be exceptionally caring.

Details are in our Caring findings below.

Outstanding 

### Is the service responsive?

The service continued to be exceptionally responsive.

Details are in our Responsive findings below.

Outstanding 

### Is the service well-led?

The service was exceptionally well-led.

Details are in our Well-Led findings below.

Outstanding 

# Thornfield

## Detailed findings

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection team consisted of one adult social care inspector, an assistant inspector, and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

**Service and service type:** Thornfield is a care home without nursing. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a registered manager. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

The first day of this inspection was unannounced and the second day was announced as we had no concerns following the first day.

#### What we did:

Prior to the inspection we reviewed the information we held about the service and the notifications we had received. A notification is information about notable events, which the service is required by law to send us. The registered manager had completed a PIR or provider information return. This form asked the registered manager to give us some key information about the service, what the service did well and improvements they planned to make.

During the inspection we spoke with five people living at the service, four visitors, the registered manager

and seven staff. Most people using the service were living with dementia or illnesses that limited their ability to communicate and tell us about their experience of living there. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not speak with us and share their experience fully.

We looked at the care records for four people in detail and sampled other records, such as those for medicines administration, audits and the management of risks. We looked at two staff recruitment files, sampled policies and procedures in use, and reviewed complaints, concerns and notifications sent to us about the service. We contacted four health and social care professionals; three responded and shared their views with us.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- The service was well managed which helped protect people from abuse.
- Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Staff checked with each other where people were in the building and quickly responded to people if they needed reassurance to ensure they felt safe.
- Safeguarding alerts made by the management team showed they worked in a transparent way and clearly documented steps taken to reduce risks of repetition in the future. For example, they sought advice from health and social care professionals and reviewed people's risk assessments and care plans.
- Staff diffused situations where potentially people could become distressed by another person's actions or comments.
- Recruitment practices were thorough and included pre-employment checks from the Disclosure and Barring Service (police), undertaken before new staff started work.
- Staffing levels helped ensure people had access to the care that met their needs and protected them from risks. There was no longer a reliance on agency staff as new permanent staff had been recruited and the core staff team was stable. Rotas showed there were eight care staff, including a senior, in the mornings and afternoons. There were three waking night staff.
- Care staff were also supported by three activities staff members whose shifts meant every day was covered, including weekends. Housekeeping, laundry, catering staff and maintenance staff also worked alongside the care staff team and interacted with people living at the home. The registered manager and their deputy worked alongside staff and had created a cohesive team.

Assessing risk, safety monitoring and management

- People were protected from risks associated with their care needs. Risk assessments were in place, such as from pressure damage, falls and poor nutrition.
- Specialist advice from healthcare professionals was sought to reduce risks to people. For example, requesting assessments from Speech and Language Therapists for people at risk of choking.
- The premises and equipment in use were well maintained, with risk assessments and control measures in place. During the inspection, improvements were made to one environmental policy linked to the management of legionella.
- Systems were in place to check equipment including bed rails and pressure mattresses to ensure they were safe, clean and hygienic.
- Staff were calm, reassuring and gave clear explanations as they supported people to move, for example when using equipment. They changed their approach to meet individual people's anxiety levels, ensuring people felt safe and involved.

### Using medicines safely

- There were safe medicine administration systems. People received their medicines when required.
- Audits were completed to maintain safe practice.
- Medicines were stored safely and securely. Stock levels tallied with written records. There were regular competency checks, spot checks and observation of staff practice to promote consistent and safe practice.
- Records for medicines administration were completed well. Clear protocols were in place to guide staff on the administration of 'as required' medicines.

### Preventing and controlling infection

- Good infection control practice was in place. Staff used personal protective equipment to stop the spread of any potential infection.
- Work was in progress to expand the laundry area and during this period of change standards were maintained.
- Housekeeping services had good systems in place, which helped maintain a clean and odour free environment. A visitor commented their first impression of the home had been based on these attributes.

### Learning lessons when things go wrong

- Where incidents had occurred, action had been taken immediately to minimise the risks of reoccurrence. For example, a change to the missing person's policy in response to an error by a contractor visiting to the home. The management team audited incidents and accidents to ensure changes could be implemented quickly to reduce risks and to identify any trends.



# Is the service effective?

## Our findings

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

Outstanding: □ People's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

- □ The service continued to provide outstanding effective care. Thornfield's environment was designed to use innovative ways to help people be as independent as possible. Design features, such as the colour of equipment and aids, in bathrooms continued to increase people's independence helping to maintain their self-worth.
- □ Design features helped people orientate themselves. Since the last inspection, new natural landscape wall features had been added to corridors. We heard a visitor saying to their spouse "We are just going to turn at the gate to find your room."
- □ There was significant investment into creating an enabling environment for people living with dementia. Based on research findings, additional lighting and contrasting colours helped people make sense of their surroundings. We saw how these design elements supported people's sense of well-being. Personalised signs/pictures had been bought for people's bedrooms to reflect people's interests and past employment. These were varied and creative, for example linked to farming, pubs and haberdashery.
- □ At the time of the inspection, the home was in the process of being extended. We were told how the design would benefit people living at the home. For example, an extended dining room with a servery so food would be on display to enable people to have a more visual choice of the menu. The provider will apply to CQC's registration team once the new build is completed, which will need approval before it can be registered.
- □ Vintage advertising tin signs and life-size images of famous celebrities continued to be 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. The registered manager said the life-size picture of Elvis continued to be the most popular figure.
- □ Additional wet rooms had been added since our last inspection. The one room in the home without an en-suite toilet was having this added and a second passenger lift was planned. A person told us how much they loved having a bath because the specialist bath seat made it a comfortable and safe experience. This seat was developed in a way to reduce transfers to help maintain people's dignity and reduce stress.

Staff support: Induction, training, skills and experience.

- □ The registered manager was constantly striving for new ways to inspire staff and people who had contact with the service. A health professional said, "They take training very seriously... they even paid for and offered 'dementia bus' training to community staff with no cost - for which we were all very grateful as it was excellent training and a humbling experience."
- □ New types of training in different formats were constantly being sought by the registered manager to ensure learning did not become stale for the staff group. They provided a positive and strong role model by

working alongside staff and continuing with their own training and development.

- □ Staff were animated and engaged when they described what they had learnt from training. This applied particularly to experiential learning linked to understanding the impact of dementia on different individuals. Staff explained how training gave them insight and improved their practice, which was consistently demonstrated through their practice.
- □ Staff recognised part of their role was to use their knowledge of dementia to support people and their families with their understanding of its impact and support people to express their feelings and fears. Visitors praised the skills of staff, commenting on their "compassion" and their "genuine" caring approach. People looked relaxed and at ease with staff.
- □ Staff members skills and potential continued to be recognised. We met a number of staff members, including the registered manager and deputy, who had been given the opportunity to undertake training to advance their careers. For example, two senior staff members were being trained and coached for the dual role of assistant deputy managers. A member of the care staff was training to be a senior.
- □ The importance of employing staff with the right attitude and approach was promoted by the registered manager and deputy manager. Systems remained in place to help them make a judgement before employing applicants, including feedback from others meeting them. For example, they made a judgment how applicants responded to the people they met.

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

- □ The kitchen was based at the heart of the home; people stopped to chat with staff and to watch what was being prepared. As with other aspects of this service, such as training, catering staff were constantly looking for innovative ways to encourage people to enjoy life by eating well by serving attractive and well-presented food. A relative commented in their feedback, "Oh - I mustn't forget the food - I've only sampled the cakes and they're fantastic but Dad loves the puddings - they do look good! - it's fortunate that some of my visits to see Dad coincide with afternoon tea time!"
- □ A health professional praised how people were all treated as individuals and how the care was targeted for specific needs. They described the chefs as "incredibly professional" making every effort to prepare "suitable, tasty, fresh and visually appealing foods for all types of modified diet (especially pureed - as this can be difficult to achieve)." For example, the head chef created a home-made menu with colleagues, which included biscuits, based on traditional manufactured biscuits but with more nutritional value. Where appropriate, food was fortified to increase the calorific content. One person said, "The food is lovely, we are all getting fatter, it really is good, I know because my father was a head chef."
- □ Health initiatives were adopted, for example, creating sweet and savoury dishes from all colour groups, which encouraged increased nutrition and hydration. Photos showed these were eye catching and presented to a highly professional standard. The menu was adapted to suit people's changing tastes, their feedback and nutritional needs. Where advised specialist dietary textures were provided to assist people with swallowing difficulties. Staff recognised people's tastes often changed to sweeter food rather than savoury food.
- □ 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, who sometimes needed encouragement to eat, ate three breakfasts on the day of the inspection.
- □ Staff enabled people to eat in their preferred manner, for example providing a small spoon, or a plate with a lip to enable them to eat independently. Research influenced how each table was set up, with contrasting colours, including different styles of red plates, which research has shown can increase people's food intake.
- □ There was a choice of four main lunchtime courses from a wide ranging seasonal menu, which was regularly reviewed. Dessert consisted of seven choices. People praised the quality of the food, one person said, "The food is...really, really, really good. Lots of choice."

- □ There was a chilled display cabinet which displayed the desserts. Staff also used a dessert trolley to encourage people to choose. When people could not decide, their second choice was saved for suppertime so they did not miss out.
- □ Staff ensured people ate their meals in a calm environment by being attentive and responsive to reduce frustrations and potential friction between people.
- □ People ate in a leisurely manner without being rushed. For example, one person was supported by a member of staff with their meal. They were frail and tired, they kept falling asleep, the staff member gently stroked their arm to rouse them. The meal experience was attentive and unhurried and only once the person had swallowed what was in their mouth was a further spoonful attempted.

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

- □ Assessments of people's needs were carried out before they came to live at the service. These were then regularly updated and used as a foundation for the person's plan of care. Care plans were detailed and person centred. They were accurate as the content described the people we met and our discussions with staff, who knew individuals well.
- □ The registered manager and their deputy worked in creative ways to help reduce people's anxiety over this process. For example, meeting people at a location where they felt at ease. They were flexible with their hours to ensure they could meet people and answer their questions, for example at the weekend.
- □ A relative whose parents who had moved to the home during a crisis said, "I cannot begin to express how amazing the staff have been during their time there. I feel they could not have been better placed..."
- □ Ensuring people were at the heart of their assessment and care 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. 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.

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

- □ The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- □ We found the service was acting within the principles of the MCA and appropriate recording of whether people had capacity to make decisions and power of attorney details were in place. Where people lacked capacity to consent, for example to admission to the home, we saw best interest decisions had been made and recorded in conjunction with people authorised to make decisions on their behalf. Some applications for Deprivation of Liberty Authorisations had been authorised, and others had been applied for.
- □ People were asked for their consent for care. Staff were polite, respectful and treated people with dignity. This style of interaction was natural to every member of staff. Staff requested people's consent as a matter of course.

# Is the service caring?

## Our findings

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

Outstanding: □ People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported

- □ The service continued to provide outstanding care. People relaxed in the presence of staff, their body language became less tense and they smiled or stroked the staff member's face. Staff always responded well to these displays of affection, giving people eye contact, recognising the importance of touch and showing by their response how they valued the person's attention. Staff were consistently attentive and recognised when people needed additional reassurance or one to one stimulation.
- □ Staff were exceptionally skilled at engaging with people and, where appropriate, keeping exchanges light hearted so people did not feel threatened if they were unsure of the answer. There was a lot of laughter and people joked with staff and each other. For example, one person said, "We're looked after excessively well. I laugh a lot; we have lots of laughs. We all laugh together."
- □ Families were nurtured too. For example, one relative said, "Choosing a care home is both challenging and emotional... From the moment of our first contact with Thornfield Care Home, we were met with genuine friendliness, compassion and understanding. With their amazing help, (X's) move from his home was seamless and he is settling well into his new environment. The hardest part can often be for the family of the person with dementia but here again, Thornfield scored highly, they care for us all."
- □ The registered manager and staff recognised the range of emotions relatives experienced when someone they loved moved into a care setting. A visitor described how they had come to terms with their spouse's move to the home, "Once I met all the staff at Thornfield Care Home and getting to know how caring and kind they all are I soon realised I had done the right thing. Nothing was too much trouble for them... They make me very welcome."
- □ Staff practice continued to be exemplary in recognising people as individuals and responding to their preferences. A health and social care professional said, "The service-users I have placed (at Thornfield) continue to make progress and are exceptionally well cared for. What I like about Thornfield is how a service-user's family are always embraced fully into the Thornfield community. This is especially the case for husbands and wives who live apart due to complex needs, spouses, family and friends are positively encouraged to visit for as long as they like with food and drinks being readily available so they can continue to spend time as they would do at home with their nearest and dearest."
- □ The registered manager and the staff group continued to go the 'extra mile' to support people's well-being. One person needed a long period of hospital care and their pet was cared for during this time. Another person no longer recognised their dog as their own. A staff member adopted the dog; we saw it was still brought to the home so people continued to benefit from its companionship. A person said, "They're kind here willing to help you all the time."

- People continued to benefit from a skilled staff group who understood people's ways of communicating so they could actively participate in the life of the home. The staff group knew people's individual communication skills, abilities and preferences. For example, they supported people's choice as to where they chose to eat their meal or the order of their meal. One person chose to eat with their fingers, they clearly enjoyed their meal and ate it without prompting. Staff offered alternative cutlery but respected their final choice.
- Staff responded in a calm and compassionate manner when people became frustrated. They did not challenge but skilfully reached an agreement so the person accepted help but on their own terms. For example, recognising when the person might respond differently to another staff member. Or, taking time to explain, enabling the person to interpret their environment or visitors' presence so they were not fearful.
- Staff were exceptional at anticipating people's needs. Staff could describe people's individual way of communicating either verbally, by their body language or through sound, such as pitch or volume. Staff and the registered manager consistently used this knowledge to respond and reassure people. For example, we saw a person's vocal sound became more repetitive when they were anxious. Staff used touch to soothe and calm them. We saw how one anxious person relaxed and fell asleep as their hands were massaged with aromatherapy oils.
- Staff practice remained of a high calibre. One person was still adapting to their move to the home; their life had not turned out as they had expected. They struggled to accept help from others outside of their family. Staff spent one to one time with the person in the privacy of their room when they experienced feelings of loss. From observation and knowledge of the person's personal history, staff ensured they provided comfort in forms that were acceptable to them. For example, the therapeutic power of spending time with the deputy manager's dog, which enabled the person to have a safe space to express their feelings
- Staff respected people's friendships and found ways of supporting people to engage with one another by introducing topics of conversation where people held similar interests or experiences. A person said, "We are all together and we all get along... I sit with the same friends."
- Staff knew people's history and their family connections. They spoke with people about those they cared about. A person explained how they visited their spouse and regularly ate with them. They were provided with their own table and later staff ensured they had privacy to spend time together.
- The registered manager maintained high expectations that people's dignity was respected by all staff. All staff members took time to respond and interact with people, whatever their job role in the home. For example, the head chef created beautiful personalised birthdays cakes, based on the staff team's shared knowledge of the person and their interests reflecting hobbies and people's past employment. A relative said, "A huge thank you to (head chef) for the amazing cake, wonderful to look and delicious to eat."
- The staff group's training, knowledge and empathetic nature meant they recognised maintaining people's dignity was essential to them feeling valued, respected and genuinely cared for. A health professional described Thornfield as "person centred and very caring." Great care was taken to ensure people felt good about themselves, including their clothing, hair and nails. A health and social care professional said, "Whenever I visit, which is often adhoc, residents are always happy, well presented and stimulated, there is lots going on which is great for both residents and families."
- Staff were attentive and sensitively provided helped people after meals maintain their appearance. People said they enjoyed visiting the hairdresser in the home's salon. We saw the hairdresser encouraging a person to visit them as they became irritable with a person near them. Later we saw the person relaxing in the salon enjoying the one to one attention.

Supporting people to express their views and be involved in making decisions about their care; equality and diversity

- People were involved in their care planning and expressing their wishes about their care. Residents and relatives' meetings were held, and a resident forum had been established which met regularly. Records showed people could influence the service.
- Since the last inspection, the registered manager and the deputy had developed a culture care plan, which included people's personal values and beliefs. The service respected people's diversity and was open to people of all faiths and belief systems or none. This was shown in the content of people's care plans, for example in people's end of life plans.
- Our conversations with staff, the deputy and the registered manager showed people protected under the characteristics of the Equality Act were not discriminated against. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender.
- The provider information return stated 'There are times when staff have requested altered hours of working due to religious activities of which they would like to be a part of and the management have worked alongside them to ensure this is accommodated. We promote a diverse cultural team and support all teams in working together for the needs of the residents without passing judgement on others.' Staff confirmed this approach from their own experiences.
- A recent policy linked to people's sexuality and personal relationships demonstrated an understanding of people's rights and how the law worked to protect these rights.

## Is the service responsive?

### Our findings

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

Outstanding: □ Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

#### End of life care and support

- □ The service continued to provide outstanding responsive care. At the last inspection the provider had invested in specialist end of life training called 'Soul Midwives', which was founded 20 years ago. 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.'
- □ People's reactions to activities within the home helped form a foundation for staff to discuss what individual people found comforting at the end of their life. For example, whether people were tactile and enjoyed the sensation of touch or preferred particular types of textures close to their skin. Other people responded well to sensory stimulation and had expressed a preference for having poetry read to them or listening to a certain type of music. Staff provided us with examples of how they had supported people to relax and feel safe based on their personal knowledge of them including music, recognising people's spiritual needs, use of candles/ essential oils, flowers/plants and tone of voice.
- □ The registered manager continually looked for ways to improve the experience of people. Recent training developments included training in the Gold Standard Framework. This includes Advance Care Planning (ACP), which is the term used to describe the conversation between people, their families and those looking after them about their current and future wishes and priorities for care. Staff explained how this had been introduced following reminiscing conversations with families after people had died.
- □ An updated advance future care form had been introduced. They contained personalised information to help people receive medical care that was consistent with their values, goals and preferences during serious and chronic illness. Wording was sensitive and gave people space and the opportunity to consider and express their diverse wishes. Staff recognised how important this information was to the staff group to support people in a personalised way at the end of their life and to enable people to feel in control until the end.
- □ Staff demonstrated their compassion and their recognition of the importance to support people to be pain free, feel safe and calm. Where necessary, external palliative care specialists also supported people and staff. Feedback from relatives showed how support from staff helped them cope during challenging times. Relatives were able to stay overnight and meals were provided, one said, "Thank you for all the kindness you afforded me on my last day with dad... at such a difficult time."

#### Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- □ There was a warm and vibrant atmosphere. A person said, "The entertainment here is very good, never boring." The range of social stimulation and activities continued to be exemplary. There were three staff whose role was specifically to ensure every day of the week there were events to stimulate people both

physically and mentally. There continued to be a broad range of social events available in the home from group sessions or on a one to one basis.

- □ Staff were very astute in reading people's body language and facial expressions to meet their needs. One person was being supported by a member of staff to eat their lunch. The person kept falling asleep, the staff member gently stroked and nudged their arm to rouse them. They gave the person eye contact to encourage them to connect with them and stay awake. They changed the size of the spoon so the person could take smaller mouthfuls and informed them throughout what food was on the spoon. The person's meal experience was attentive and unhurried; only once the person had swallowed what was in their mouth was a further spoonful was offered.
- □ The responsive nature of the staff group meant despite people having a range of complex mental health needs the culture of the home was stimulating and inclusive. A person said, "There is nothing they won't do for you."
- □ People's lives continued to be enhanced because of a responsive approach to ensuring their skills and hobbies continued. For example, support to go swimming, participate in regular exercise and regular trips around the surrounding area. An aromatherapist also visited twice weekly; people became relaxed and calm during these sessions.
- □ One person told us they enjoyed their role in helping people settle in when they moved to the home and showed people around the home. This was a vital part of their self-identity and helped them to feel valued. They said, "You can't beat this one, if you can't be where you want to be this is the one... its nice entertainment, lovely food, carers are super, they look after all our needs. In my opinion all care needs are cared for. I've made friends here, all nice friends."
- □ The importance of pets was recognised as part of people's sense of identity and to provide company. Several people had brought pets to the home when they moved in; people became animated and chatted to them. Their presence was very much part of the home's life.
- □ People's artistic talent was supported or developed; staff and visiting artists encouraged them in this interest and their work was displayed. For example, through visiting artists, musicians and poets providing regular sessions or workshops. One person described the pleasure they gained from painting and showed us their artwork.
- □ A recent significant investment was to provide a Tovertafel or 'Magic Table'. It enabled people to participate in simple projected games based on sensors and people's movement. We saw the games motivated people to interact with one another with the support of staff. This investment recognised as people's dementia progressed, they needed alternative ways to engage with people and their environment. Some people gained enjoyment from watching other people's reactions to the games. Other people with some sight loss responded particularly well to games with brighter colours and larger shapes.
- □ A session was organised to explain the Magic Table to visitors so they could use it when they visited. Some people struggled to maintain a conversation with visitors, the registered manager said the aim was to use the 'Magic Table' for people to spend meaningful time with their family.
- □ Staff had an in-depth understanding of people's past lives, their interests and preferences, which they showed in their daily interactions with people. For example, one person said, "I've made quite a few friends with the staff... The one who just came in has horses, I had horses so we have things in common." There were plans for the staff member bring their horses to the home for people to meet once the building work finished. A number of people were comforted and interested by animals, and so specific trips were arranged to meet this need. For example, a trip to meet a group of locally kept llamas.
- □ Lunch was a sociable event; people were supported to express choice and control. A person was asked "Have you had enough to eat?" and responded, "I'm still hungry." Staff asked, "What else would you like?" The person indicated another dessert from a range of seven, which staff provided, recognising it was a favourite choice of the person.
- □ People's diverse musical tastes continued to be celebrated. During our visit, there was a range of music,



including ABBA, more traditional songs and a violinist visited the home. People became animated and through their facial expressions and body language responded positively to the violinist.

- When a person started singing the words to the music, one staff member went over to them and sang along with them. Another person was clapping along, a member of staff encouraged them to continue and clapped in time to the music. This meant it became an inclusive communal event. A health professional said, "I always leave with the impression that residents have a great quality of life. I along with many residents enjoy the harp player; it's lovely to assess residents in a calm and reflective atmosphere with beautiful music."
- Some people living with dementia can become more restless and anxious at certain times of the day. We met a person who became agitated at particular times of the day; staff accompanied them on a local walk which reduced their anxiety. This gave the person time away from communal living and the stimulation of one to one conversation. Staffing levels were consistent during the day in recognition that some people became more agitated in the late afternoon.
- People's individual care needs continued to be detailed. Discussions with staff showed their deep insight into people's personal routines and preferences. Reviews took place and where possible the person and their relatives were involved
- All providers of NHS and publicly funded adult social care must follow the Accessible Information Standard. The Accessible Information Standard applies to people who have information or communication needs relating to a disability, impairment or sensory loss. There was a pictorial menu to provide a visual prompt of what was on offer for the main meal. People's communication needs were identified and guidance for staff was provided to ensure they could understand people and be understood. Written information could be provided in different formats, including large fonts, if needed.

Improving care quality in response to complaints or concerns

- Complaints and concerns were taken seriously and used as an opportunity to improve the service. Good records were kept with clear timescales to show when complaints would be addressed.
- People were confident with staff, for example "They're very pleasant and willing to sort out anything that bothers you."
- 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 because they were so supportive.

## Is the service well-led?

### Our findings

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

Outstanding: □ Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Managers and staff were clear about their roles, and understanding quality performance;

- □ The service was led by an exceptionally motivated registered manager, management team and staff. Their commitment to providing a service that was person-centred and put people firmly at the centre of all they did was outstanding. People's reaction to the registered manager and deputy manager was one of recognition and appreciation. People living at the home recognised them as people they felt safe with and were at ease with them.
- □ A constant word used by staff was "family"; they saw their role was to create a family atmosphere for the people living at Thornfield. The service's values extended beyond the manager and the provider. Whatever the role of staff, they were clear the well-being and happiness of people living at the home was their key aim every day they arrived at work. A social care professional said, "If a member of my family had advancing dementia and could no longer live at home I would not hesitate in placing my loved one at Thornfield."
- □ Every staff member who spoke with us was adamant the leadership qualities of the registered manager meant fewer staff resigned, resulting in a stable and experienced staff group. Formal systems ensured effective communication but we also saw how staff continually informally updated one another and all regarded it as their responsibility to do so.
- □ Despite the extensive building work taking place at the home, the settled and relaxed atmosphere was a testament to the open approach of the provider, registered manager and their staff team to reassure people and keep them informed. Feedback from people attending a residents' meeting said they were enjoying watching the build progress. Monthly meetings were held to update families and people living at the home. Staff had a good working relationship with the builders to ensure there was minimal disruption to people's everyday lives and to manage noise levels.
- □ Everybody was on board with the changes taking place at the home and were extremely positive about the beneficial outcomes for the people living at the home. People said, "You can make suggestions; they would look at it and see if they could do anything about it. They seem to be good at trying to sort things out for you." People were asked for their ideas to redecorate, which included working with the provider to share ideas of colours and themes.
- □ Good planning and a commitment to people's well-being ensured the building work did not stop regular social occasions, for example people told us about a garden party was held in the local village hall instead. Photos showed this was a colourful and well attended event.
- □ Thornfield provided people with safe, effective, compassionate and high-quality care. The registered manager constantly strived to create a high-quality service to the benefit of the people living at Thornfield, considering research to enable people living with dementia to live life to the full. For example, they recognised the impact on music to people's well-being, creating a choir made up of staff and people living at the home; two staff members were musical and there were plans for them to provide a backing group.

The next performance by the choir was planned for the home's garden party.

- People spoke with staff about their life experiences and why the choir was important to them. For example, their previous involvement in the church, social occasions, such as carol singing or amateur dramatics. Staff explained how they were mindful about people's different emotional reactions to the choice of well-known songs and also encouraged people to suggest songs to sing.

Continuous learning and improving care

- The registered manager and the deputy manager were a dynamic team. They continued with their professional development, which was funded and supported by the provider. Since the last inspection, they had both completed further leadership training, which demonstrated their commitment to continual learning and self-improvement. Staff described the registered manager as an asset to the home. One said, 'It's better than it's ever been, it's more organised, people know what they're doing now.'
- Both were nominated in the registered manager and deputy manager categories in the Proud to Care Devon and Cornwall awards; they were each awarded a bronze award. They told us their role was "more than just a job." A staff member said the management team "were amazing; couldn't wish for better managers. No differentiation in our roles, we're all treated with dignity and respect." This approach then influenced the way staff treated the people living at the home.
- There was a commitment to continually improve. Since the last inspection, the registered manager had implemented, with the support of the provider and the staff team, further training opportunities, including more virtual dementia training for staff, relatives and visiting professionals.
- The registered manager had not become complacent and strove to expand their knowledge to the benefit of people living at the home. This included adopting the 'red plate' system to encourage food intake, using dementia care mapping to spend time observing the experience of people living at the home and consequently working with staff to maintain a high quality of care.
- Every staff member we spoke with could provide us with examples of how their training had positively influenced their day to day practice. For example, being more aware of people's sensory loss so ensuring they approached calmly and announced their approach reducing the risk of startling people.
- The provider said they continued to believe "home grown talent" was one of the reasons why staff chose to stay, which created a committed staff team. We met a number of staff who had worked in different roles within the home to develop their skills and progress their career. Staff confirmed this approach encouraged them to remain and develop their skills; they were rewarded financially on an annual basis for their loyalty.
- The registered manager and the deputy manager both undertook new staff training to ensure they understood what their staff team was learning and encourage them to adopt new practices to further improve the service. They continually sourced new training to embellish the knowledge and understanding of the whole staff group.
- Notifications from the registered manager about events at the home showed they worked with health and social care professionals to enhance and improve the standard of care they provided. This willingness to collaborate with other partners meant staff and the registered manager reflected on their own practice.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- A residents' forum was well publicised with a clear agenda for each meeting and minutes recording people's views and what action had been taken. People's praise had common themes which included personalised care, friendly and homely atmosphere and the welcoming nature of staff.
- People said the registered manager and the staff team were approachable and listened to their views. Throughout our inspection, we saw this happening. One person said, "They're very pleasant and willing to sort out anything that bothers you. They have a lot of good ideas here. They seem to work at what ideas they

have."

- Since the last inspection, senior staff had been given particular areas of care to audit and monitor to create a sense of ownership to the development of the service. Staff confirmed the accuracy of the provider information return which stated 'We have regular meetings with all staff team departments, to review practice and working systems, as well as completing quality assurance meetings. The staff are also encouraged to bring new ideas and suggestions by way of questionnaires, suggestions forms, during meetings, appraisals and through the open-door policy.'

#### Working in partnership with others

- The service worked closely with health and social care professionals in line with people's specific needs. Staff described a close working relationship with health and social care professionals and the local safeguarding team when people's mental and physical health needs changed.
- Discussions with senior staff showed they went the 'extra mile' to reduce risks and promote choice for people, for example working with the speech and language team to increase people's food choices and their enjoyment of meals. Feedback from health and social professionals confirmed how they worked in partnership with staff.
- A health professional described their working relationship with the management team and staff at Thornfield as "mutually trusting." Another said the registered manager and the staff team "have dealt with some challenging family circumstances, yet always professional, open and communicative and positively embraces partnership working."

#### Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility;

- The registered manager focussed on providing a distinctive and person-centred service for people. They understood the importance of working well with other agencies and families in an open and transparent way.
- The registered manager continued to be very much part of the everyday life of the home, as well as leading its development. They provided a strong role model to the staff group. For example, when staff started new roles, the registered manager worked as an additional person on shifts, for example at night or at the weekend to work alongside them or be in the building so they could observe practice. This provided support and enabled them to observe staff practice.
- The service informed relatives of any concerns if an accident or incident had happened and fulfilled their duty of candour. Audits were up to date and where actions were needed we saw these had been carried out. The provider visited regularly and ensured the registered manager had supervision support in place.
- There was a culture of openness and staff engagement. Discussions with staff demonstrated a strong team culture who were clear about the beliefs and philosophy of the home, including continual development and reflecting on practice.