

Leicestershire County Care Limited

Thurn Court

Inspection report

Thurncourt Road
Thurnby Lodge
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Tel: 01162413126

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28 June 2018

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Thurn Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Thurn Court accommodates up to 44 people in one adapted building and provides accommodation. The service specialises in caring for older people including those with physical disabilities and people living with dementia. This includes the assessment unit for up to six people discharged from hospital for short term placement to assess ongoing care and support needs.

At the previous comprehensive inspection in February 2017 we rated the service as 'requires improvement'. We found there were not enough staff, people did not always receive person centred care, there was a lack of effective leadership and the provider's quality assurance system was not used effectively. The provider was asked to complete an action plan to tell us what they would do to meet legal requirement for the breaches.

We carried out a focused inspection of Thurn Court on 10 August 2017. This inspection was done to check that improvements to meet legal requirements planned by the provider after our 15 February 2017 inspection had been made. We inspected the service against three of the five questions we ask about services: is the service 'safe', 'responsive' and 'well led'? We found improvements had been made but we were unable to change the overall rating.

On 8 November 2017 another focused inspection was carried out in response to concerns about people's safety and the management of the service. The team inspected the service against two of the five questions we ask about services: is the service 'safe' and 'well led'? The service continued to be rated as 'requires improvement' because there was a lack of oversight to monitor the quality of care provided.

The provider was asked to send us an action plan that outlined how they planned to make the required improvements to meet the legal requirement. No action plan was received. We took this into account when we inspected the service.

You can read the report from our last comprehensive inspection and our focused inspection, by selecting the 'all reports' link for Thurn Court on our website at www.cqc.org.uk

This inspection took place on 27 June 2017 and was unannounced. We returned on 28 June 2018 announced to complete the inspection. At the time of our inspection visit 39 people were in residence.

We found that the provider had made the required improvements to meet the legal requirement. The overall rating of Thurn Court has improved to Good.

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

We found the provider had made improvements to how they monitored the service provided. The provider's quality assurance system had been used effectively. Regular audits and checks were carried out and action taken when shortfalls were identified. There were arrangements in place for the service to make sure that action was taken and lessons learned when things went wrong, to improve safety across the service.

People were supported to stay safe. Staff recruitment procedures were followed. Staff were trained in safeguarding and other relevant safety procedures to ensure people were safe and protected from avoidable harm and abuse. There were enough staff to support people. Staffing levels were kept under review to ensure people received sufficient staff support.

Risk associated with people's needs had been assessed; safety measures were put in place. Staff were provided with clear guidance and information to follow to meet people's needs. Care provided was monitored and reviewed regularly.

People received their medicines as prescribed. Medicines were stored and managed safely. People's nutritional needs were met. People had access to a range of specialist health care professionals. Staff monitored people's health and made referrals when people's health was of concern.

People lived in a clean and tidy home. The design and homely environment ensured people's safety and privacy was maintained and their independence was promoted. Staff understood their responsibilities to report concerns. Accidents and incidents were recorded and analysed and steps to improve and learn were identified.

Systems were in place that ensured staff were trained, supervised and supported in their role. Staff training incorporated best practice. Staff worked in partnership with other health care professionals to enhance people's quality of life.

People to be involved in decisions made about all aspects of their care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Decisions were documented and respected by staff. We saw people made day to day decisions about how they wished to spend their time.

People were supported by kind and caring staff. People had developed positive trusting relationships with the staff team. People's privacy and dignity was respected and their independence promoted. Staff ensured people's confidential personal information was secure.

People continued to receive care that was responsive and personalised. Staff respected and promoted people's diverse backgrounds, choice of lifestyle including their sexual orientation. Information was made available in accessible formats to help people understand the care and support agreed. Care plans were personalised, reviewed regularly and provided staff with guidance about how people wanted to be supported. People had the opportunity express their views about their last wishes and develop an advance care plans when needed.

People took part in a range of activities and social events that were of interest to people. People maintained

contact with family, friends and had links with the wider community. People's religious and spiritual needs were met. This type of engagement enhances people's physical and mental wellbeing, and their sense of belonging to a community.

People and relatives all spoke positively about the staff team, management and the quality of care. People had a range of methods to express their views about the service. The registered manager used feedback and complaints to bring about changes to the service.

The registered manager understood their legal responsibilities. They provided good leadership and supported staff and people who used the service. The registered manager and the staff team were committed to providing quality care and looked at ways to make improvements to enhance people's quality of life.

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 improved to good.

Risks associated to people's needs were managed safely and monitored. People were supported with their medicines safely.

Staff were recruited safely. Staff were trained in safeguarding and understood their responsibilities to keep people safe from harm. There were enough staff to provide care and support to people when they needed it.

People lived in a safe environment. Staff were trained in safety procedures and followed the infection control procedure. Lessons were learnt and improvements made when things went wrong.

Is the service effective?

Good 

The service improved to good.

People needs were assessed. They made decisions about all aspects of their care which ensured their needs were effectively met. Staff sought people's consent and their human and legal rights were respected.

People were supported to maintain their nutrition, health and well-being where required. Staff worked in partnership with other health care professionals to meet people's ongoing health needs.

People received support from staff team who had the necessary skills and knowledge. Improved systems were in place to provide staff with on-going training, support and supervision.

Is the service caring?

Good 

The service improved to good.

People were cared for by caring and kind staff. People had been involved in planning their care. People were treated with dignity and respect, and staff ensured their privacy was maintained.

Is the service responsive?

Good ●

The service remained responsive.

Is the service well-led?

Good ●

The service improved to good.

The registered manager provided good leadership. They understood their role and responsibilities and worked in partnership with other agencies.

People and staff's views about the service were sought and used to drive improvements. They were all confident that any concerns raised with the registered manager would be listened to and acted on.

The provider's governance system was used effectively to assess, monitor the quality of service and bring about improvements. Policies, procedures and systems in place enabled staff to provide quality care.

Thurn Court

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 27 June 2018 and was unannounced. The inspection team consisted of one 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. On 28 June 2018, one inspector returned to complete the inspection.

We reviewed information we held about the service. This included any feedback received about the service and statutory notifications that the provider had sent us. A statutory notification provides information about important events which the provider is required to send us by law. We contacted Leicester City Council who commission services from the provider and Leicester Healthwatch; an independent consumer champion for people who use health and social care services. We received no concerns about the service.

During the inspection we spoke with 14 people using the service and five relatives. We made direct observations at meal times and 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 talk with us. We spoke with the paid person's representative. They are an independent advocate and their role is to monitor and provide support to a person who has been deprived of their liberty.

We spoke with 12 staff in total. They included two care staff, three senior care staff, one house-keeping staff, a kitchen staff, the activity co-ordinator and a maintenance staff, a deputy manager with oversight for the assessment unit and the registered manager. We spoke with the compliance care standards officer, representing the provider who was visiting the service. We looked at the care records for five people, the recruitment records for four care staff and staff training information. We looked at a range of documents including meeting minutes, complaints, audits and records related to how the provider monitored the quality of service.

Is the service safe?

Our findings

At the last inspection in November 2017, we rated this key question as 'requires improvement'. This was because staff were not always available to meet people's needs.

At this inspection we found improvements had been made. People told us that there were enough staff to meet their needs. People and relatives told us that there were busy times in the day but all felt that staff were always available to support them. One person said, "I feel safe because of the staff; there's plenty around and they know what help I need." A relative said, "Most [staff] have been here for years and are quite established. One or two have left which is not a great loss. The newer staff have the right qualities to be working here I think." We saw staff were available and responded to people's requests for support when needed.

Staff told us that there were enough staff to meet people's needs. They all said they worked as a team. A staff member said, "It's much better now, we've got new staff who want to work." Another staff member said, "It's definitely a Thurn Court family; some staff have left and now there is more togetherness and less sickness." The registered manager told us staffing levels were based on the needs of people using the service. The staff rota showed that the staffing levels and skills mix were maintained. Staffing levels were reviewed regularly and arrangements were in place to manage any unplanned absences.

People told us they felt safe living at Thurn Court and with the staff team who supported them. One person said, "If I didn't feel safe here, I would tell a member of my family." Another person said, "When I am being moved from the chair to the wheelchair I feel safe." We saw people moved around the home independently and when support was needed, staff provided it. A relative said, "My [family member] can be difficult but I can honestly say I've got absolutely no concerns about [their] safety. The staff treat [them] well and any problem are dealt with quickly."

Systems, processes and practices were in place to safeguard people from situations in which they may experience abuse. Staff understood the safeguarding and whistleblowing procedures, and were confident in reporting any concerns. A staff member said, "Abuse can be physical, emotional or psychological and it's all unacceptable. If I saw something bad [happening] I would report it; if needs be I'll whistle-blow to the CQC." Safeguarding alerts were raised with the local authority, when required and investigated.

People were being cared for safely. Risk assessments addressed specific risks to individuals and measures had been put in place to keep people safe. They included the risks of falls, nutrition and continence care. The assessments and corresponding care plans informed staff on how to reduce further risk or deterioration and promoted independence and good health. A staff member told us a person could move around using a walking frame. A sensor mat was placed near their bed as they were at risk of falls. Staff were alerted when the person was moving. Another person's care plan included guidance provided by the speech and language therapist about the consistency and texture of food required because the person had a swallowing difficulty.

Risk assessments were reviewed regularly, or following a change in people's needs to make sure they were up to date. A staff member in the assessment unit told us that they were given information about the needs of a new person moving to Thurn Court. Care plans were updated and changes were shared with the staff team through handover meeting. This ensured staff provided care was based on people's current needs.

All staff understood their responsibilities to report and record any incidents, accidents and behaviours that challenged the person and others. These had been reviewed by the registered manager to establish any patterns and monitored if any changes to practice were needed. The registered manager had shared with the staff team any lessons learned from safeguarding investigations, complaints and incidents within the service and from articles from social care publications. This enabled staff to prevent similar incidents from happening. For example, staff had been made aware of the risk of minor fires caused by shaving mirrors left in direct sunlight.

People lived in safe environment. All areas of the service were clean and tidy. Staff were trained in and followed infection control procedures. One person said, "You see the staff put on a fresh pair of gloves before they help me [with personal care]." We also saw staff used disposable gloves and aprons when serving meals. A relative said, "You always see [staff] putting on the white overall before they go into the kitchen."

We saw people were sitting outside under shade as it was a warm day and protected their skin from burning. Regular checks were carried out on the premises, equipment used to maintain people's safety and fire safety checks. The staff team were aware of the emergency evacuation plans in place. They described the support required by each person in the event of emergency. The business continuity plan had been reviewed to ensure staff what action to taken in the event of an unforeseen emergency. These measures supported people's safety.

Staff recruitment processed ensured staff were suitable for their role. Staff files contained evidence that the necessary pre-employment checks such as police checks had been completed before staff commenced work at the service.

Medicines were stored securely. However, the gaps in the record for the room and medicine fridge temperatures had not been identified through the regular audits undertaken. The medicine fridge had not been defrosted. Medicines may become ineffective unless stored at the correct temperatures. When these issues were shared with the registered manager immediate action was taken.

People told us they received their medicines as prescribed. One person said, "I think I get my medication regularly, they don't forget." Another person said, "[Staff] will ask me if I've got any pain and need to have a paracetamol for it." A relative said, "[My family member] gets [their] medicines on time. [Staff] have got the doctor out to review [their] medicines."

Staff had been trained to administer medicines and their competency had been checked regularly. We saw a staff member administer medicines safely. They explained to the person what the medicine was for; stayed with them until the medication was taken and signed the records to confirm this. Staff followed the protocols where people were prescribed medicines to be administered 'when required' such as pain relief. They described specific behaviours staff should be aware of and how they should assess pain where the person had difficulty to tell staff.

The medicines procedure reflected the national guidelines. The sample of medicines records we checked had been completed accurately. A procedure was in place for people who were prescribed medicine via a

transdermal patch which is applied on the body. A rotation chart showed where the patch had been applied. By alternating the site, it prevents possible irritations when the patch has been removed. We found no record of the daily checks carried out to ensure the patch was still in place. This could affect people's health. Following our discussion with registered manager, daily checks were put in place; people's care plans were updated and staff were notified of this.

Is the service effective?

Our findings

At the last inspection in November 2017, we rated this key question as 'requires improvement' because staff were not fully trained and supported.

At this inspection we found the registered manager had improved the systems to ensure staff were trained and supported in their role. All new staff completed an induction which covered the essential standards expected of staff working in care. Staff spoke positively about the training received. A staff member said, "We have a lot of training; we do some on-line and practical courses at the training centre." We observed staff using the correct techniques to move people. Staff training records confirmed staff were equipped with the skills to support people. Training was based on current legislation and best practice guidance. Staff had also been supported to complete nationally recognised qualifications in social care.

Staff told us and records showed that they received regular supervision and support. A staff member said, "Supervisions are about you; any training you might need and you can talk about any problems you have at work or at home if you want to." Another staff member said, "You get a lot of support from [registered manager] and [deputy manager]. They help you if you get stuck." Staff meetings minutes showed that the management team shared new information, provided training dates and welcomed feedback.

People told us they felt staff had been trained and knew how best to support them. One person said, "I think [staff] are trained; they tell you what they learnt sometimes." A relative said, "Yes, I feel the staff have a lot of training to do, to look after us. What I can say is that they know how to look after my [family member]; [they are] always happy because [they are] clean, fed and [they] love the staff."

People's care needs were assessed prior to them moving into Thurn Court. This enabled the registered manager to be satisfied that the person's needs could be met by the staff team. One person said, "[Staff] know what help I need. If I needed more I would tell them." A relative said, "We had heard good things about Thurn Court that's why we chose it. We [family member and relative] were asked about the help [they] needed, what [they] could do for themselves, what [they] liked to eat, drink and if [they] had any hobbies or interests."

The deputy manager had responsibility for the people who moved into the assessment unit. They received timely and accurate information about people who were discharged from hospital to the home for a short stay. They said, "People are referred to us only if they are fit and to determine the ongoing support they need. The information we get is sufficient; it covers the care needs, any risks such as falls, mobility and what the goal is, if known."

Care plans were developed from the assessment. They provided staff with guidance in providing care based on people's needs. Care plans reflected people's background and preferences. A person in the assessment unit told us that they had been fully involved in the assessment, planning of their care and reviews. They felt confident that they would achieve their goal to return to their own home.

We saw people were being cared for safely and without restrictions. One person said, "I like to get up a bit later. I go out for a cigarette, [staff name] usually comes with me or I will go for one when they go on a break." A relative said, "[My family member] doesn't always make wise decisions but staff do respect [their] wishes providing it's not putting [them] at risk."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA) 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The provider had made suitable DoLS applications to the relevant authorities and these had been authorised where necessary. We found that the conditions on the DoLS authorisations were being met. A 'paid person's representative' [PPR] supports people with a DoLS; they monitor that the DoLS has been implemented. The PPR told us they had no concerns about the support provided by the staff and the record keeping.

People told us they were asked about consent to care and treatment where they could give this. We observed people being given choice and staff asking for consent during our inspection. A staff member said, "I always ask people before I help them. Most [people] can say or will let you know what they want. When getting someone ready I would hold up two outfits so they can choose."

People were provided with good choice of food. One person said, "The food is above average and we have a choice." Another person said, "We have enough to eat; I am never hungry but if we are, then we can always ask [staff for food and drink]." A relative told us that their family member's birthday was celebrated with a buffet for the family.

Drinks were available and within reach in the lounges and in people's rooms so that they could help themselves. Regular drinks were offered to people to prevent the risk of dehydration.

People had their meals in a relaxed and comfortable atmosphere that they enjoyed. Menus were available on each dining table. Staff used the picture menus or showed people the plated meal options so that they could see and smell what was on offer and make a choice. All the meals were presented well and portions sizes suited individual appetites. Staff provided support to people where required; encouraging them to eat and offering second helpings. People were offered an alternative meal if they no longer wanted to eat their chosen meal.

People's nutritional needs had been assessed and the kitchen staff were provided with information about people's dietary requirements. Records showed people had been referred to the dietitian when they had experienced difficulties with swallowing. Care plans incorporated advice from the dietitian, which specified the food choices and textures required. Food and fluid intake was monitored, when required and documented.

People were supported to live healthier lives and got health care support when they needed it. One person said, "If I need to the GP then they will get [GP] to come in to see me." A relative said, "I couldn't fault the staff; my [family member] was seen by the nurse and doctor regularly. As soon as there were any changes [in their health] they called the doctor." Records showed that staff had sought medical advice when people's health was of concern.

People had personalised their bedrooms with personal items such as photographs that helped them in

feeling settled. A person in the assessment unit said, "This [room] is suits me as I'll be going home as soon as I'm back on my feet."

Is the service caring?

Our findings

At the last inspection in November 2017, we rated this key question as 'requires improvement' because people's dignity and privacy was not always maintained.

At this inspection we found improvement had been made. One person said, "My dignity is maintained and they treat me with respect. They close my door and curtains when administering care." Another person said, "The staff knock before entering my room."

People were given biscuits on a napkin or a plate with their drinks. This protected their clothing and ensured food was safe to eat. At meal times people were offered an apron to protect their clothing when they ate. A staff member was heard saying to one person, "Would you like to freshen up and maybe change your blouse". This was done in a sensitive way as the person had spilt food on their clothing. The person agreed and returned to their room to change. That showed staff paid attention to people's appearance and maintained their dignity.

A staff member told us that they would always maintain people's dignity and privacy, and said, "I would leave the bathroom to give them some privacy when using the toilet. I would stay close by and help them when they have finished." We saw a member of staff place a blanket over a person's legs before they were moved using a hoist. Once the person was seated comfortably; their clothing adjusted the staff member removed the blanket.

All people and relatives spoken with, were complimentary of the caring attitude and approach of staff. One person said, "The staff look after me very well." Another person said, "The staff are caring; some of them get on your nerves as they come across over caring."

The service ensured people were treated with kindness, respect and compassion, and given emotional support when needed. We spoke with two people who had finished their breakfast. One said, "I've known [person's name] before I moved here; we're good friends. Staff are good to us. Staff do talk to me and see what I'm up to. I always look on the bright side of things and tell [person's name] not to worry and be happy. If [staff] go on a break [person's name] often goes with them so [they] can have cigarette too." A relative said, "My [family member] was really poorly; staff would often be seen sitting with [them]; talking to [them] and stroking [their] hand. Staff genuinely cared for my [family member]."

People looked comfortable, clean and well presented. They were sat in friendship groups and were heard talking about things that was of interest to them.

People told us that they were involved and could express their views about how they wanted their care to be provided. Decisions made by people were documented in a dignified way and outlined how the person should be supported. One person said, "I am able to make my own choices." Another person said, "Staff are clear when explaining things to me." This showed the staff understood and involved people in how they wanted to be supported.

People could use an advocate if they required support or advice from an independent person. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known.

The provider ensured people had the opportunity to express their views about the service. People could use the provider's website to comment about the service. People's views were sought through individual care review meetings and resident's meetings. One person involved in the residents meeting said, "[Management] do listen to us. Once we asked about the changing the knives as they were not cutting the food properly; they changed them". That showed people's views had been acted on. The registered manager told us that a suggestion box was being installed, so that people and visitors share their views and ideas anonymously, if they wanted to.

Staff understood and respected people's confidential information. Confidential information was only shared on a need to know basis. A confidentiality policy was in place. The provider had been certificated that they complied with General Data Protection Regulation, (GDPR) that relates to how people's personal information is safely managed.

Is the service responsive?

Our findings

At our previous inspection, this key question was rated as 'good'. It continues to be good.

People continued to be involved in the development and review of their care plan. People's decisions about their care and their diversity, religious beliefs and interests had been included. This enabled staff to understand how risks to people should be managed, respond to people's request for support and to interact with people in a meaningful way. People had access to an advocate if they felt they were being discriminated against under the Equality Act, when making care and support choices.

People told us that they continued to receive person centred care that met their personal needs and preferences. One person said, "I had a choice of male or female carer; I don't mind." The person felt staff provided the support they needed in the same way. One person said, "I'm a slow riser. I always read my newspaper from cover to cover in the morning." We saw they were served breakfast when they were ready to eat.

When a person started to bang the cutlery on the dining table before lunch was served a staff member talked to them; they were shown photographs of Hollywood stars and were asked to name the person and the films that they had starred in. The person's mood had visibly changed and other people seated in the dining were happier because staff had successfully provided a diversion to this behaviour and the banging had stopped.

There was a warm, friendly atmosphere around the home. People looked happy, relaxed and made decisions about how they wanted to spend their time. The dining room had been decorated and wedding photographs were displayed. One person said, "Yesterday a couple celebrated their 70th wedding anniversary. I enjoyed the buffet; especially the cake." Everyone we spoke with all said that they had enjoyed the special occasion. People spent time with their visitors in the dining room, lounge or the privacy of their bedroom. Some people chose to sit outside as it was a warm day.

Staff engaged with people in meaningful activities. The activity coordinator ran group and individual sessions. They told us that the activities and social events were planned in response to people's feedback and interests. They said, "We do a number of activities; bingo, skittles, arm chair exercises, manicures, hand massage and knitting." People told us that they took part in activities that were of interest to them. One person said, "I like to knit; they do knitting activities." Another person said, "The carers take me to the local church for afternoon tea." We saw the activity coordinator spent time with people individually. They told us that they had used different smells to stimulate people's senses and encouraged people to reminisce.

People's communication needs had been identified. Picture menus were available to enable people to choose what they wanted to eat. We saw staff used short clear sentences and allowed the person time to respond. That showed the provider was complying with the Accessible Information Standard (AIS). The AIS is a framework that requires services to identify, record, and meet the information and communication support needs of people with a disability or sensory loss.

People told us staff were responsive and supported them when needed. One person told us, "I have a [call] bell in my room; they come quickly when I use it." Another person said, "Staff [member] peeps into your room in the night to see if you are alright; it's good that they check on you." A relative said, "When [my family member] had a fall, staff called me to say what they had done. They know it's a long way for me to come but they always call me. They let me know when it's time to review [their] care plan."

Staff understood how to meet people's care needs. Care plans and supporting records showed that staff provided care in line with people's care plans and their wishes. Regular wellbeing and safety checks were carried out on people who needed to be re-positioned in bed or preferred to stay in their room. A staff member said, "If I'm not sure then I read the care plans. We also have updates on everyone at handovers." We observed staff handover meetings. The senior carer provided a brief overview of each person's wellbeing, any health concerns or planned GP visits. This showed that staff were aware of, and knew how to respond to people's changing needs.

People were supported at the end of their life to remain dignified and comfortable. A relative was complimentary about their care provided to their family member. They said, "[My family member] was really loved by the staff and they cared for [them] as their own parent. They did everything to make [their] last few days comfortable."

The registered manager and staff team had received training on end of life care and they worked with health care professionals. Bereavement and counselling information was available to staff, people who used the service and their relatives. Arrangements were in place should anybody require this care, which included support with an advanced care plan when required. An advance care plan is used to record people's treatment, care and end of life wishes. No one was currently receiving end of life care.

People knew who to talk to if they were unhappy about their care or had a complaint. One person said, "I haven't got anything to complain about; they look after me well." A relative said, "If there is a problem I speak to [registered manager] and she deals with it."

The complaints procedure was displayed within the home, which included the contact details for the local advocacy service should people needed support to complain. The service had received three complaints; all had been investigated and appropriately actioned including any ongoing monitoring such as checks to ensure staff followed the infection control procedures. This showed us the service was open and transparent in handling complaints and used results to bring about improvements in providing care to people.

Is the service well-led?

Our findings

At the last inspection in November 2017, we rated this key question as 'requires improvement'. The provider's quality assurance systems were not used effectively to ensure people received safe quality care. The provider was asked to send an action plan that outlined how they would meet the legal requirements.

At this inspection we found that improvements had been made despite no action plan being received from the provider. The compliance and care standards officer was given the opportunity to share with us the action they had taken. The provider's internal communication systems showed that the registered manager had been supported to implement the quality assurance system. The registered manager had been kept up to date with best practices and changes in legislation in how to support people. The provider's policies and procedures had been reviewed regularly, linked to relevant best practice guidance. The registered manager responded to ensure that any changes were shared with the staff team. For example, they shared the need for daily checks to be carried out to ensure the transdermal medicine patches applied to person remained in place.

We found the provider's quality assurance systems were being used effectively. They included a range of internal checks and audits. These helped to highlight areas where the service was performing well and the areas which required development. Audits were carried out on people's medicines and care plans to ensure people's needs continued to be met safely. Audits on the premises, equipment and infection control enabled the registered manager to monitor that any improvements needed had been actioned. This ensured people lived in a safe environment. Records relating to day-to-day management of the service were kept up-to-date and helped to assure people the service was well managed.

Systems were in place to monitor incidents, accidents and feedback such as complaints and concerns. For example, call bell audits showed that staff responded within the expected timeframe. Where a person had fallen, their risk assessment had been reviewed to ensure that the care provided remained appropriate.

The registered manager provided good leadership. They demonstrated that they understood their legal responsibilities and managed the service well. The latest CQC inspection report and rating had been displayed at the service and on the provider's website. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The provider has sent us appropriate notifications about significant events at the service which they must legally do and included the actions taken to maintain people's safety.

The photographs on the provider's website for Thurn Court was not an accurate reflection of the service. We brought this to the attention of the registered manager and the compliance and care standards officer representing the provider. They assured us that this would be addressed. We will continue to monitor this.

The registered manager and the staff team understood the provider's vision and values to provide quality care. All had completed training in equality and diversity to ensure their approach to people's care was non-discriminatory. The registered manager said, "It's important that staff see that I have to do the same training

and more, to do my job well."

We saw the service had received cards, compliments and letters of thanks from people and relatives. The comments showed that people were satisfied with the quality of care provided, and the management and staff team's caring attitude and approach.

People using the service, staff and visitors all spoke positively about the registered manager and how they managed the service. All said that the registered manager was approachable and willing listen and acted on feedback. The comments received included, "The [registered] manager would do her best to keep everyone happy." "[Registered manager] and staff team are brilliant. Thurn Court is a family, its homely and is part of this community." And "[Registered manager] is very good, hard working and committed to providing a good service. She cares for our residents and supports us [staff team]. You can talk to her if you have a problem."

Systems were in place to ensure the views of people who used the service and staff were sought. Records showed residents meetings were held regularly. People told us that they were kept informed about developments being made to the service such as new activities and planned decoration. Surveys returned by people using the service and relatives were being analysed. The registered manager told us that the results and any improvement identified would be shared with people. That showed feedback about the service was being used to make improvements to the service.

People told us and we saw staff were organised and work well together as a team. A system was in place that ensured staff had accessed regular training and supervision and appraisals where they could discuss their work and identify training needs. The staff team felt they were well supported individually and through staff meetings. Staff meeting minutes showed that staff were information about changes to the service, had the opportunity to raise concerns and share ideas about good practice. This enhanced people's quality of life. We noted that there were no updates to the actions identified at the previous meeting. Review and any updates on previous actions would show the staff views were valued and acted on to influence changes, where appropriate.

The registered manager gave examples of the lessons learnt from incidents, complaints and external audits carried out by the local authority and the Care Quality Commission (CQC). For example, the system to support and train staff had improved. The local authority that monitors and commissioners care for people also noted the same improvements. They awarded Thurn Court, compliance level C in their quality assessment framework. This meant the service provided good care. They received positive feedback from people who used the service about the quality of care provided and the registered manager.

The registered manager and staff team were responsive when we raised issues or needed information. For example, one person told us that they were still waiting for an appointment to have a shoe fitting. When this was mentioned to the registered manager they confirmed that a podiatry appointment had been made for July and informed the person. This showed that people's views were listened to and acted upon, ensuring people had a voice.

The registered manager and staff team worked in partnership with other agencies in an open and transparent way. Feedback received from health care professionals showed the registered manager was responsive. When people's health had not improved the registered manager followed up with the relevant health care professionals. Examples shared with us showed that there had been a positive impact on the person's quality of life. This supported our findings and showed that people received quality care from a well-managed service.

