Thorndene Limited

Thorndene

Inspection report

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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

This inspection took place on 22 July 2016 and was unannounced.

Thorndene is a residential service for 22 people living with a learning disability. People also had communication and mobility needs. There were 21 people living at the service at the time of inspection. The service offers spacious accommodation. It is a large country house, arranged in small homely groups, with a separate, smaller bungalow in the grounds providing accommodation and support for five people. The bungalow is designed to promote increased independence.
The care and support needs of the people varied greatly. There was a wide age range of people living at the service with diverse needs and abilities. The youngest person was in their 30's and the oldest in their 80's.

There was a new registered manager working at the service. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the care and has the legal responsibility for meeting the requirements of the law. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run. On the day of the inspection the registered manager was not available. The previous registered manager who recently retired from the post supported us throughout the day. The previous registered manager continued to support the new registered manager and was also a director of the company. There were also two duty managers who oversaw the day to day management of the main house and a manager who oversaw the management of the bungalow. There was duty manager on site seven days a week.

Staff had received safeguarding training to protect people. They said that they would report any concerns to the registered manager and felt confident that the correct action would be taken to keep people safe and protect them from abuse. Some staff were unsure where to report any concerns of abuse to outside the company, like the local authority safe guarding team. This is an area for improvement. Systems were in place to ensure that people's finances were protected.

Risks to people were identified and there were measures in place to reduce risks to keep people as safe as possible. There was guidance in place for staff on how to care for people effectively and safely and keep risks to a minimum without restricting their activities or their lifestyles. People received the interventions and support they needed to keep them as safe as possible. Accidents and incidents were recorded and the majority were reviewed to identify if there were any patterns or if lessons could be learned to support people more effectively to ensure their safety. Some of the accident and incident reports lacked detail. When people had unexplained bruising these were recorded but no analysis or cross referencing had taken place to investigate how the bruising might have occurred and how to reduce it in the future. This was an area for improvement.

Emergency plans were in place so if an emergency happened, like a fire, the staff knew what to do. There were regular fire drills so people knew how to leave the building safely. Safety checks were carried out

regularly throughout the building and the equipment to make sure they were safe to use.

Staff told us how they always asked people for their consent as they provided the care. They described how they supported people to make their own decisions and choices. Some people chose to be supported by their relatives when making more complex decisions. Staff had received training on the Mental Capacity Act (MCA) 2005. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made, involving people who know the person well and other professionals, when relevant. The management understood this process.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. DoLs applications had been made to the relevant supervisory body in line with guidance. Care staff would benefit from further clarity of why and how they were supporting people in line with their deprivation of liberty recommendations. This was an area for improvement.

A system to recruit new staff was in place. This was to make sure that the staff employed to support people were fit to do so. When prospective staff had gaps in their employment history this had not always been recorded. This was an area for improvement.

People had an allocated key worker. Key workers were members of staff who took a key role in co-ordinating a person's care and support and promoted continuity of support between the staff team. People had key workers that they got on well with. Staff were caring, kind and respected people's privacy and dignity. There were positive and caring interactions between the staff and people and people were comfortable and at ease with the staff. When people could not communicate verbally, staff anticipated or interpreted what they wanted and responded quickly. Staff respected decisions that people made when they did not want to do something and supported them to do the things they wanted to. People had choices about how they wanted to live their lives. Throughout the inspection people were treated with kindness and care.

There was a strong and visible person centred culture in the service. (Person centred means that care is tailored to meet the needs and aspirations of each individual.) The registered manager/provider, the duty managers and all the staff were passionate about providing a service that placed people and their families at the very heart of the service. They provided support that was based on mutual respect and equality. As a result, people felt really cared for and that they mattered. People received care that was personal to them. Staff understood their specific needs well and had good relationships with them. People were settled, happy and contented. People chose to spend time with staff. Staff treated people as individuals with dignity and respect. Staff were familiar with people's life stories and were very knowledgeable about people's likes, dislikes, preferences and care needs. They approached people using a calm, friendly manner which people responded to positively. This continuity of support had resulted in the building of people's confidence to enable them to make more choices and decisions themselves and become more independent.

Before people decided to move into the service their support needs were assessed by the registered manager. People's care and support was planned and reviewed to keep people safe and support them to be as independent as possible.

People were supported to participate in a variety of activities that they enjoyed and that were tailored to their needs and choices. Activities took place throughout the week. A system to receive, record, investigate complaints was in place, which showed complaints had been responded to appropriately.

There was an effective system of monitoring people's health needs and seeking professional advice when it was needed. Assessments were made to identify people at risk of poor nutrition, skin breakdown and for other medical conditions that affected their health.

People were supported to have a nutritious diet. Care and consideration was taken by staff to make sure that enjoy their meals. People chose the food and drinks that they wanted.

People received their medicines safely and when they needed them. They were monitored for any side effects. If people were unwell or their health was deteriorating the staff contacted their doctors or specialist services. People's medicines were reviewed regularly by their doctor to make sure they were still suitable.

There were enough staff, who knew people well, to meet their needs at all times. The needs of the people had been considered when deciding how many staff were required on each shift and to support people in different activities. Staff were clear about their roles and responsibilities and worked as a team to meet people's needs. People received care and support from a dedicated, stable team of staff that put people first and were able to spend time with people in a meaningful way.

Staff had support from the registered manager to make sure they could care safely and effectively for people. Staff completed induction training when they first started to work at the service. Staff were supported during their induction, monitored and assessed to check that they had attained the right skills and knowledge to be able to care for, support and meet people's needs. Staff completed essential training provided by the company. There was also training for staff in areas that were specific to the needs of people, like epilepsy and dementia. There were staff meetings, so staff could discuss any issues and share new ideas with their colleagues, to improve people's care and lives.

The registered manager led the staff team and had oversight of the service. Staff were motivated and felt supported by the registered manager. The registered manager and staff shared a clear vision of the aims of the service. Staff had received regular one to one meetings with a senior member of staff. They had an annual appraisal, so had the opportunity to discuss their developmental needs for the following year.

The provider had systems in place to monitor the quality of the service. Audits and health and safety checks were regularly carried out. The registered manager had sought formal feedback from people, relatives, staff and visiting professionals.

Staff were aware of the ethos of the service, in that they were there to work together to provide people with personalised care and support and to be part of the continuous improvement of the service. Staff told us that there was an open culture and they openly talked to the registered manager about anything. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

The provider had taken steps to protect people from abuse. The registered manager recorded accidents and incidents but there was not always a full analysis to reduce re-occurrence.

Risks to people were assessed and guidance was available to make sure staff knew what action to take to keep people as safe as possible.

Checks were carried out before staff started to work at the service to make sure they were safe to work with people. Gaps in employment were not always recorded.

There were sufficient numbers of staff on duty at all times to make sure people received the care and support that they needed.

People received their medicines when they needed them and in a way that was safe.

Is the service effective?

Good

The service was effective.

The management understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Care staff would benefit from further clarity of why and how they were supporting people in line with their deprivation of liberty recommendations.

Staff received induction, training, support and supervision to support people effectively.

People were offered food and drinks they liked to help keep them as healthy as possible.

People regularly saw healthcare professionals. People were supported with their health needs.

Is the service caring?

Good

The service was good in providing caring staff to support people.

The management and staff had a strong, visible person centred culture and were exceptional at helping people to express their views so they could understand things from their points of view.

People and relatives valued their relationships with the staff team and felt that they often went 'the extra mile' for them, when providing care and support. As a result they felt really cared for and that they mattered.

The management team and staff were outstanding in enabling people to remain independent and had an in-depth appreciation of people's individual needs around privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People received the care and support they needed to meet their individual needs. People's preferences, likes and dislikes were taken into consideration.

People were supported to make choices about their day to day lives. People were able to undertake daily activities that they had chosen and wanted to participate in.

There was a complaints procedure in place. People were supported to raise any concerns. Their views were taken into account and acted on.

Is the service well-led?

Good

The service was well-led.

There was a clear set of aims at the service including supporting people to be as independent as possible.

Staff were motivated and led by the registered manager. They had clear roles and responsibilities and were accountable for their actions.

Checks on the quality of the service were regularly completed.

People and their relatives shared their experiences of the service.

Accurate records were kept about the care and support people received.

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Detailed findings

Background to this inspection

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

This inspection took place on 22 July 2016 and was unannounced. It was carried out by two inspectors.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with other information we held about the service. We looked at previous inspection reports and notifications received by CQC. A notification is information about important events which the provider is required to tell us about by law, like a death or a serious injury.

We assessed if people's care needs were being met by reviewing their care records. We looked at four people's care plans and risk assessments. Some people could not talk to us so we spent time observing them and communicated using body language and signs. We looked at how people were supported throughout the day with their daily routines and activities. We observed staff carrying out their duties. These included supporting people with their personal care, encouraging people to be involved with daily domestic duties and engaging people in activities.

We looked at a range of other records which included three staff recruitment files, the staff induction records, training and supervision schedules, staff rotas, medicines records and quality assurance surveys and audits.

We spoke with eight people and seven members of support staff and the office manager. We also spoke with the previous registered manager. We also spoke with one relative and had feedback from one visiting professional. We looked around the communal areas of the service and some people let us look at their bedrooms.

We last inspected this service on 10 November 2013. There were no concerns identified at this inspection.

Good

Is the service safe?

Our findings

People told us that they felt safe, they said that they were treated well and the staff made sure they were well looked after. People said, "I feel safe yes. The staff listen to me" and "I was lost in the system for years, I was very frightened. Then I found Thorndene and life has never been better".

A relative said, "I totally trust the staff. I am confident (my relative) is safe and sound".

A staff member commented. "We believe that the resident is never wrong. It's how we manage the situation that's important".

People looked relaxed in the company of each other and the staff. They smiled and laughed a lot. People sat close to staff when they wanted to and were content. If people were unable to communicate fully using speech staff were able to recognise signs through behaviours and body language. People had communication plans and aids that explained how they would communicate or behave if they were anxious or worried about something. If people became concerned about anything staff spent time with them. Staff knew people well so they were able to respond quickly and helped people if something had upset them. Staff were able to tell if someone was unhappy. They took the time to find out what was wrong and took the necessary action to rectify the situation.

Staff said they would not hesitate to report any suspicion of abuse to the registered manager. They had an understanding of different types of abuse and had received training on keeping people safe. They were confident any concerns they raised would be taken seriously and fully investigated to ensure people were protected. Staff said they would know if something was wrong. However, they were not fully aware of the process of reporting or referring safeguarding concerns to the local authority. This was an area for improvement.

Staff were aware of the whistle blowing policy and understood they would be protected should the need arise to question another member of staff's practice. They told us that the registered manager or provider would take immediate action to any concerns they may raise. If staff practice fell below the required standard then the registered manager followed clear staff disciplinary procedures and took the appropriate action to make sure people were safe.

People were protected from financial abuse. There were procedures in place to help people manage their money as independently as possible. This included maintaining a clear account of all money received and spent. Money was kept safely and was only accessed by senior staff. People could access the money they needed when they wanted to.

Accidents and incidents were recorded by staff. Most of these were assessed to identify any pattern and staff took action to reduce risks to people. Incidents were discussed with staff so that lessons could be learned to prevent further occurrences. However, some records and body maps recorded unexplained marks and bruising. Some of accident and incident records lacked detail to identify why marks or bruising might have

occurred. No analysis or cross referencing had taken place to investigate how the bruising might have occurred and how to reduce this in the future. The previous manager and staff were able to offer explanations as to why they thought the bruising had occurred but this was not formalised and recorded.

We recommend that the service seek advice and guidance from a reputable source about recording, cross referencing and analysing these types of accidents and incidents.

Other risks had been assessed in relation to the impact that the risks had on each person. Steps had been taken to eliminate risks or keep them to a minimum, such as when undertaking household tasks, attending to people's personal care, monitoring their health and when they were going out in the local area. There was guidance in place for staff to follow about the action they needed to take to make sure that people were protected from harm in these situations. This reduced the potential risk to the person and others. People accessed the community safely on a regular basis. When some people were going out, they received individual support from staff that had training in how to support people.

Staff ensured that equipment and the premises were safe. There were regular checks and servicing on equipment which included weekly checks on wheelchairs, the boiler safety check and the electrical system. Rooms were also checked on a regular basis to ensure equipment was working. In the event of a fire plans were in place to move people to other parts of the building to keep them safe. Each person had an individual personal emergency evacuation plan (PEEP) with guidance for staff about how to evacuate people from the building. There were maintenance log sheets for the premises and garden to ensure work was carried out promptly.

People received their medicines when they needed them. There were policies and procedures in place to make sure that people received their medicines safely and on time. Staff received training on how to give people their medicines safely and their competencies were checked regularly to make sure their practice remained safe. Medicines were stored securely in each person's bedroom. Staff accompanied each person to their room to support them to take their medicines in private. Each person had an individual medicine record chart showing their personal details, the medicines they were prescribed and when they should take them. Staff talked to people before giving them their medicines and explained what they were doing. They asked if they were happy to take their medicines. Staff waited for people to respond and agree before they gave them. Room temperatures were checked daily to ensure medicines were stored at the correct temperatures. The records showed that medicines were administered as instructed by the person's doctor. People's medicines were reviewed regularly by their doctor to make sure they were still suitable. When one person's medicine was changed the staff noticed deterioration in the person's mobility. The staff closely monitored and evaluated the situation. They worked closely with the doctor to review and reduce the medicine until they found a 'happy medium' and the person was now walking again.

Regular checks were carried out on medicines and the records to make sure they were correct. Some people were prescribed medicines they needed only now and again. Guidelines were in place for staff to refer to about when to give this occasional medicine.

The number of staff needed to support people safely had been decided by the authorities paying for each person's service. The service had recommended staffing levels which was flexible in line with people's needs and activities. The staff rota confirmed that these levels had been achieved consistently and there were sufficient staff on duty at all times to meet people's needs. Staff told us that when staff were sick or on annual leave the rota was always covered. The service did not use agency staff as they had their own bank staff to call on in times of emergency cover. People's one to one support hours were allocated and staff were matched to support people with similar interests and activities. There was always a member of the

management team on duty throughout the week. There was a system of on call staff to support staff with any guidance or further assistance twenty four hours a day. In addition to the care and support staff a full time activity person was also employed together with two chefs, three domestic staff and two handy persons to maintain and repair the property. On the day of the inspection the staffing levels matched the number of staff on the duty rota and there were enough staff available to meet people's individual needs.

Staff had been recruited safely to ensure they were suitable work with people who needed care and support. The service had scanned all recruitment records into their recruitment system on line which had resulted in some documents being missed. These documents were later evidenced in hard copies. When prospective staff had gaps in their employment history this had not always been recorded. Staff told us that this had been questioned with a satisfactory response received but this had not been recorded. This was an area for improvement. Written references from previous employers had been obtained and checks were done with the Disclosure and Barring Service (DBS) before employing any new staff to check that they were of good character. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff told us they had been recruited safely. They said they had a face to face interview and relevant safety checks had been carried out.

Good

Is the service effective?

Our findings

Staff and the management team knew people well. They spoke warmly of the people they cared for and were able to explain people's support needs and individual qualities. People told us and indicated that they were happy with how they were looked after and the staff knew what to do to make sure they got everything they needed.

A relative told us, "The staff are exceptional here. The quality of staff is high". When (my relative) was taken into hospital while away from the home, the staff never left their side. They were with them from start to finish and they kept us up to date on everything that was happening".

People had a wide range of needs. People's conditions were complex. People were able to make choices about how they lived their lives, including how they spent their time. During our inspection people made decisions and were offered choices which staff respected and supported. People were able to indicate and tell staff how they preferred their support to be provided.

The staff understood the importance of asking people for their consent before they provided care and support. If people refused something this was recorded and respected. 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff had received training in relation to the MCA. We checked whether the service was working within the principles of the MCA. The registered manager had considered people's mental capacity to make day to day decisions and there was information about this in their care plans.

The management team and staff were aware of the need to involve relevant people if someone was unable to make a decision for themselves. If a person was unable to make a decision about medical treatment or any other big decisions then relatives, health professionals and social services representatives were involved to make sure decisions were made in the person's best interest. Independent Mental Capacity Advocates, (IMCA - an individual who supports a person so that their views are heard and their rights are upheld) had been involved in supporting people to make decisions in their best interests. This helped people express their needs and wishes, weigh up and take decisions about options available to the person.

The registered manager knew when to apply for Deprivation of Liberty Safeguards (DoLS) authorisations for people. These authorisations were applied for when it was necessary to restrict people for their own safety. These were as least restrictive as possible. The registered manager had applied for and obtained deprivation of liberty safeguards (DoLS) authorisations for people. Staff had knowledge of and had completed training in the MCA and DoLS. The staff team were able to discuss how the MCA might be used to protect people's rights or how it had been used with the people they supported.

Although staff had received training in the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS)

and demonstrated how they were supporting people in the less restricted way, they did not link this information to the legislation. Staff would benefit from further clarity of why and how they were supporting people in line with their deprivation of liberty recommendations. This was an area for improvement.

Training records showed that staff received the basic training they needed to support people, such as moving and handling, health and safety, first aid, food hygiene, fire and infection control. Staff had their skills and knowledge checked by senior staff to ensure they were competent. Staff told us that the training was ongoing and refresher training was also provided regularly to ensure they were up to date with current legislation and practice. In addition to basic training staff had received MAPA training (intervention techniques to cope with escalating behaviour), medicine training, equality and diversity, dementia training, and epilepsy training. Staff were also trained to support people with their individual needs such as physio exercises, support with nebulisers, and oxygen therapy.

Twenty two of the forty seven staff had had completed vocational qualifications in health and social care and others were in the process of being registered to complete the award. These are work based awards that are achieved through assessment and training. To achieve vocational qualifications candidates must prove that they have the competence to carry out their job to the required standard.

The induction training programme was in line with the new Care Certificate and included competency tests and shadowing established staff. The Care Certificate has been introduced nationally to help new carer workers develop key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and quality care. Staff told us they had completed the induction training and had shadowed established staff for a period of two weeks. One member of staff told us that they did not feel confident enough after the two weeks and further shadowing took place until they felt ready to work on my own. Staff also said that they read people's care and support plans to understand how to care for people in a personalised way.

People were supported by staff who had supervisions (one to one meetings) with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. Yearly appraisals were in place for all staff to give them an opportunity to discuss their performance and further training and development needs. Staff told us that they were fully supported by the management team and they were always around for additional support and guidance.

People said and indicated that they enjoyed their meals and were supported and encouraged to eat a healthy and nutritious diet. They could choose what they wanted to eat at the times they preferred. People were encouraged to go food shopping with staff. Staff were aware of what people liked and disliked and gave people the food they wanted to eat. Staff respected people's choices about what they did eat. On the day of the inspection one person did not want the lunch choices that were on offer. The staff asked the person what they wanted; they chose a roast beef and horseradish sandwich. The kitchen staff did not have any roast beef so the staff took the person to the shop to get them what they wanted. The person enjoyed their lunch.

Some people could help themselves to drinks and snacks when they wanted to. People often went out to eat in restaurants and local cafés. The management and staff and people had recently organised a 'Strawberry Tea' for relatives, stakeholders and people involved with the service. One person told us, "We were so busy getting ready, preparing everything the night before, there was no time to cook, so we went and bought fish and chips, they were lovely".

Staff positively supported people to manage their diets and drinks to make sure they were safe and as

healthy as possible. Nutritional risk assessments were completed to make sure people were receiving the food they needed. Some people had complex nutritional needs and had been involved with health care professionals to ensure they received a healthy diet. People needed food that was prepared specially for them. The consistency and texture of people's food varied depending on their needs. Some people had special tubes where they were fed directly into their stomach with a special liquid diet. Some people were at risk of not drinking enough. The assessments identified how much fluid people should be aiming to drink daily. Staff were recording when the person had drinks and this was added up at the end of each day to monitor if the person had enough to drink. People received the amount of nutrition that they needed and they were monitored to make sure their weights were stable. People said, "If there is something I don't like they ask me if I would like something else" and "The food is really good." Staff provided people with the support they needed during the lunch time meal.

There were reliable procedures in place to monitor people's health needs. People's care plans gave clear written guidance about people's health needs. Each person also had a 'Health Action Plan' which set out in more detail each person's health needs and the action that had been taken to assess and monitor them. This included details of people's medical conditions, specialist appointments, like physiotherapy, occupational therapy and speech and language therapy, dental visits and needs concerning people's mobility. One person needed regular physiotherapy throughout the day. The staff supporting the person had been trained to carry out the exercises to make sure the persons airways were kept clear and they remained as healthy as possible.

The people and staff had close, supportive links with health care professionals, including doctors, the local learning disability team and nutritional teams. When it was necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. Staff knew people and were able to tell when they were unwell by their behaviours and body language. When people had problems eating and drinking they were referred to dieticians. People who had difficulty communicating verbally or had swallowing difficulties were seen by speech and language therapists so other ways of communicating could be explored. People were supported to undertake routine screening test to make sure they remained as healthy as possible. People were supported to attend appointments with doctors, nurses and other specialists when they needed to see them.

Good

Is the service caring?

Our findings

Staff were polite and treated people with respect. When people visited the office to collect their monies, staff chatted to them about their daily routines. They asked people about their day and offered their cash to people and waited until they responded.

Staff knew people well and took time to support them. They involved people and supported them to take part in conversations such as when they were handing back monies after a shopping trip. The member of staff kindly counted each bit of change back into the tin so the person could be sure it was correct.

Staff said that they strived to give the highest level of care and support to people. One staff member said "Residents always come first. We want people to flourish and be happy".

Staff told us that they looked forward to coming to work, and that staff morale was high. They said, "When staff are happy and cheerful there is a good banter between people and staff, this creates a homely comfortable place for people to live in". "The level of care is high at this home; we really do care for the people who live here". "The people are more like my family; I treat them with love, care and empathy". "I love this place, I get up in the morning and never feel I don't want to go to work, I am happy to care for people living here and I think it makes me a better person". "The staff and management are a very good team. We all get on really well which provides a positive caring service".

A visiting professional said, "When I visited Thorndene to review a person I had a really nice visit, the staff were engaging, communicated well with their residents and the residents were not all stuck round a TV but were taking part in different activities. The interaction between the staff and residents struck a chord as they appeared to be treated as family members rather than "patients". I didn't have to ask to have a quiet area to see the patient and notes of my consultation were taken down to be added to the clients notes so that other staff members would be aware of any treatment changes".

A relative said, "They (the staff) are skilled and genuinely care for people who present with complex learning disabilities". They also praised the staff and told us that they have no doubts and feel confident that their relative received the best possible care.

Staff had arranged to take a person and their parent away for a birthday treat so they could have some real quality time together. They arranged for an overnight stay at a hotel with spa and pampering sessions. The trip was successful and enjoyed by all.

A person had expressed an interest in taking part in ceremonies of the religion they had practised when they were younger and were taking an interest in their faith. This was supported and encouraged by the staff. The person was now partaking and involved in religious occasions and festivals which they found comforting and enjoyable.

Regular weekly church services were held at Thorndene for people who wanted to attend. The services were

prepared in formats that people could understand so they were more involved and could actively participate.

The staff had a good knowledge of the people they were caring for. Staff said that they kept themselves up to date about the care and support people needed by reading people's care plans. The key worker system encouraged staff to have a greater knowledge, understanding of and responsibility for the people they were key worker for. Key workers were assigned to people based on personalities and on people's preferences. Key workers and other staff met regularly with the people they supported to find out what they wanted to do immediately and in the future.

People were relaxed and comfortable with staff and told us how they were off to the local shop to get some shopping. Another person told us how they had just had a coffee and purchased bird feed and a plant from the local garden centre to use in the garden.

People said and indicated they thought the staff were caring and that they liked the staff. People wanted to be with staff. They asked staff to take them to places when they wanted something. People were very relaxed and comfortable in their home and with the staff that supported them. The staff were warm and welcoming. Staff listened carefully to people and responded to their requests. Staff used different ways of communicating with people. They talked slowly, used gestures and signs. Staff put their hands out to touch people in a kind and gentle manner. They were able to understand people through body language, facial expressions and certain sounds and supported people in a discreet, friendly and reassuring manner. Staff changed their approach to meet people's specific needs so they changed the ways they communicated to suit different people. People were aware of what was being said and were involved in conversations between staff. Staff responded quickly to people when they asked for something. Throughout the inspection exchanges between people and staff were caring and professional. Staff explained things to people and took time to wait for them to respond. There were positive and caring interactions between the staff and people. People were comfortable and at ease with the staff.

Staff knew people very well and knew how they liked to receive their care and support. The staff had knowledge about how each person liked to receive their personal care and what activities they enjoyed. Staff were able to tell us about how they cared for and supported each person on a daily basis to ensure they received effective personal care and support. They were able to explain what they would do if people were unwell, unhappy or if there was a change in their behaviour.

Staff were very motivated and inspired to offer care that was kind and compassionate. The staff displayed determination and creativity to overcome obstacles to improve the lives of people. When one person came to live at the Thorndene they had previously spent most of their time in their bedroom, isolated. Since coming to Thorndene they seldom went to their bedroom during the day preferring to spend their time in the communal areas and going out and about doing activities that they enjoyed. Staff had worked, supported and encouraged the person to live a more fulfilling and active life.

Staff encouraged and supported people in a kind and sensitive way to be as independent as possible. People's level of independence was developing and increasing and staff continually supported them to achieve more. Staff asked people what they wanted to do during the day and supported people to make any arrangements. Staff explained how they gave people choices each day, such as what they wanted to wear or eat, where they wanted to spend their time and what they wanted to do. Some people liked to go out in the local area and others preferred to spend time in their bedrooms or in the communal areas. This was respected by the staff.

The service had a strong, visible person centred culture. All the people were supported and empowered to develop their independence in some way. Staff were doing activities 'with' people and not 'for' people. People received care that was individual to them. Staff understood their specific needs. Staff had built up strong relationships with people and were familiar with their life stories, wishes and preferences. This continuity of support had resulted in the building of people's confidence to enable them to make more choices and decisions themselves. People were contented living at Thorndene. There was a friendly and inclusive atmosphere with everyone included as much as they could be in the general running of the service. People were involved in cooking, cleaning and washing their laundry.

Observations showed that all the staff interacted well with people. They spoke with people kindly, laughed and joked. They took time to listen to what people had to say and acted on their wishes. Staff were outgoing and friendly which impacted on the response they got from people and it was obvious that people liked the staff.

People, when they were able, were involved in planning their own care and deciding what they wanted to do. If people had family then their views and opinions were sought in planning people's care. Some people did not have relatives who could support them. The staff told us they accessed independent advocates to support people who did not have any one to speak up on their behalf.

People had their own bedroom. Their bedrooms reflected people's personalities, preferences and choices. People had equipment like radios, music systems and televisions, so they could spend in their time doing what they wanted. All personal care and support was given to people in the privacy of their own rooms or in the bathroom. Staff described how they supported people with their personal care, whilst respecting their privacy and dignity. This included explaining to people what they were doing before they carried out each personal care task. Staff knocked quietly on people's doors before they entered their rooms. They introduced themselves, asked if it was alright to come in and explained what they were going to do. People, when they needed it, were given support with washing and dressing. People chose what clothes they wanted to wear and what they wanted to do.

All information about people was stored securely and locked so that it was kept confidentially.

Good

Is the service responsive?

Our findings

People were supported to be involved in their care and support when they wanted. The staff worked around their wishes and preferences on a daily basis. People indicated to staff about the care and support they wanted and how they preferred to have things done. Staff followed people's wishes.

Some people went to stay with their families at the weekend. During a discussion in a meeting people had said because of this they missed out on roast dinner on a Sunday and they really liked roast dinner. The outcome was that roast dinner was changed to a Monday so everyone could enjoy their favourite meal.

Before new people came to live at the service the registered manager carried out an initial assessment to make sure Thorndene would be the right place for the person to live. From this information an individual care plan was developed to give staff the guidance and information they needed to look after the person in the way that suited them best.

Each person had a care plan. The care plans were personalised and contained details about people's background and life events. Staff had knowledge about people's life history so they could talk to them about it and were aware of any significant events. People who were important to people, like members of their family and friends, were named in the care plan. This included their contact details and people were supported to keep in touch.

The care plans were in a format that people could understand and could be involved in. When people could not communicate using speech they had an individual communication plan. This explained the best way to communicate with the person. Staff were able to interpret and understand people's wishes and needs and supported them in the way they wanted. People had started to use 'electronic tablets' to assist them in communicating. This was to support people to increase their independence. People were supported to keep in touch with their families using computers. Some people had chosen to have mobile phones and each person had an email address so they could communicate and contact their relatives and friends.

Staff were responsive to people's individual needs. Staff responded to people's psychological, social, physical and emotional needs promptly. Staff were able to identify when people's mental health or physical health needs were deteriorating and took prompt action. Care plans contained detailed information and clear guidance about all aspects of a person's health, social and personal care needs to enable staff to care for each person. They included guidance about people's daily routines, behaviours, communication, mobility, consent and eating and drinking.

People's preferences of how they received their personal care were individual to them. What people could do for themselves and when they needed support from staff was included in their care plan. People's ability to express their views and make decisions about their care varied. There was information about what made people happy, what made them unhappy and what made them angry. When people could not communicate fully they had an individual communication plan. This explained the best way to communicate with the person. Staff were able to interpret and understand people's wishes and needs and

supported them in the way they wanted.

There was a list of behaviours that had been assessed as communicating a particular emotion, and how to respond to this. Staff said that these were helpful and generally accurate and helped them support the person in the way that suited them best. The support plans focused on how to manage the behaviours positively. These plans were person centred and bespoke for each person.

People's personal plans identified their goals, aspirations and fears. One person told us about their interest in Fine Art. They said that they been to visit a lot of museums and galleries locally and in London but had wanted to go further afield. Arrangements had been made for them to go to France. They were supported by a member of staff. They went, had really enjoyed the experience and would like to go again. Another person wanted the experience of going to the opera. The arrangements were made and they went. There were pictures on the notice board showing that the person had a really good time.

One person told us, "It's good living here. I do my own thing".

People were encouraged and supported to join in activities both inside and outside the service. The service employed an activities co-ordinator who organised weekly activities for people. There was an activity centre in the grounds of the service. The provider was in the process of constructing a new building for activities which would allow more people to attend at any one time and would provide more opportunities for people to develop their skills and do more of the activities that they liked.

A variety of activities were planned which people could choose from. Some activities were organised on a regular basis, like swimming, horse riding, or going out in the local area. People had recently started drama sessions which were popular. People were occupied and enjoyed what they were doing. Staff were attentive and knew when people were ready for particular activities and when they had had enough. Staff told us everyone did activities they wanted to do. There were visits to places like the local theatre, vineyard, and a garden centre. Some people worked at the garden centre and in the tea rooms that were on the site. Staff supported people to go on holiday if they wanted to. Some people went every year to Spain and other people preferred to stay closer to home and went to a caravan park in Hastings.

One person, due to their physical condition only had a short amount of time to go out during the day. The staff made sure that whenever possible the person went out and did the activity they wanted to. The person was happy and content. They looked forward to going out whenever it was possible. Another person liked to visit churches and staff supported them to do this. To make it more interesting and help the person develop skills the staff had encouraged and supported the person to take pictures of the churches, so they could show them to others and talk about their experiences to others.

The registered manger was in the process of reviewing and updating the complaints procedure in line with current guidance. The procedure was in a pictorial format and displayed in the service to enable people who were less able to understand the procedure so that everyone had a clear understanding of the process to complain. Staff told us that there had been no complaints therefore there was no evidence to show what systems were in place to record, monitor and resolve any issues. The manager told us that a complaints log would be implemented to ensure any complaints raised would be actioned and resolved.

People were supported through weekly meetings to assess if they were happy with the service. There was also guidance in the support plans about people's daily lives and indicators of what to look for should they be unhappy, to make sure they were being positively supported.

Good

Is the service well-led?

Our findings

People, relatives and staff told us the service was well led. People said that they could go the registered manager at any time. People and staff said that the registered manager always listened and sorted things out. Staff told us that the staff team worked well together.

The management team and staff were clear about the aims and visions of the service. People were at the centre of the service and everything revolved around their needs and what they wanted. There was a culture of openness and honesty; staff spoke with each other and with people in a respectful and kind way. Staff knew about the vision and values of the organisation which was which was based on 'person centred support' and supporting people to reach their full potential.

A new registered manager was registered with CQC in July 2016 and was currently being supported by a mentor (the previous registered manager who had agreed to remain at the service for a transitional period until the new registered manager became established). The new registered manager had worked at the service in a previous role for many years and knew the people and service well. The registered manager was supported by two duty managers, senior staff and office administrators. Staff told us that this system worked well and said the service was well led. They said, "This service is a 100% well led, the support from the managers is excellent". "At the moment we have the best of both worlds with the experience of the old manager and 'fresh eyes' from the new manager". "You can grab any manager at any time if you need guidance or support". "From every level this place is well led". "The management team are brilliant, nothing is too much trouble".

Staff told us that communication at all levels was good and they were clear about their role and responsibilities. They spoke about the service in a passionate way, emphasising how hard they worked as a team to get things right for the people who lived at Thorndene. They said: "Staff make sure the residents get what they want. I would be more than happy for my relative to live here". "People have a real choice of what they can do and achieve". "We can see the pride in relatives faces when their relative achieves a task, it is so rewarding".

There were links with the local community such as people attending clubs of their choice and going out to the local shops and garden centre. People had built relationships with people in the community. People were supported to keep in touch with their friends and family. People were encouraged and supported to develop new relationships with people outside the service.

The management team were actively involved in key local and national organisations such as the Kent Integrated Care Alliance, The Downs Syndrome Association to ensure they kept up with current legislation and practice. The service looked at ways for continuous improvement. For example it was noted that as the medicine needs of the people were becoming even more complex, it was decided to employ a person to be responsible and accountable for the overall management of medicines.

Staff handovers each shift ensured that staff communication was effective and staff were updated with

people's current needs and changes. There were regular management and staff meetings to ensure staff had the opportunity raise concerns and discuss the service. Topics included care and support plans, staffing levels and any relevant changes to the service. The management structure of the service was clear and staff understood their role and responsibilities.

Systems were in place to obtain people's views of the service, including residents' meetings and sending out quality assurance surveys. As well as the survey people have a monthly planning meeting covering their wellbeing and what plans they may have for the following month. The last survey to relatives was sent in November 2015, the results were positive with outcomes scoring mostly excellent and good. Health care professionals were also sent a survey with positive results about the care being provided.

There was a staff suggestion box to give them the opportunity to share their views about the quality of the service and make suggestions about changes and developments. The board visited the service regularly. They carried out visits to assess the quality of the service being provided. They had employed a consultant to oversee the governance of the service to make sure that they knew about and could act on any shortfalls.

There were effective systems in place to regularly monitor the quality of service that was provided. Staff audited all aspects of the service monthly such as, medicines, care plans, health and safety, infection control, fire safety and equipment. This enabled the management team to have an oversight of the service and to identify any shortfalls which might affect people's health, safety and wellbeing.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines. All records were stored securely and safely.