

The John Thornhill Memorial Trust Thornhill House Church Lane

Inspection report

Thornhill House
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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

About the service

Thornhill House is a care home providing personal and nursing care to 19 people aged 65 and over at the time of the inspection. It is a purpose built, single story home in a countryside setting next to a village.

People's experience of using this service and what we found

People and their relatives told us the service provided excellent care. They told us how they felt that Thornhill House was their home and that they were supported by caring staff who showed genuine compassion and respect to those living in the home. We saw lots of positive interactions with staff and people, and we could see people enjoyed the company of staff. Staff respected each person's rights and treated them as individuals. Care plans and risk assessments were person centred and they detailed how people wished and needed to be cared for. They were regularly reviewed and updated as required. We observed a strong, community orientated service.

People and their relatives had trust and confidence in the staff and management and everyone, without exception, said they would recommend the service to others.

People, their relatives and other health and social care professionals gave consistent, positive feedback about the service. This included the approach of staff, registered manager and partnership working. One GP told us, "The care there is superb and frankly sets them far apart from the neighbouring care homes." The registered manager and staff regularly worked with other professionals to ensure the best outcomes for people living in the home.

The provider ensured people had access to a wide range of meaningful activities. This included trips out to places that people said they wanted to visit and events. We saw many examples of where the involvement of the local community had enabled people to feel included and part of their community once again.

The management team had maintained an open and supportive culture in the home. Staff and people using the service told us they felt the registered manager was approachable and accommodating.

Medication was managed safely for the majority. During inspection we identified that the recording of 'as and when' medications was not sufficient however the registered manager immediately acted on this feedback. Additionally the premises were very safe, and checks were carried out regularly however the documentation did not reflect this. Again, the registered manager was responsive, open and transparent and immediately actioned this.

Risks which compromised people's health and well-being were appropriately assessed, reviewed when needed and contained detailed information. People told us they felt safe with the service.

Accidents, incidents, safeguarding and complaints were managed appropriately and monitored by the

management.

The registered manager had a range of audits in place and accessed other sources of information to review and improve practice. People were able to give their opinions on their care service and a range of communication methods were in place to ensure people continued to have this opportunity.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Policies and procedures were in place and updated, such as safeguarding, complaints, medication and other health and safety topics. Infection control standards were monitored and managed appropriately.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection The last rating for this service was Outstanding (report published 31 January 2017)

Why we inspected

This was a planned inspection based on the previous rating.

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

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good 

Thornhill House Church Lane

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by 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.

Service and service type

Thornhill House 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.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the

judgements in this report.

During the inspection

We spoke with seven people who used the service and four relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, and the deputy manager.

We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and policies. We received feedback from three professionals who regularly visit the service. The registered manager was also able to provide additional positive feedback the home had received from other professionals and family members.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have.
- Staff had received safeguarding training to ensure they had up to date information about the protection of people who are vulnerable as a result of their circumstances.
- Each person we spoke with told us that they all felt extremely safe living in the home. Comments included, "They look after me very well I feel safe I have never felt unsafe. This is ultra-safe we have locks on the doors", "I feel safe I do feel safe, they are nice people. If I wanted to speak to someone I would speak with one of the staff. They treat me very well here." and "I have never felt unsafe here." One relative told us "[Person] is absolutely safe here. [Person] definitely feels safe it was important to us that she felt safe first and foremost."
- There was a policy in place to ensure that people were protected from the risk of harm and appropriate referrals had been made to the local authority safeguarding team to ensure people were safe.

Assessing risk, safety monitoring and management

- People's care plans contained a wide range of assessments identifying risks in people's care. Records showed that measures were in place to mitigate those risks. For example, we saw risk assessments for moving and handling, falls, and skin care. Risk management considered people's physical and mental health needs and showed that measures to manage risk were the least restrictive option.
- Risks in the environment had also been assessed to help ensure people were safe. The provider had systems in place to ensure regular checks on equipment took place to ensure that it was safe and fit for purpose.
- Documentation did not always reflect the in-depth processes that were in place. However, we discussed the processes that were in place with the maintenance person who was able to demonstrate the work that was carried out to ensure the premises and equipment was safe. The registered manager and maintenance person actioned this immediately.

Staffing and recruitment

- A robust recruitment and selection process was in place and staff had been subject to criminal record checks before starting work at the service. These checks are carried out by the Disclosure and Barring Service (DBS) and helps employers to make safer recruitment decisions.
- People we spoke with felt there was sufficient staff on duty and people told us that they did not have to wait if they rang their bells for attention.

Using medicines safely

- No concerns were raised by people we spoke with or their family about the administration of medication.
- People were able to self-medicate if they chose to and appropriate measures were in place to support people's choices safely.
- Medications were stored securely, and medication was only administered by staff who had the correct training to do so.
- People's medicines were obtained, stored, administered and disposed of safely. However, we found that the documentation for 'as and when' medications was not sufficient. We discussed this with the registered manager who immediately actioned this and ensured there was sufficient guidance for staff.

Preventing and controlling infection

- The environment was clean. There was a clear system in place for the maintenance of cleanliness and good hygiene in private and communal spaces.
- Staff had completed appropriate training and were aware of the need to control the potential spread of infection
- People told us that the premises was always clean and that the laundry service was very good.

Learning lessons when things go wrong

- There were appropriate forms and processes in place for recording and investigating accidents and incidents. There were systems in place to learn when things went wrong.
- There was a proactive and robust approach to managing the performance of staff. Staff were supported to improve their practice and gain new skills.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments were unique to an individual and contained information and guidance specific to each person's needs and wishes. The service was holistic in its approach to the assessment, planning and delivery of care and treatment.
- Staff were aware of the relevant standards and guidance and used these effectively to assess people's needs and plan their care.

Staff support: induction, training, skills and experience

- The provider had a dedicated trainer for the home who was very experienced and qualified. They told us how the training was made relatable to the people living in the home and gave us information about forthcoming training in equality and diversity.
- Staff were given an induction in accordance with recognised standards for care staff and were also given regular additional training to improve their skills and knowledge.
- Staff received an appropriate level of support for their role through regular appraisal. Staff told us how the registered manager was always available and had an open-door policy. Staff told us that this made them feel supported in their role.
- People we spoke with felt staff were well trained. Comments included, "Oh yes the new staff go with the experienced staff this helps them." and "I think the staff are very capable."

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

- We observed lunchtime in the main dining area. The area was bright and inviting with nicely set tables. The atmosphere was calm and orderly, and we observed that one person sat outside with their relative eating lunch together.
- Staff supported people with care and dignity to eat their lunch and one person was supported to be independent with the use of specialist equipment.
- People's choices were at the fore front of meal times. For example, people could have cooked breakfasts with many options to choose from.
- Some people chose to eat in their rooms and people told us that there was the option to have a glass of beer or wine / mixed drink? If they chose.
- We spoke with the chef who told us that each day they visit each person to ask what they would like for the following meal. If they preferred an alternative this would be provided. The chef knew the preferences and dislikes of the people living in the home and gave examples of these. The menu was planned on a six-week cycle, with variety for summer and winter dishes. The menus were based on people's preferences which were sought through discussions when they came in to the care home and also through people's care plans.

The chef had a book which all staff communicate through with regards to special diets, which was updated daily.

- We also saw that people who were vegetarian, or diabetic were offered appropriate option on the menu. A staff member told us, "We have themed events Italian nights with pizza and barbecue nights. Some residents have a glass of wine or a beer with their meal."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People told us that they had access to healthcare services when they needed it. People were referred for healthcare assessments promptly if required.
- When other health and social care professionals were involved in people's care, any advice given was incorporated within their plans of care. One healthcare professional told us, "They make wholly appropriate requests for visits and advice and are often very ambitious and thoughtful in their approach to patient care" another told us, "I feel that communication between Thornhill house and the nursing team are extremely productive, relevant and most of all safe." Another commented "The staff are extremely receptive to my suggestions and carry out any required interventions as able. I have often been asked to provide an extra visit should they have any concerns regarding individual residents."

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

- Corridors were bright and each bedroom had a picture of the person with their name on the door. Many people had their doors open.
- Access to the garden was via the lounge and corridors. The garden was lawned with access to a path which led round the building. There were several new wooden benches with cushions and a pergola with a table area for eating. This made the outdoor areas interesting and inviting.
- One person and their family had provided a covered seating area, this was in an area that they maintained. This was a meaningful hobby and interest for the person that the staff and registered manager had planned with them, This was implemented so that fulfilment and a lot of pleasure.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- DoLS applications had been made appropriately. A system was in place to ensure authorisations were within date and any conditions were being met.
- Staff obtained consent for people's care and support. Staff understood the principles, of the MCA and people were supported wherever possible to make their own decisions. One person told us "I like the ability

to control my own affairs."

- Where necessary, mental capacity assessments had been completed and the best interest decision making process was followed and documented.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Outstanding. At this inspection this key question is rated as Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Everyone told us staff were exceptionally caring, kind and supportive of them. One person said, "The care here is marvellous." another said "The staff know me well, they are very caring." A relative told us, "I don't think the care could be any better." and another relative said "[Registered manager] is absolutely and utterly amazing." A third commented, "[Registered manager] is an absolute star she is an amazing, magic woman... the staff go over and above here. They are kind considerate carers."
- Staff ensured that people who wanted one had a daily newspaper of their choice. Also, people were supported by keeping their mail private and there was a post box in the home, so people could keep in touch with friends and family by mail. People also told us that they can have privacy and stay in their rooms with no pressures from staff. This meant that people felt Thornhill House was their home, that that they felt comfortable and had the freedom as though they were still living in their own home in the community.
- Feedback from other professionals following the inspection was extremely positive. One nurse told us, "The care they provide for the residents is in my view outstanding. Thornhill House enriches the lives of the residents through varying activities, trips and inclusion in day to day tasks. Every single [person] feels so lucky to be in a home that put family at its core values. Thornhill house is beacon and [registered manager] should be extremely proud of the institution it has become in the local community." and "The residents themselves are made very comfortable and well cared for in all aspects of their daily needs. The staff are always friendly and respectful to residents, and this is hugely reflected in the ambience at Thornhill. There is always a calm atmosphere and the staff respond to the needs of the residents promptly. I feel very privileged to have been part of the Thornhill House team. The residents are cared for to an extremely high standard and those who can, express that they are very happy and at home at Thornhill."
- We also received feedback from a GP who commented "The care there is SUPERB and frankly sets them far apart from the neighbouring care homes. They are very attentive to the individuals' needs and are flexible and creative around this. They are absolutely focussed on the fact that this is the home of the residents and they as carers are the invited guests and not the other way around."
- We saw how care files held in-depth information on people and gave valuable insight into the person by telling the story of their life. Whether it was gardening, preferences about dressing or how the person wanted to be helped to be independent, this was all contained in the care plan. Another example was how another person enjoyed classical music and that this was supported by staff.
- Promoting people's independence was at the heart of the service. There was an emphasis on supporting people to live their lives as freely and independently as they wanted. The service encouraged people to communicate their wishes and supported them to achieve their goals. We saw numerous examples of this.

One person told us, "They know what I like, and they know what my difficulties are they are aware of them and they do support me." Another person told us, "Oh yes they treat me lovely we have banter now and again the staff know me well they have time to talk to me about the garden. The vicar arranged for me to be confirmed it was lovely. The bishop came here to the house and we had a barbecue to celebrate it."

- Support plans included what people could do for themselves and where they needed support. One person told us, "I have some physical limitations, but I do get help with things that I want to do."
- People told us they felt staff protected their dignity and privacy. We saw staff asking people for consent before entering their bedrooms and completing any personal care tasks. One relative told us, "Whenever the staff are in his room they are always talking to him even though he cannot respond. They explain what they are doing."
- Part of the lounge was for those people who lived with dementia. There was a large television that had relaxation scenes playing throughout the day, this helped people with their anxiety and helped people live their lives with as little upset as possible.

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

- Peoples choices were at the centre of the care being provided by Thornhill House. Care plans contained in-depth information on how to support a person to communicate. This gave every person in the home the ability to communicate their wishes fully.
- People told us their views were listened to and they were involved in their plan of care and aspects of the home. We were told by people that many of them planned their care with their relatives. Comments included, "I prefer an early start so the staff get me up early."
- People were encouraged to put forward their views formally through meetings and reviews and also on a daily basis. With being asked about what they want to do, wear, when they wanted to bath/shower, go to bed and how they want to spend their day.
- Shared meetings were regularly held with people and their families. People we spoke with, and related records we looked at, showed that the meetings were held in a way that helped to maximise people's independence. These meeting led to action plans that were actioned and completed. One person told us "In the meetings we talk about activities and the meals we have and the transport for trips" another person said "We can voice our opinion they do listen to you in person. Sometimes you can talk to them and its totally confidential no names are given."
- Each person's bedroom had a handbook in it and this provided information on Thornhill House. Each person also had a copy of the weekly activities and the menu in their room. This meant they were fully aware of what was happening in the home. There was a service user guide available that held comprehensive information for the people living in the home and their relatives.
- Thornhill House also produced a regular newsletter for people living in the home and their relatives. This included up to date information about people, activities and gave the opportunity for people and family to be involved in the content.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Outstanding. At this inspection this key question is rated as Good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Thornhill House was developed with the community in mind. We were able to see evidence that people were able to stay and enjoy living in their own area.
- People were supported to maintain relationships with their family and friends. The registered manager and staff identified actions they could take to encourage this. For example one relative told us, "I garden while my mum watches we have a corner here and we have the seat. It helps us doing things together."
- We spoke with the activities co-ordinator who told us that they have a weekly schedule which is planned in conjunction with the people living in the home based around their interests and the meetings that they have. They had a variety of activities that aimed to stimulate the mind and also provide physical stimulation. One person told us, "I have this part of the garden I look after it I am growing potatoes, two different kinds of onions and tomatoes. No one comes near it only me." Another person told us "I love my crafts and they allow me to bring the boxes from my house I make cards and have boxes for chocolates. The staff love my chocolates. The library comes and brings my books regularly, I know them very well. I am providing some materials for a crazy hour they are planning with local children." The registered manager and staff were aware of the benefits of involving the local community in the home provision and planned activities that kept the people living in the home active in their area.
- The home had successfully fundraised from winter and summer fayres to support the funding already available for the benefit of people living in the home. People were taken to the local pub. And community transport provided access to vehicles. There was also pets that visited regularly and recently there were two rabbits that were looked after by the people living in the home.
- The home had installed 'wi-fi' to support people and one person told us how they used this for their pastimes and interests and how they had a 'booster' for the wi-fi in their room.
- The home provided a 'meals on wheels' service for those in need in the local community and also provided day care services. One day service user told us "There is so much love here every one of the staff are so good with one another. The vicar is coming today and we are having communion."
- One relative told us "They have a great team here there are nurses at night to look after my relative and care for her, the staff love her, and I know the residents feel safe. The activity coordinator is fabulous she treats all the residents as if they are her own family member. They have a whole team approach [activity co-ordinator] is amazing she is brilliant and so committed she is an artist and a carer the residents respect her. The home is integrated in to the village. They have a total team of lovely people. The home is organised neat and with high standards."
- There was a community involvement with schools, brownies, the local churches and the local villagers. Materials for art projects had been provided to the home by the Chatsworth Estate.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff continued to be trained specifically for the needs of the people living in the home. There were champions for dementia, end of life care, infection control, continence, medication, and a dysphagia trained nurse, who actively support staff to implement best practice. Each person continued to have a keyworker/named nurse who ensures the manager is kept updated in regard to the person's health, problems and family concerns or issues. The key worker was responsible for liaising with the registered manager to ensure the wider health and social care teams meet the needs of the person.
- Each person we spoke with and relatives said that they thought they were treated as individuals as they were all different and had differing needs and they valued the choices they had. People said that staff were responsive to their needs and care was very personalised, this was observed throughout the day of inspection. Staff knew the likes and dislikes of people and the personal care was tailored to each person. An example of this was how one person had loved to embroider. The registered manager sources specialist lights as the person eyes began to deteriorate so that they could continue to do what they loved.
- The care plans were all about the person and reflected their needs. They provided staff with clear guidelines on how care should be delivered. They incorporated people's likes and dislikes, preferences, physical, social and emotional needs, risks to their safety and wellbeing and risks to social isolation and loneliness.
- Each care plan contained a comprehensive oral care guide for the person as well as people's routines and if the persons mental capacity fluctuated and when it was best to approach them.
- People's personal preference and habits were respected, for instance how important it is for one person to wear her perfume and that they like their door shut. Another documented how the person liked a bowl of fruit in their room. People received care and support which reflected their diverse needs in respect of the protected characteristics of the Equality Act 2010 including age, disability, gender, marital status, race and religion.
- Ongoing communication was very effective between people who used the service, their families, staff and professionals. One professional said, "The length of duration of stay of these very elderly and frail individuals is testament to the quality and quantity of care bestowed on the residents here by the carers under the very vocational and committed leadership of the matron."
- Staff were proactive in recognising, monitoring and recording people's views and changes to their care needs. A system of reflective practice enabled staff to consider the way they worked and the outcomes for people.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- It was documented in peoples care plans the best way to communicate with them. An example of this was communication using non-verbal techniques including facial expressions and body language. Another example was to provide an environment conducive to effective communication whenever possible for instance adequate lighting, a quiet space and being at eye level.
- Documents were able to be provided in different formats for those who needed them. This included the service user guide and the complaints procedure.
- It was documented in one care plan how the person had Alzheimer's disease and that they needed to have a full explanation prior to care being carried out.

Improving care quality in response to complaints or concerns

- People told us they were encouraged to give their views and raise concerns or complaints. However, none of the people we spoke with had had cause to raise concerns and were happy with the service they received.
- The last complaint had been received in 2017 however this had been investigated and responded to appropriately.
- The service had a complaints policy. This was clearly detailed in the information pack given to people and was written in formats to support people's understanding.

End of life care and support

- Staff had the skills and experience to recognise and care for people at the end of their life.
- At the time of our inspection end of life care plans were in place for some people who lived in the home. There were regular assessment and reviews staff and individual care plans which would outline the end of life preferences of the person and their family. We saw that care plans identified individual wishes and staff worked collectively with other professionals.
- The registered manager had previously specialised in oncology and palliative care and the staff benefitted from her extensive knowledge. This meant that the feedback we received during and following the inspection about the support people had experienced was extremely positive. The home had also developed a YouTube film in 2012 on the importance of planning for end of life.
- The deputy manager, as the end of life champion maintained the supportive palliative care register and chaired the after death analysis meetings. The team were working towards an End of Life Care award.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager, with the support of the staff group, the provider and other professionals, had fostered a culture of co-production within the service. This ensured people were active participants in their own care and involved in service delivery.
- People, relatives and staff told us they felt a part of the service and outcomes were met. People living in the home had the opportunity to give feedback regarding their care by meetings, one to ones and by completing quality questionnaires.
- Health care professionals we contacted all gave extremely positive feedback on how the registered manager and staff contributed to a person-centred culture.
- Thornhill House was awarded a disability confident award for supporting a disabled person in the workplace. The registered manager has also been asked to speak at employer forums about access to work for people with disabilities and has volunteered to talk on awareness training to new carers being trained at level one at college.
- Staff were supported to express their views and contribute to the development of the service at team meetings
- Everyone we spoke with were positive about the care provided and people said they were happy living at the home. This demonstrated continued good leadership and management.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered manager was responsive to feedback given throughout the inspection and immediately acted on the findings. They were also able to discuss how they used feedback from other agencies such as local authority to improve their processes and practices.
- The registered manager and provider completed regular safety and quality audits to measure performance and generate improvements.
- The provider was a constant supportive presence within the home. They held regular meetings and had developed a 'Managers Support Committee' that supports the registered manager in their role by reviewing policy, redesigning documentation and holding residents meetings.
- When actions were identified through the audit system, they had been addressed to improve the service and reduce the likelihood of the same issue arising again. The provider also had ongoing oversight of the service that included various reports being used to ensure the quality of the service.

- The registered managers had shared information with the CQC as required.
- The registered manager and the staff we spoke with were clear with regards of what was expected of them within the home.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Policies and procedures were in place, including infection control, data protection and disciplinary processes. This helped to ensure staff were aware of the expectations of their role and were held accountable for their actions.
- Ratings from the last inspection were clearly displayed within the home as required.
- Information related to people who used the service was stored securely and treated in line with data protection laws.
- The management, office and care staff spoke very proudly and passionately about the service they provided. People's rights to privacy and dignity was embedded in staff practice and the culture and values of the service.
- The provider following the inspection provided feedback that spoke very highly of the registered manager.