

Mr & Mrs J van Deijl

Thornbury Villa

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Thornbury Villa is a residential care home providing accommodation and personal care for up to 14 older people. The service is based in an period property that has been adapted to meet the needs of the people living there. At the time of the inspection there were 14 people living in the service.

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

People told us they were very happy living at Thornbury Villa and without exception, everyone told us staff were exceptionally respectful, kind, caring and went out of their way to provide person-centred care. Our observations confirmed this and we saw the atmosphere of the home was one of warmth, happiness and positivity. Staff consistently showed respect, patience and understanding when supporting people.

The providers, management team and staff were passionate about providing a service which was caring, compassionate and reflected the values of the organisation. These were based on an ethos of "Somewhere special enough to call home" which was displayed in the home and was embedded into staffs' practice. The culture within the home supported a warm and friendly atmosphere.

People, visitors, staff and professionals were overwhelmingly positive about the leadership of the home. They felt the reason for the consistent high quality of service came from the proactive and positive leadership which filtered down to all of the staff. People told us the providers and managers cared about the people living there. A health professional told us, "The staff there are universally caring, compassionate and respectful to the residents. We have patients in many care homes, so it is with a breadth of perspective that I regard the consistent, effective and timely care at Thornbury Villa to be of exceptional standard."

We received consistent highly positive feedback and praise from health and social care professionals with recent involvement with the service. They told us staff were pro-active in managing people's health and social care needs in a person-centred way.

People received personalised care and support specific to their needs and preferences. There was an excellent understanding of seeing each person as an individual, with their own social and cultural diversity, values and beliefs. Staff received training in equality and diversity to ensure the key values of kindness, respect, compassion, dignity in care and empowerment were present in people's day to day care.

Thornbury Villa worked in a person-centred way to find innovative and individual approaches to meet people's communication needs and people were enabled to communicate in ways which were meaningful for them. Staff used their knowledge of people to engage with them effectively and were working all the time to remove barriers to communication.

People were supported to continually grow and achieve their goals and aspirations. Staff encouraged a 'nothing is impossible' attitude to people's goals and aspirations and creatively supported people to

develop in a way that really enriched their lives.

There was a strong emphasis at the home on the importance of supporting people to maintain a healthy and balanced diet. Staff were extremely proactive in ensuring people's nutrition and hydration needs were met. They worked creatively to help improve care in this area and provide positive health outcomes for people.

The provider and managers were very proactive in taking every opportunity to facilitate staffs learning and development to benefit the people living in the home. For example, they held workshops and training sessions with staff to improve nutrition, hydration and oral care. Staff were empowered to make improvements at the home that had a positive impact on the people living there.

People benefitted from a full programme of activities taking place in the home, such as, visits from entertainers. Group activities were offered to those who wanted to participate, such as quizzes, film afternoons and baking. People told us they thoroughly enjoyed their social life and the activities at Thornbury Villa.

People receiving end of life care were treated with care and compassion and staff were highly motivated to provide high standards of end of life care. The management team and staff were very passionate about ensuring people and their loved ones, experienced positive end of life care that was delivered with sensitivity. Health professionals commended the end of life care that people had received at Thornbury Villa. One healthcare professional told us, "I recently had an end of life patient and the care staff gave to the resident and her family was superb, they were responsive to her needs and caring and supportive to family members."

People felt safe living at the home. Staff understood the need to protect people from harm and knew what action they should take if they had any concerns. Staffing levels ensured that people received the support they required to keep them safe. Recruitment procedures protected people from receiving unsafe care from care staff unsuited to the job.

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 good. (published 18 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our 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?

Good ●

The service was safe.

Details are in our safe findings below

Is the service effective?

Outstanding ☆

The service was exceptionally effective.

Details are in our effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was exceptionally well-led.

Details are in our well-Led findings below.

Thornbury Villa

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

The inspection team consisted of one adult social care 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

Thornbury Villa is a care home. People in care homes receive accommodation and nursing or personal care as a 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, who was also the provider, registered with the Care Quality Commission. This means that they 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, on the first day.

What we did before the inspection

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. This information helps support our inspections. We contacted Health watch and the local authority's quality improvement team. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We also checked notifications made to us by the provider, safeguarding alerts raised regarding people living at the home and information we held on our database about the service and provider. We used all of this information to plan our inspection.

During the inspection

We spoke with 12 people, six relatives and ten staff, which included the owners and providers, the manager and deputy manager, the chef and care staff. We looked at the personal care and support plans for five people and three staff files. We contacted five health care professionals to get their views of the service.

After the inspection

We asked for and received additional information from the provider which was used as part of our inspection.

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 now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The home continued to provide safe care. People felt safe living at the home and everyone looked very comfortable and relaxed with the staff who supported them. One person told us, "I feel absolutely safe living here." Another person said, "I am very happy living here and feel safe, the carers make me feel safe as they are kind and caring."
- Staff understood how to recognise signs of potential abuse and would raise an alert. One staff member talked about changes in personality and behaviour that might happen. All staff confirmed if they raised concerns to the management it would be followed up. They knew about external agencies they could inform if they were still concerned.
- Systems were in place to manage potential abuse and the relevant authorities were informed when they were required.

Assessing risk, safety monitoring and management

- People's risks had been assessed and they were supported by staff to promote their well-being and independence. Staff supported people to maintain their safety and knew the type and level of assistance each person required.
- People's identified risks had been recorded and documented. For example, staff documented risk assessments in relation to skin integrity, malnutrition, falls and mobility.
- Environmental, health and safety, fire and infection control risk assessments were completed and regular checks ensured the home remained safe for people and visitors. People had up to date personal evacuation plans in case the emergency services needed to support people in the event of an emergency.

Staffing and recruitment

- People said there were enough staff. We saw staff had time to talk with people and were always available to assist them when they were needed.
- Safe recruitment procedures were in place, to ensure staff employed were suitable for the role and people were kept safe. Staff files contained employment checks including Disclosure and Barring Service (DBS) checks. DBS checks help employers make safe recruitment decisions as they identify if a person has had any criminal convictions or cautions.
- People were involved in the recruitment and induction process and were asked for their opinions of new staff during their residents discussion meetings.

Using medicines safely

- People received their medicines safely. Medicines were stored and administered safely and records we checked, showed staff had correctly signed medicines administration records when medicines had been given.
- As and when required medicines were administered in conjunction with safe protocols that explained when to give these medicines, why and maximum dosages. These were reviewed to see if people needed these medicines on a more permanent basis.
- Staff were trained to administer medication and regular audits were completed to ensure medicines continued to be given safely and as prescribed.

Preventing and controlling infection

- The home was exceptionally clean, free from odours and well maintained.
- Personal protective equipment (PPE) such as gloves and aprons, to minimise the spread of infection, was available throughout the home to encourage staff to follow good infection control and hygiene practice and we observed staff wearing aprons and gloves when required.

Learning lessons when things go wrong

- Staff completed reports where a person had been involved in an incident or accident and reported to the management team.
- The manager identified how or why the incident may have occurred and whether a referral to other health professionals was needed. The registered manager told us they took learning from any untoward incidents, and records showed where people's risk had been updated in their care plans or further intervention sought, for example referral for a medicines review or GP review.

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 now improved to outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

- There was a strong emphasis at the home on the importance of supporting people to maintain a healthy and balanced diet. Staff were extremely proactive in ensuring people's nutrition and hydration needs were met. They worked creatively to help improve care in this area and provide positive health outcomes for people. There were many examples where people had come to the home malnourished but within a short time they had put on weight and their physical and mental health had improved. For example, one person was placed at the home by the local authority's crisis team as they were not improving where they had been living and had lost a significant amount of weight. Within a few months the person had put on weight and was mobilizing so well that their social worker could not believe it was the same person. Their relative told us, "I really saw the difference whenever I visited, and over the time that my mother got her zest for life back. She put on a stone in weight with the staff ensuring that my mother had meals that she wanted to eat."
- The manager attended a nutrition and hydration course and brought this learning back to the home to improve care. A workshop was held with staff about nutrition and hydration to give staff a greater understanding of what good nutrition was and what staff could do to enhance people's experience of their food. As part of this workshop staff looked at how they could improve fortified drinks and as a result, a homemade high calorie 'shot' drink was introduced in the home to aid nutrition which had been effective in enhancing people's nutritional status and people at risk had gained weight. People consulted about the taste and they told us it tasted nice.
- Staff used nutrition assessment tools to identify people most at risk. Where people were identified at risk of malnutrition staff used the tool to consider any factors which may prevent adequate nutritional intake, such as medicines, mood, depression, mobility, taste and oral health.
- Staff researched current best practice in order to seek guidance on how to support frail and vulnerable people to drink as best they can. As a result of their research they implemented ideas based on the ROC tool 'Reliance on a carer to drink'. People who required full assistance to hold a drink, were reluctant to drink or needed staff to prompt them to drink, had a red jug in their room. This helped to remind staff that the person required support with regards to their fluid intake. People at risk from not drinking enough were also monitored daily using a fluid chart.
- People's whole experience of food was extremely important to staff. As part of their the home's improvement plan, staff explored whether people were fully experiencing and enjoying the taste of their meals. Staff held a blind taste session with people which identified most people needed support to enhance their ability to taste food. The home used the information to produce an action plan which looked at what staff could do to enhance people's taste buds such as ensuring they drank plenty of water and chewed their

food fully to stimulate taste receptors. The provider also bought tongue scrappers for people to help improve their oral care.

- People and relatives were extremely complimentary about the food and drink provided. Comments included, "I love the food here, especially the fish and chips", "The food is very good, it is always healthy food" and "The food is good here, especially the roasts, there is always an alternative if I want something different, like an omelette and we can have fruit for pudding."
- The provider had put a lot of effort in making people's mealtime experience a positive one. They promoted a social atmosphere during mealtimes. Most people sat at the dining tables during meals and we observed a lot of chatter between people and staff.
- People had opportunities to give feedback and contribute to the development of the menus. People's preferences were always considered when planning menu and were recorded in their care plans. Menus reflected cultural needs and catered for all people who required a specialist diet. The home had a 24hour menu from which people could order from at any time and staff told us it was never a problem to prepare individual meals for people when they asked for this.

Staff support: induction, training, skills and experience

- The provider understood that training was key to ensuring they provided the best and most effective care and we saw this had led to better outcomes for people. The provider and managers were very proactive in taking every opportunity to facilitate learning and development to benefit the people living in the home. For example, staff attended comprehensive training in how to support people with their oral health. This training led to a greater motivation in staff to proactively report and address any issues people may have had with their oral hygiene, for instance, staff made an immediate referral to the dentist when one person lost their tooth. Other workshops and training undertaken leading to projects to improve care included, research projects focused on the management and prevention of falls and improving nutrition and hydration.
- The provider introduced lead roles in key areas including nutrition and hydration, medicines, pressure area care, catheter care, activities and dignity and wellbeing. Staff had been supported to take part in a range of learning opportunities relating to their lead roles, and had been empowered to make improvements at the home that had a positive impact on the people's well-being. For example, one staff member worked with the managers, GP's and held discussions with people about their medicines to improve their effectiveness. This led to a reduction of unnecessary and inappropriate use of 'as required' (PRN) medicines.
- Staff had the right skills, experience and knowledge for their roles. There was effective induction which incorporated the care certificate, a nationally agreed set of standards for care workers. New staff shadowed another more experienced member of staff. This was to ensure new staff were confident to work on their own and had the right attitude and aptitude to uphold the provider's high standards. People's feedback was sought over staff performance.
- Staff received mandatory training such as first aid, fire safety, health and safety and food safety. Staff had also been provided with specific training to meet people's care needs, such as how to support people who were living with diabetes or were nearing the end of their life. This ensured staff knew how to meet people's needs effectively.
- Staff were encouraged to obtain additional qualifications and suggest training which would benefit the people living at Thornbury Villa. For example, staff were supported to complete health and social care qualifications and supported with flexible work patterns to attend registered nurse training at the university.
- Staff spoke highly of the training provided, confirming regular refresher sessions were provided to ensure knowledge and skills remained up to date. Comments included, "They always keep things up to date and I

do all the training available" and "I've done lots of training and it's good. The first aid training was much better than anything I have ever done before as it went into much more detail."

- People were invited to join training sessions. We saw that one person, who used to be a nurse, was included in the first aid and manual handling training and given a certificate for taking part. The person told us they were proud of their achievement and felt valued.
- Staff were supported to develop and reflect on their practice by regular supervision, competency checks and appraisals.

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

- Records showed that people received support from health professionals, including GPs, district nurses, speech and language therapists (SALT) and occupational therapists. Staff followed advice given by health and social care professionals to make sure people received effective care and support. For example, upon advice and recommendations from the nursing team, one person was provided with bedrails, with their consent, in order to minimise the risk of falls.
- Staff had received training to enable them to undertake physical observations such as blood pressure and urinalysis (checking urine for possible dehydration or infection) and were aware of what was normal and when they should alert a healthcare professional.
- We received consistent highly positive feedback and praise from health and social care professionals with recent involvement with the service. They told us staff were pro-active in managing people's health and social care needs in a person-centred way.

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

- People's needs were assessed prior to them coming to live at the home. These ensured the home was right for them, their needs and choices could be met and the provider could ensure that staff had the training, skills and equipment to meet people's needs.
- The assessments were comprehensive and completed with relatives and significant others who knew the person best. People's likes, dislikes and preferences had been captured as part of the pre-admission process and been used to help develop their care plans.
- There was an exceptionally strong focus on maintaining and improving each person's physical health and life experiences.

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

- People had bedrooms which were personalised to their needs and wishes. They were encouraged to bring personal items and photographs with them when they moved into the home and to choose their own décor.
- The home maximised people's privacy and independence. People had their own private spaces and enough communal areas to allow them to spend time with other people if they chose to do so.
- All areas of the home were well maintained and decorated to a high standard. Equipment and appliances were in good working order, and any required repairs were carried out quickly.

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.

- No-one living at Thornbury Villa lacked capacity to make decisions about their care but staff understood the principles of the MCA and how these were relevant to people living at the home. People's mental capacity to make decisions was assumed unless there was evidence to suggest otherwise. There was an emphasis on involving people and enabling them to make choices wherever possible.
- People's independence was always taken into consideration. For example, one person was enabled to administer their own medicines.
- Staff explained to people what they were going to do and always sought people's consent before carrying out any tasks. Staff understood when they might need to act in people's best interests to maintain their overall health and wellbeing.

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 good. At this inspection this key question has now improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- Without exception, everyone living at Thornbury Villa, their visitors and health professionals told us staff were exceptionally respectful, kind, caring and went out of their way to provide person-centred care. People told us they were very happy living at Thornbury Villa and staff went the 'extra mile' to ensure that they felt cared for.
- People spoke with warmth and affection about staff and explained why they felt the service was exceptional. Comments included, "I love it here, there is a wonderful closeness and the staff are very loving. When I am sat down, I feel a friendly hand of one of the staff holding my hand, it's a wonderful place. The carers are lovely and chat to me about their lives which I like", "It is marvellous living here, we are like a family. I am always made to feel welcome by the staff, nothing is too much trouble for them, the carers are like my daughters, they are 100% kind and caring" and "There is a nice level of care here, the staff are kind, caring and have a good sense of humour, their attitude is good, if I ask for something they try and get it. It's a darn nice place to be and you can have a real belly laugh with the staff." A relative told us, "The care is very good. The staff are always jolly and kind, I have never seen them talk harshly to anyone, they all take responsibility for their roles. Even when they are busy they never show annoyance if we have to ask for something. They are genuinely happy staff."
- The providers and management team were passionate about providing a service which was caring, compassionate and reflected the values of the organisation. These were based on an ethos of "Somewhere special enough to call home" which was displayed in the home and was embedded into staffs' practice. Staff recognised that when people came to live at Thornbury Villa they often had to give up their own homes and it was very important to them that people felt 'at home'. One staff member told us, "It's their home and we work in their home. We need to make sure we remember that. I think it's a home from home and everyone feels like family. It's warm and inviting."
- Staff were highly motivated to be caring and kind and to maintain and build relationships. A relative told us, "From day one [manager's name] and the staff could not do enough for my mother, they did more than just look after her, they befriended her and gave her back a reason to get out of bed, to eat and to want to get better and to go home. They were just wonderful, as my mother kept telling me every time we spoke or saw each other. I really saw the difference whenever I visited and over the time that my mother was there she got her zest for life back."
- We observed staff used gentle touch and good eye contact when interacting with people. We saw staff sitting next to people, holding their hands and chatting with them. Staff also used humour and had fun with people. We could clearly see people and staff had great affection for each other. Thornbury Villa had a lovely

homely feeling and a wonderful relaxed atmosphere. One health professional told us, "The staff sit and interact with the residents, they have the odd laugh and joke, which the residents seem to enjoy. I get the impression that this is a happy home with a friendly atmosphere."

- The genuine care and love that staff had for people shone through and staff were driven to provide people with support and care that would result in an improved sense of well-being. Staff told us they wanted people to live their best lives, one staff member told us, "We just try to make their experience a positive one."
- Staff were passionate about helping people live happy fulfilled lives and achieve their personal aspirations and goals. People were supported to challenge themselves and take part in activities they may not have thought they could do or do again. Staff encouraged a 'nothing is impossible' attitude and people were supported to develop in a way that really enriched their lives. For example, some people expressed their love of gardening and their goal and aspirations were to enjoy this again. Staff supported them to achieve this and plant seeds to grow herbs and flowers in the garden. People less able to go outside were given window boxes and one person with restricted mobility, was given indoor and outdoor greenhouses for them to tend to and grow plants in. This person enthusiastically told us, "I have a greenhouse in the courtyard and I am going to start planting in the spring, I used to be a gardener so am looking forward to this."
- One person's wellbeing was being affected by their anxiety. They told staff that their goal was to reduce their anxiety without using medicines. Staff helped them explore alternative therapies and bought them lavender aromatherapy oil to help them relax.
- Staff identified a reoccurring theme to people's goals and aspirations which was to improve their mobility. This prompted staff to think creatively about how to support people to achieve this goal and improve general wellbeing. Staff sought advice from health professionals to develop a daily exercise plan for group exercise classes and individual tailored plans for one to one activity. The benefits of daily exercise were discussed during a residents meeting and people decided they would like to take part. During the inspection we saw people enthusiastically participating in the exercise class. At the same time, we saw staff helping people take part in exercise in their rooms, if they did not want to join the group activity. For one person, who rarely left their room, daily exercise had increased their mobility and confidence to such an extent they felt physically able to take part and were coming out of their room every day to walk around the corridor and socially interact with people. This demonstrated that staff promoted social interaction through the medium of exercise which reduced the risk of social isolation and encouraged new meaningful relationships to be made. People told us they enjoyed the daily exercise and it had helped to improve their mobility. One person said, "I like the exercise. It gets me moving and we have a laugh."
- Staff told us they always included families in everything they did and cared for them as much as the people living at the home. For example, when one person moved into the home for a short stay, their relative couldn't get to the home from where they lived. This had a negative impact on the person and their relative who was very lonely. Staff arranged for the person's relative to be picked up four times a week and dropped home, this enabled them to spend time together. On the remaining days, a hot meal was taken to the person's relative. Not once was any money accepted for the transport or the meals.
- Staff received training in equality and diversity to ensure the key values of kindness, respect, compassion, dignity in care and empowerment were present in people's day to day care. This ensured people's human rights were well embedded in practice.
- Each person was respected as an individual, with their own social and cultural diversity, values and beliefs. The home worked hard to engage and empower each person to be involved in how their individual spiritual needs were met. For example, one person was unable to attend their place of worship so staff supported them to listen to the services via an intercom and technology. The person told us they were absolutely thrilled by this as their religion was very important to them. Another person was supported to reconnect with their church group which helped them to attend church services again. People were encouraged to talk about their faith and offered space to pray, one staff member told us, "I pray with [name] every night and we sit and talk about our faith. I think she enjoys this."

- People were treated with equality and encouraged to advocate for their beliefs and discuss any issues or worries. One to one and group discussions were held with people around these topics such as sex and sexuality, and staff used resources such as the 'Safe to be Me' guide to facilitate discussion. The 'Safe to be Me' resource guide offers practical advice on providing the kind of service in which older lesbian, gay, bisexual or transgender (LGBT) people can feel safe to be themselves. Open conversations allowed people to feel comfortable enough to talk about significant relationships in their lives that they had not felt able to speak about before. As a result of these open discussions the provider introduced 'do not disturb' signs for people to put on their doors for when they wanted privacy and alone time. For people in relationships, staff arranged date nights and trips out and people with partners, husbands or wives were offered the option of having a double bed in their room.

Respecting and promoting people's privacy, dignity and independence

- Staff placed a strong emphasis and were exceptionally good at promoting people's independence at Thornbury Villa. They provided individual support to encourage people to do what they could for themselves, and where possible, increase their abilities. For example, one person told us that when they moved into the home following an illness, they were very weak and not able to walk very far. They told us staff encouraged and supported them to improve their strength and confidence and they had regained their mobility and independence with this support. They told us they were now able to take trips to the library, into the town centre and attend home football matches, independently. They said, "They are absolutely marvellous and I'm very happy here."
- One person came to Thornbury Villa after suffering a number of falls at home. Their relative told us when they were admitted, they were disorientated, scared, under-nourished, weak and in very poor mental and physical health. With dedication and exceptional care from staff, the person was supported to regain their independence with various aspects of their daily life and grew in confidence to the extent that they decided to move out of the home into a flat of their own. Their relative told us, "The care she received at Thornbury Villa was incredible. She was treated with love, care and respect. More importantly she was well nourished and felt safe. Her mental well-being started to improve immediately. She gained weight and strength and was eventually able to return to her own home, which we never thought she would do."
- Staff recognised people's need to continue to feel useful and to make a contribution to the day to day tasks involved in running a home. For example, some people wanted to help with washing the dishes and another person wanted to help with the laundry.
- Staff spoke enthusiastically about how they encouraged people to do things for themselves, achieve their goals and how over time people's confidence and wellbeing improved. One staff member told us, "It would be very easy for us to take over and do everything for them. Our job is to build up their confidence and encourage them to do things for themselves. Just try to make their experience a positive one."
- Respect for privacy and dignity was at the heart of the home. People told us staff were excellent at respecting and promoting their privacy and dignity. We saw staff were discrete when asking people if they required support with personal care and staff were seen to knock on people's doors and wait for an answer before entering.
- The home held a 'Dignity in Action Day' which raised awareness of the importance of dignity in care at Thornbury Villa. Staff pledged to speak up for dignity in care. People, visitors and staff completed a dignity tree where they left words that described what dignity meant to them.
- People's information was stored confidentially and the home understood their responsibilities under the new General Data Protection Regulation (GDPR). This is a legal framework that sets guidelines for the collection and processing of personal information.

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

- People, their relatives and health professionals told us they were fully involved in decisions about people's care. Regular reviews were held as well as daily conversations with people as care was being provided.
- People were enabled to make choices about the staff who supported them. People had been involved in the recruitment of staff and the interview process. The manager explained that potential candidates spent time with people in the lounge and dining areas, sharing a cup of tea and chatting. People had then been asked for their feedback of potential candidates and later about the newly employed staff to ensure they were meeting the needs of the people living at the home and demonstrated the homes values and ethos.
- Visitors and relatives told us they felt welcomed at the service and always felt involved. One relative said, "They always kept us informed, I can't fault the way they treat her."

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 good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received care that was person-centred and responsive to their specific needs and preferences. People benefited from a small team of staff who knew them well. Staff spoke with us about people's preferences and how they provided support which met their individual needs.
- People's care plans were detailed and written in a person-centred way which focused on the person's whole life. They detailed people's life history and the people and things that were important to them, both now and in their earlier lives such as hobbies they once enjoyed. It was evident people were at the centre of their care and support and their individual wishes, needs and choices were respected, valued and promoted.
- Staff quickly identified people's changing needs and actions were taken. For example, when one person experienced an increase in the number of falls, the deputy manager undertook a research project to explore falls and falls prevention within the home. The research project aided staff to identify potential causes for falls and supported staff to understand the importance of falls prevention. We saw this approach had resulted in a 25% decrease in falls at Thornbury Villa over the period of a year.
- People benefitted from a full programme of activities taking place in the home, such as, visits from entertainers. Group activities were offered to those who wanted to participate, such as quizzes, film afternoons and baking. People told us they thoroughly enjoyed their social life and the activities at Thornbury Villa. Comments included, "I enjoy all the activities here, I love Jim the cook singing to us on a Tuesday and we have bingo and a quiz. The aquarium came in yesterday to give us a talk and we had fireworks one evening this week with a mince pie and glass of sherry. The staff try to do anything to please and entertain us", "We had a talk about the sea and marine life yesterday, and had virtual reality equipment to look at, it was really interesting. The cook sings and plays his guitar and children from a local school come in to sing to us" and "We have lots of activities, such as fireworks, BBQ's, raffles and local people visit to talk to us."
- Staff told us they aimed to promote people's wellbeing by offering one-to-one time and provided examples of sitting and chatting with people, making arts and crafts, going for walks and spending time in the garden with them.
- Staff arranged regular trips out from the home, which included day trips to areas of local interest. As a result of people's goals and aspirations, regular trips out for lunch at local pubs were arranged. People told us they enjoyed the round of drinks the provider always bought for them.
- Visitors were welcomed and encouraged to spend time with their loved ones and take part in activities and events at the home. One visitor told us the home and staff, "Make me welcome whenever I visit."

Another relative told us, "We've always been very impressed that we are always welcomed." Visitors were able to stay for meals with their loved ones if they wished and had opportunity to spend time with people in private in their own bedrooms, or access to the quieter conservatory instead if this was preferred.

- People were protected from the risk of social isolation. The home used the local community to build links and we heard that people used facilities such as the local pub, nearby café, the library and shops. Staff encouraged people to engage in interests and social activities with each other and in the community. People had been involved in several charity events. This had included Macmillan coffee mornings which were run by people who had helped to bake cakes, in-house charity events for cancer research and comic relief.

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.

- Thornbury Villa worked in a person-centred way to find individual approaches to meet people's communication needs and people were enabled to communicate in ways which were meaningful for them. Staff used their knowledge of people to engage with them effectively and were working all the time to remove barriers to communication. For example, one person sometimes found it difficult to talk to staff and express their needs and this made them anxious and distressed. Staff recognised this and looked at ways in which they could help the person communicate their needs when they felt this way. Staff gave the person a notepad, white board and pen to write their feelings and thoughts down. Staff would then sit with the person and talk through what was worrying them. This meant the person could communicate without becoming frustrated and distressed by not being understood.
- Each person had a communication care plan, which detailed their needs, any difficulties they may have and how best to communicate with them. These also included details of any aids or equipment they needed to assist with communication, such as hearing aids or glasses. We observed steps were taken to ensure these were kept clean and in good working order.
- Information was available in range of formats, such as large print or picture cards, to ensure all people living at the home had access to information in a way they could understand. For people who had difficulties with their sight, staff had sent letters to all health care professionals involved with their care, asking them for appointments to be telephoned and all correspondence to be sent to them in large print.
- Technology was used to aid communication such as, talking clocks and talking books. One staff member was trained in British Sign Language.

End of life care and support

- People receiving end of life care were treated with care and sensitivity. Regular effective communication between staff, the person and their family ensured people's preferences and wishes were respected. A relative of a person who had received end of life care told us, "They were so good to my cousin. They could not have been kinder to her and us. She was getting personal attention from all the staff, they cared for like she was one of their own family and this took all the pressure and worry away from us."
- Staff were highly motivated to provide compassionate end of life care. For example, one staff member told us, "My aim is to give 100% of myself to that person to ensure they end their life in comfort and feel supported and loved."
- Staff empowered people to have a full part in their end of life care planning and had ensured that their

wishes were heard. People who were at the end of their lives were encouraged to talk about and supported to continue to achieve their goals and aspirations and do things that were important to them. For example, staff told us about one person who requested a MacDonald's meal. Although they were not able to eat the meal, they enjoyed the smell and experience. This meant a lot to the person and helped them remember and reminisce about good times. Another person's wish was to visit the garden centre one last time. Staff took them to the garden centre in a wheelchair and later planted window boxes with daffodils for the person to enjoy from their bed.

- Staff knew how important it was to share and celebrate people's lives and support others when someone passed. For example, staff supported one person through a bereavement by taking them away from the home for the day to allow them to have the time to grieve and talk about the person. Families were also supported by staff through the grieving process and many families had chosen to celebrate people's lives by having their wake at the home.
- Many of the compliments received by the home related to the quality and tenderness of the end of life care provided. For example, one relative had written to say, "Everyone showed so much love, care and compassion towards [name] and we as his family, know he wanted for nothing whilst he was at Thornbury."
- Feedback from healthcare professionals commended the end of life care that people had received at Thornbury Villa. One healthcare professional told us, "I recently had an end of life patient and the care staff gave to the resident and her family was superb, they were responsive to her needs and caring and supportive to family members."

Improving care quality in response to complaints or concerns

- People were empowered to raise any concerns they had through a number of different forums. For example, regular meetings were held with people to give them the opportunity to put forward their ideas and concerns in an open and honest culture about any issues they may have. People and their relatives told us they did not have any concerns about the service they received, however all expressed they were confident that any concerns would be addressed. One person told us, "I feel able to tell a carer if I am not happy and it gets sorted."
- There had been no recent complaints received, but previous concerns had been fully investigated in line with the provider's complaints policy.
- Discussions with the management team demonstrated that they viewed complaints and concerns as a process for driving improvement. The management team led by example in ensuring that the culture was open and reflective. Where issues had previously been raised, people always received an apology and information about what action had been taken.

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; How the provider understands and acts on the duty of candour

- Without exception people, relatives and staff were positive about the leadership of the home. They felt the reason for the consistent high quality of service came from the proactive and positive leadership which filtered down from the providers and manager to the staff. People told us the providers and managers cared about the people living there. One person said, "The manager is good, and the owners call in to see me often. I tell [manager's name] if I am not happy about anything. I feel that the staff have their instructions and they carry them out well." Another person told us, "The running of the home is very good, and the owners and the staff are all lovely people." A relative told us, "In my view [manager's name] leads the team especially well and the management of the staff is excellent. I believe that is the case because of their clear delight and pride in the work and jobs that they each have." Another relative said, "We have recommended Thornbury to everyone we know. We feel we have a really close bond with Thornbury. It's a very personalised care and support you get there."
- People were empowered to improve their quality of life and increase their confidence and independence. For example, people had been supported to become more independent within their local community and achieve their aspirations and goals.
- People told us they felt they had a voice and were listened to. One person said, "I feel able to tell a carer if I am not happy and it gets sorted."
- Health and social care professionals gave consistently positive feedback about the care, leadership and management at Thornbury Villa. A health professional told us, "The staff there are universally caring, compassionate and respectful to the residents. The staff call us appropriately and are prepared with details and information needed to facilitate decisions relating to medical care or possible visits. We have patients in many care homes, so it is with a breadth of perspective that I regard the consistent, effective and timely care at Thornbury Villa to be of exceptional standard."
- The managers and providers actively promoted a relaxed and welcoming atmosphere. We found the culture of the home was positive, person-centred, inclusive and forward thinking. The provider had clear values which the managers promoted to staff. Staff demonstrated the provider's values which included 'privacy, dignity, respect and choice'. Staff were committed to provide sensitive care, treat everyone as individuals, help people to live as fulfilled and meaningful a life as possible and celebrate their successes.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider was committed to supporting and developing staff and help them reach their true potential. Staff were nurtured and valued by the provider and there were many examples where staff had been supported through personal difficulties in their lives. This meant that people were supported by a stable staff team that were highly motivated to do the best job they could.
- The providers and managers were accredited and linked to many organisations to ensure their staff team were up to date with current best practice. For example, they were members of the Plymouth Dignity in Care Forum, Skills for Care and Social Care for Excellence, the Clinical Commissioning Group (CCG) and the Health and Wellbeing Champions provided by Plymouth City Council. It was evident from talking to staff that they had a sound understanding of current best practice which was observed throughout our inspection. For example, staff put people's dignity at the heart of their work to ensure they led the best possible quality of life.
- The managers and staff team were clear about their roles, and the managers worked alongside staff on a regular basis. This gave them an opportunity to observe staff practice and to lead by example.
- People benefited from a high standard of care because Thornbury Villa had systems in place to assess, monitor and improve the quality and safety of care at the home. A programme of audits and checks were in place to monitor the safety of the premises, accidents and incidents, care plans, safeguarding, staffing and quality of care. From these audits and checks, action plans were created, and action was taken by the provider and manager when areas requiring improvement were highlighted. This supported the home in providing a quality of care that considered people's health, welfare and safety.
- The managers, providers and staff fully embraced new initiatives. They explored best practice guidance and studied research to help people achieve good care outcomes. This included working closely with health and social care professionals, and training staff to better understand what the desired effects of their care and support were. For example, following National Institute for Health and Care Excellence NICE guidance on oral health, a comprehensive oral health assessment tool was implemented, and individual oral health plans were introduced for each person. Other projects undertaken to improve care included, research projects focused on the management and prevention of falls, improving nutrition and hydration and reducing unnecessary 'as required' medicines.
- Recognised assessment tools were used to effectively assess people's needs in relation to their skin care, risk of falls, nutrition and hydration. Evidence showed this had resulted in improved care for people. No one had pressure ulcers, the number of falls had reduced, people ate well, and good oral health was being promoted by staff.
- The provider created an improvement plan based on CQC's key lines of enquiries (KLOES) and held a staff workshop centred on the KLOES to enable staff to develop and build confidence. As a result, people's surveys, resident discussion groups, staff meetings and staff training was improved.
- The manager had effective oversight of what was going on within the home. They understood their regulatory responsibilities and were proactive in the way they notified and kept CQC and other agencies informed of events within the home.

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

- People's views and experiences were central to developments and improvements in the home. People were asked for their views in the form of residents meetings and forums. The managers spoke with people on an individual basis to ensure they captured the views of people who did not want to attend. A suggestion box in the foyer invited people to raise ideas, suggestions or concerns.
- People, their relatives and staff completed annual satisfaction surveys. These consistently described the home in exceptional terms. Comments from people included, "Thornbury Villa care home provides a welcoming, warm, comfortable and clean home with an atmosphere of outstanding love and compassion",

"I can't praise the home enough" and "We will always be in their debt. I can't thank them enough."

- Staff embraced the provider's vision and beliefs and spoke consistently about the home being a great place to work. They told us they felt valued, supported, received regular supervision and had access to plenty of training opportunities. Staff told us they appreciated the sense of working together as a team. Staff commented, "It's a nice place to work and [providers names] are very good to work for. The residents always come first" and "I think it's amazing here. You can make suggestions and you are listened to. I don't think I will ever leave."
- Staff told us there were staff meetings where they could raise any concerns or issues. We noted from the minutes the provider and managers consulted and involved staff in decisions, gave opportunities for staff to raise any issues and thanked staff for their work. This told us that the provider was open and transparent in their approach.

Working in partnership with others

- Thornbury Villa demonstrated they were very firmly a part of the local community and were actively involved in building further links. The home had a very strong bond with the local community college where they provided placements for students studying health and social care. In a letter from the college they described how their students had benefitted from the experience, they said, "All the students always come back with great feedback on how they feel they have learnt something new and felt valued as part of the team." This was mutually beneficial as it provided opportunity for both people and students to share experiences and learn about each other's lives. This input also benefitted staff in terms of knowledge and understanding which in turn improved care for people living at the home. This demonstrated the provider's awareness of the positive contribution people's expertise could make on shaping the future.
- Links were created with PLUSS a service supporting people with learning disability to find a pathway to work. The home offered volunteer placements and gave people the opportunity to experience an interview at the home. Volunteers worked with people and spent time making cards and playing games.
- The home had close links with services, such as speech and language therapists, GP and other health care professionals to ensure people received appropriate care to meet their needs. One professional said, "Thornbury has a good atmosphere and is clean and welcoming. The staff are very congenial and helpful which makes my job much easier. There is a good rapport between staff and residents which comes across when you visit. I am able to advise staff if someone has a problem that requires further medical attention or monitoring and I am confident that they will follow this through."