City of Bradford Metropolitan District Council

Thompson Court

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Our inspection of Thompson Court took place on 26 September 2017 and was unannounced. At the last inspection, the service was rated as 'requires improvement' with no breaches of regulations.

Thompson Court is a purpose built facility providing rehabilitation, assessment and respite care to a maximum of 37 people requiring support without nursing. They are supported by the GP surgery which is in an attached building and district nurses. Physiotherapy and occupational therapy was available to those people in the rehabilitation unit. At the time of our inspection, there were 26 people living at the service.

A new registered manager had commenced employment at the service approximately one month before the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Although safeguarding policies and procedures were in place, we saw safeguarding incidents were not always reported to the local authority or the Commission. Staff knowledge of safeguarding reporting was varied. Incidents and accident reporting was in place although more evidence of actions taken needed to be present.

Appropriate risk assessments were mostly in place and reviewed. However, we saw one person had recently been admitted with a number of allergies. There was no risk assessment in the person's care records although the cook had been notified about these.

The premises was clean and a planned programme of refurbishment was underway. Gloves and aprons were readily available and seen to be used by staff when providing personal care.

Staffing levels were sufficient to keep people who used the service safe and staff had time to spend quality time with people. Staff recruitment was mostly safe although photographic ID needed to be stored in staff records. Staff told us training was good and gave them the required skills to offer safe and effective support. The registered manager had plans to re-establish regular supervision and appraisal and we saw some of these had been completed already. Staff felt supported by the management team and regular staff meetings were in place.

Overall, we found medicines were safely managed. Medicines administration charts were well completed although further information about 'as required'(PRN) medicines was needed.

The service was compliant with the legal requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). However, two staff we spoke with had limited understanding of MCA and DoLS. People's consent was sought regarding care and support.

People received a nutritionally balanced diet and were offered sufficient fluids to keep them hydrated.

People's health care needs were supported with access to a range of professionals including GPs, district nurses and physiotherapists. Appropriate equipment was in place to meet people's health care needs.

A complaints process was in place and people knew how to raise concerns.

Staff were kind, caring and supportive and knew people's care and support needs. We saw good interactions and that staff respected people's dignity and privacy.

Care records were detailed and regularly reviewed. The registered manager was working to make these more person centred and to reflect people's likes and dislikes. More evidence was needed of involving the person and/or their relatives. A large emphasis was placed on increasing people's independence as much as possible.

A good range of activities was on offer and people praised the work the activities co-ordinator carried out.

Complaints were documented and evidenced actions taken as a result.

The new registered manager was well respected by staff and people alike and had a programme of improvements underway. They were a visible presence in the service and people knew who they were. There was a positive culture within the service.

A range of quality assurance and audit processes were in place to drive improvements within the service. However, these needed to be fully embedded with the improvements identified by the new registered manager.

Regular resident's meetings were held and actions seen to be taken as a result of concerns raised.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

There was no evidence of actions taken following accidents or incidents.

Safeguarding referrals had not always been made. Staff knowledge of safeguarding reporting needed to be improved.

Sufficient staff were deployed to offer safe care and support. However, no photographic ID was present in staff files.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff training was up to date or booked although staff knowledge in some areas required improvement. Staff said the training gave them the required skills to offer safe and effective care and support.

Although a system of supervision and appraisal was in place, these were not always up to date.

A variety of nutritional food was prepared with alternatives if people did not want what was on offer. However, some improvements were required to the quality of food.

People's health care needs were effectively supported.

Is the service caring?

Good

The service was caring.

Staff were caring and supportive and encouraged people to be as independent as possible.

Staff understood how to support people's privacy and dignity and knew people's care and support needs well.

Visitors to the service were welcomed.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care records were detailed and comprehensive with strong evidence of promotion of independence. Pre-assessment information needed to be used fully to inform care planning.

Improvements needed to be made to involve people and their relatives within the care planning process.

Appropriate equipment was in place to support people with their treatment goals.

A range of activities were on offer, dependant on the requirements of the people who used the service.

Complaints and compliments were documented with appropriate actions taken.

Is the service well-led?

Requires Improvement

The service was not always well led.

We identified areas during our inspection where improvements needed to be made and should have been addressed. However, the new registered manager had plans in place for improving the service.

Staff and people who used the service all spoke positively about the management of the service.

A range of audit and quality assurance processes were in place although these needed to be embedded fully to incorporate improvements to the service.

Staff and resident's meetings were held and actions taken as a result of these.

Thompson Court

Detailed findings

Background to this inspection

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

This inspection took place on 26 September 2017 and was unannounced.

The inspection team comprised three adult social care inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. On this occasion, the expert by experience had experience of caring for older people.

Prior to the inspection we gathered information about the service from notifications received about the service, information from the local authority commissioning and safeguarding teams and reviewing the 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.

During the inspection, we used a variety of methods to find out about the experiences of people who used the service. We spoke with six care staff, the assistant manager, the deputy manager, the registered manager, the cook, two ancillary staff, the activities co-ordinator, 13 people who used the service and three relatives. Because people were able to speak with us and share their experiences, we observed care and support but did not carry out a Short Observational Framework (SOFI) on this occasion. We also reviewed four people's care records, some in detail and others to check specific elements of care and support, as well as other information regarding the running of the service including policies, procedures, audits and staff files.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living at Thompson Court. Comments included, "I feel safe because it feels like home, I have no worries and get on with everyone," and, "I feel safe because everything is catered for, I would stay here if I could." A relative told us, "When [relative's name] came here she had a fall so they responded very quickly organising sensor mats for the bed and chair." Another relative told us they felt their relative was safe because, "Staff are willing to talk to me at any time and keep me informed. They also let my [relative] speak to me on the phone if I call. Also, the home is closely linked to the GP practice and the GP does regular visits." The relative also commented that they felt their relative was receiving better medical care at the service than at the local hospital.

We saw the provider had a policy in place for safeguarding people from abuse which provided guidance for staff on how to identify different types of abuse and the reporting procedures. The service also had a whistle blowing policy which provided guidance to staff on how to report matters of concern. In addition, the registered manager told us they operated an open door policy and people who used the service, their relatives and staff were aware they could see them any time if they had any concerns. Staff had received safeguarding training and understood how to report safeguarding concerns within the service. However, despite this training we found varied knowledge among some staff about the local authority safeguarding team or the Care Quality Commission, although these staff had a good general understanding of what they would do if they were concerned about anyone living at the service. Staff also told us they were aware of the whistle blowing policy and felt able to raise any concerns with the manager knowing that they would be taken seriously. Staff understood they had a responsibility to report any concerns to the management team. These safety measures meant the likelihood of abuse occurring or going unnoticed was reduced.

However, we saw information had been recorded about two incidents of people returning home with the incorrect medicines that had occurred prior to the new registered manager coming into post. The information recorded indicated these should have been reported to the local authority and the Care Quality Commission but they had not been. We spoke with the registered manager about these and they were aware of the incidents and the need to report such incidents in the future. We saw instances of the correct procedure being followed in other instances so felt confident this would be addressed.

Accidents and incidents were recorded although further evidence of actions taken as a result needed to be in place. We saw these records were reviewed and monitored as part of the internal audit system. Monitoring accidents and incidents in this way can assist management to recognise any recurring themes and then take appropriate action, helping to ensure people are kept safe. The responses from the registered manager and the improvement plans they had already introduced gave us assurances these areas were already being addressed.

Assessments were put in place and reviewed regularly to mitigate risks to people living at the service and we saw actions from these were put in place. For example, one person was assessed as high risk of falling. We saw actions had been put in place from the risk assessment completion such as a sensor mat on their bed and chair to alert staff of their movement, their mobility aid placed within easy reach and their bedroom

kept free from clutter. We saw there was a positive approach to risk taking with the emphasis on encouraging independence whilst minimising risk. This included ensuring risk assessments were in place for people who were self-administering their medicine or required minimal support. However, we saw one person had recently been admitted who had multiple food allergies and a risk assessment had not yet been formulated. We spoke with the cook who told us they were aware of the person's allergies since the registered manager had discussed this with them. They showed us they had these documented, including the person's likes and dislikes to help with providing food they could eat due to their food restrictions. This meant the risks of them eating incorrect foods had been mitigated.

People told us staff were kind and gentle when providing personal care and were competent when using lifting equipment. We observed staff using the hoist and supporting people to move and saw this to be carried out safely and competently. For example, we saw staff hoisting a person into their chair, making sure they were comfortable during the process by explaining what they were doing and chatting with them.

As part of our inspection we walked around the premises and found it clean and well maintained and saw a refurbishment programme was underway, resulting in one of the units being temporarily closed. We looked around the premises including people's private bedroom accommodation and communal areas. We found all areas of the home to be well maintained and furnished and clean smelling. We saw there was a continuous maintenance plan in place which showed planned improvements. The registered manager told us the provider acted quickly to address any maintenance issues and ensured the home was maintained to a good standard.

We saw units contained gloves and aprons and hand gel in several locations throughout the home. We also saw staff wore protective aprons and gloves when carrying out care and support duties. This meant the service had taken actions to prevent and control infection.

We inspected maintenance and service records for the gas safety, electrical installations, water quality, fire detection systems and found all to be correctly inspected by a competent person. We saw all portable electrical equipment had been tested as required.

We saw personal emergency evacuation plans (PEEPS) were in place for people who used the service. PEEP's provide staff with information on how they could ensure an individual's safe evacuation from the premises in the event of an emergency. We saw evidence of PEEPS based on people's physical abilities, ability to understand verbal instructions and willingness to follow instruction.

We looked at the staff levels and found these sufficient to provide safe care and support to people who used the service. The registered manager told us they were implementing new rota systems to ensure the correct staff mix across the units, incorporating a 'floating' staff member between the units. Staff told us this was a good idea which would work well. Our review of the rotas confirmed the current usual staffing was six care staff during the day with at least one senior staff member and a member of the management team and three staff at night, one of which was a senior care staff member. The registered manager told us the numbers would increase to seven staff once the closed unit was re-opened and this would be increased if needed, due to people's dependency or the needs of the service. We saw agency staff were used when required due to sickness or holidays but the registered manager told us they used the same staff from one agency to ensure consistency.

People gave us mixed responses about the amount of staff on duty, with some people telling us there were enough staff deployed and others saying there were some occasions such as nights and weekends when they had to wait longer for care and support. We saw call bell response times had been discussed at

resident's meetings with some suggestions of different sounds deployed to indicate if the need was routine or emergency. The registered manager had said they would look into this and told us the call bell system was part of the refurbishment plan. We observed on the rehabilitation unit there were occasionally few or no staff visible in the lounge or dining area, such as just before lunchtime. During lunchtime, there was one staff member serving lunch for eight people in one of the dining rooms which was an issue when one person expressed a wish to return to their room. We saw they waited until the staff member finished serving lunch and was able to assist the person to their room which meant there was no staff member present during this time. However, we saw this was the rehabilitation area and more staff were present in the other dining room. We also observed staff were available on other occasions to help people.

Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed. These included interview questions including scenarios to explore candidates' suitability for the role, ensuring a Disclosure and Barring Service (DBS) check was made and at least two written references were obtained before new employees started work. However, we noted in the staff files we looked at that no photographic ID was present. We spoke with the registered manager who said they would investigate and remedy this.

Overall, we found medicines were managed safely and the service had made improvements since our last inspection. For example, medicines administration records (MARs) were now all printed to reduce the risk of medicines error. Staff who administered medicines were trained in the safe handling of medicines and we saw their competency was checked. We observed the morning medicines round and saw staff were patient and kind whilst offering support. We saw they knew how each person preferred to take their medicines and offered appropriate support depending on their needs. We saw staff knocked before entering people's rooms and made a note to return if the person was asleep.

We looked at the MARs and saw these were well completed and showed people received their medicines as prescribed. People received their medicines at the times that they needed them, for example, arrangements were in place to administer medicines before food where required. Where people refused medicines this was appropriately documented.

Stocks of medicines were monitored daily to identify any discrepancies. This meant any issues were highlighted and actions taken in a timely manner. We checked the number of medicines present matched with the stock levels recorded, indicating people had received their medicines consistently as prescribed.

Some people received their medicines in liquid form. However the service was not routinely writing the date of opening on the side of the bottle. This meant there was a risk staff would not identify should medicines would pass their safe use by date. We raised this with the registered manager who agreed to ensure this was actioned.

'As required' (PRN) protocols were in place, although these required more information such as the reason why the person may require the medicines and any side effects to observe for.

Some people were prescribed topical medicines such as creams. We saw body maps were in place which provided guidance to staff on how to apply these medicines. Topical medicine administration records were well completed indicating people regularly received their prescribed creams. We saw creams and eye drops contained the date of opening to ensure these did not pass their safe use by date.

Some prescription medicines contain drugs that are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs (CDs). We found these medicines were kept securely. CDs require two

staff members trained in the safe administration of medicines to check and administer the medicines and sign the CD administration book. During our inspection we observed this practice had been carried out safely.

Requires Improvement

Is the service effective?

Our findings

Staff told us they felt the training they received enabled them to work effectively and safely with people. Most of the people and all of the relatives we spoke with told us staff appeared well trained to support the people living at Thompson Court. We reviewed staff training and found this was up to date or booked. Staff had received training in a variety of key subjects including moving and handling, safeguarding, infection control, food safety, Mental Capacity Act 2005, health and safety and sexuality and older people. Staff had also received specific training in areas such as healthy eating, dementia, dignity in care, diabetes awareness, continence and pressure ulcer prevention. We saw the service had identified when staff were due a training update and these had been mostly booked. We saw most staff had completed or had been registered to complete National Vocational Training (NVQ) levels 2 and 3.

Staff new to care completed the Care Certificate. This is a government recognised scheme designed to give new staff the required skills to offer effective care and support.

A system of supervision and annual appraisal was in place although some staff told us these had not been completed on a regular basis. We saw the registered manager had processes in place to improve these.

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. The application procedures for this in care homes and hospitals are 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 were being met.

The registered manager told us two people who used the service had an authorised DoLS in place with no conditions attached. We confirmed this when reviewing their care records. The registered manager was aware of their legal responsibility regarding MCA and DoLS. However, we found some staff had mixed understanding about this and the registered manager agreed further updates were required in this area.

We saw evidence of consent and best interest processes in people's care records. For example, people had signed consent for information sharing, photographs to be used and for care to be provided. We also saw evidence of staff asking for people's consent before providing care and support.

There was a five week rolling menu in place. People were given a choice of food at each meal. For example, at breakfast time people were offered a choice of cereals, porridge, toast with jam or marmalade and hot and cold drinks. At lunchtime we saw the meal was pork casserole with vegetables and rhubarb crumble

and custard. We asked the cook what happened if people did not want what was offered. They told us people could have a jacket potato, omelette or sandwich. People we spoke with confirmed this and one person told us sometimes they specifically asked for the soup since it was a tasty and wholesome alternative. However, we received mixed feedback about the quality of food provided on some occasions. One person we spoke to told us, "The food is very good, there is lots of variety and it's all edible," whereas other people told us the meat was sometimes very tough. The registered manager was aware of this, had spoken with people about their concerns and was taking actions to remedy this.

We observed the mealtime routine and saw these were an opportunity for social engagement, with people sitting together and chatting. Some people chose to eat in their bedrooms or were unable to mobilise to the dining room and we saw trays were taken to their rooms. We saw a variety of snacks and drinks were served during the day and people who were able could use the kitchenettes off each dining room to make themselves a drink.

We spoke with the cook and our discussions confirmed their knowledge of people's dietary requirements. They kept information about people's dietary needs in a file in the kitchen. The cook explained all meals were freshly cooked and would add cream, butter, cheese and use full fat milk to fortify meals for those who required this. The cook told us the registered manager and senior staff informed them of any changes. People's weight was monitored and any changes discussed with the GP or district nursing team.

We saw people's nutritional needs were taken into account and information about this given to the cook. For example, a person had recently been admitted with food allergies and the registered manager had spoken with the cook about their dietary needs. We saw the person had an allergy to butter and was served some mashed potatoes made without butter as part of their lunchtime meal. There was no-one on specific diets or requiring supplements at the time of inspection apart from people requiring diabetic diets which we saw were prepared separately.

We saw people had access to a variety of health care professionals including GPs, district nurses, physiotherapists, dieticians, occupational therapists and tissue viability nurses. On the day of our inspection, we saw people were visited by district nurses, physiotherapists, social workers and a multi-disciplinary team meeting was being held to discuss people living at the home.

We saw evidence in people's care files of involvement from the multidisciplinary team to help them achieve their therapy goals. The health care professional we spoke with told us the service listened to and followed their advice and discussed any concerns with them. Staff told us if they had any concerns the senior staff were quick to respond and would arrange for GPs or other relevant healthcare professionals to visit.

We saw equipment was in in place following appropriate risk assessment and discussions with health care professionals such as district nurses and tissue viability nurses. We spoke with a visiting health care professional who told us communication between them and the home was very good. They said staff always took action when concerned about people, kept them informed about people's health, were responsive to people's needs and ensured appropriate equipment such as mobility aids were available.

Good

Is the service caring?

Our findings

We found a positive and caring attitude within the home. We observed during the day that care staff were clearly visible and supported people in a calm, compassionate and caring way. Staff were cheerful and friendly and we observed kind and caring interactions throughout the inspection. For example, when staff walked by people they would engage with them and check they were ok. When staff assisted people to move they explained what was happening and reassured them throughout. We observed staff getting down onto people's level to talk to them discreetly about things. For example, we saw the person administering the medicines very gently and quietly persuaded one person who had refused morning medicines to take their lunchtime tablets.

People commented, "If they see you are low, they come and have a chat. I have never seen any of them raise their voices to any of the people living here when they raise their voices to them," and, "Staff are very nice. Always there when you need them. They are ready to help you, make things easier and explain things in a way you can understand." One relative told us, "The carers are very nice, they are all very good," and another said, "They look after [my relative] they cream [my relative's] legs well."

During observations we saw that staff treated people with dignity and respect and saw positive relationships had been developed with people. There were lots of good humoured exchanges. One person told us, "The staff are very caring and helpful." Another said, "I've been ill and had to stay in my room, so others didn't become ill. The staff came and sat with me so I wasn't lonely." A third person commented, "They pull the curtains, cover me up as much as possible. I am embarrassed about it but they are not, so it makes me feel better about it. I have no control over my bowels but they don't bother, they are reassuring, tell me there is nothing to be embarrassed about."

We saw a good level of support was targeting promoting people's independence. For example, people got up in the morning at a time that suited them, sat where they wanted and were offered choices about what they ate and drank. People were encouraged to mobilise themselves if possible and we saw staff patiently encouraged people with this. One person told us, "Staff have helped me to maintain my independence as they have a special hoist here which enables me to wash myself; it was so demeaning in the hospital because of the hoist they used." A relative commented, "They respect my relative's independence, they encourage [person] to walk and taught [person] how to use [person's] zimmer. [Person] previously used a trolley at home."

People appeared happy around staff and the registered manager. One person told us, "We see the manager nearly every day walking through the home, would go straight to her if we had a complaint." Another person commented, "The young staff are good, they follow what the old staff do."

Staff we spoke with displayed good knowledge about people and their care and support needs. They were able to tell us how individuals preferred their care and support to be delivered. They also explained how they maintained people's dignity, privacy and independence. For example, staff told us they encouraged

people to make their own choices about how they spent their time at the home and always asking them for their consent before assisting with their personal care needs. They also gave examples of how they would knock before entering someone's bedroom, shut doors and close curtains prior to delivering care and support. We saw this occurred during our inspection. This demonstrated the staff had a clear knowledge of the importance of dignity and respect when supporting people and people were provided with the opportunity to make decisions about their daily lives.

When we looked around the service we saw there was information displayed in communal areas to help people understand procedures and keep them informed. Notice boards contained results of the provider survey and what action what people should take if they had any concerns. We saw advocacy information was also displayed on these boards. This showed the service kept people informed of relevant service information to support their rights.

Discussion with the staff revealed there were no people living at the service with any particular diverse needs in respect of the seven protected characteristics of the Equality Act 2010 that applied to people living there; age, disability, gender, marital status, race, religion and sexual orientation. We saw the service offered visits by the local churches to offer communion as well as visits to and from local schools. We saw no evidence to suggest that anyone that used the service was discriminated against and no one told us anything to contradict this.

We saw visitors were encouraged to attend the service although asked to respect people's privacy during mealtimes. When visitors came we saw they were welcomed and offered refreshments by staff.

Care records and other confidential information was stored in locked offices. This showed the service took people's confidentiality seriously.

Requires Improvement

Is the service responsive?

Our findings

Care records we reviewed were detailed and comprehensive. Care plans contained detailed information on how staff should meet people's needs in areas such as communication, moving and handling, nutrition, independence, personal care. Care records contained a document called 'me at glance', which informed staff in brief what care someone required such as personal care, washing, dressing and mobilising.

In one person's daily notes we saw they had complained of pain, but had no pain relief prescribed. Staff on duty checked the initial plan which informed them the list of pain relief which had been prescribed in hospital. The hospital had not sent this with the person upon discharge. Staff called the out of hour GP and pain relief was administered. This should have been picked up when the person was admitted to the home as part of their pre-admission assessment.

The registered manager was in the process of reviewing and auditing all care records to ensure these were made more person centred and detailed. For example, we saw more information was required regarding people's likes and dislikes and what pressure relieving equipment was in use. However, we saw good examples of care needs and goals to support independence and staff were following care records.

There was a strong theme running throughout people's care records of increasing independence. For example, we saw in one person's care record how staff would offer minimal assistance with personal care to encourage the person to do as much as possible for themselves.

We saw care plans and risk assessment were up to date and reviewed regularly. However, although people had signed consent forms within care records, we did not see evidence of people and/or relatives involvement in planning and reviewing care.

Through observations of people's care and support and by speaking with staff we saw staff understood individuals care plans and support needs. A staff member told us, "We would always read a person's care plan if there something we didn't know."

During our inspection the lounge was well occupied. The television was only used to play the radio. We observed staff sitting and talking with people. An activities co-ordinator was employed by the service who also had some hours as a member of the care staff team. We saw them engaging with people with a quiz and taking people out in the mini bus in the afternoon. They told us they asked people what they would like to do for activities during residents meetings. People told us plenty of activities were available such as giant floor dominos, card games and chair aerobics. We saw this to be the case during our observations. One person told us, "I couldn't walk when I came in here, but [activities co-ordinator] has got me walking again. I've been doing chair aerobics." Another person commented, "I have to keep my legs up a lot of the time because of my injuries but they offered to take me out last week. They could see I needed a change of scenery, so I used my sticks to walk but I can only get so far then have to have a rest so they brought a chair for me to do so." A relative told us, "My relative has started playing dominos again which [relative] hasn't done for years, staff make sure [relative] sits with other people who can converse; [relative] likes a good

chat."

The provider had a complaints procedures in place. We looked at the records of complaints and concerns raised about the service and saw these were investigated appropriately. We saw records relating to any investigation or communication which had taken place and could see any actions which had been taken as a result.

We saw the provider had received a number of written compliments from people or their relatives. Comments included, 'I cannot thank you enough for the care and compassion shown to [name of person] whilst they were with you.'

Requires Improvement

Is the service well-led?

Our findings

The registered manager was new in post, having only been at the service for a month. However, staff told us they had seen positive improvements within the service already, such as new rotas and increased visibility of the registered manager within the home. Staff and people all praised the attitude and approach of the registered manager and told us they were approachable, supportive and listened to concerns. All the people and relatives we spoke with told us the service was well managed. One relative told us, "I think the place is well led because of the way the staff are; happy and content."

Staff said, "[Registered manager] is very good. She is a strong leader and I can speak to her about anything", "I love working at the home, we work as a team", "The manager is very approachable", "Things are much better since [registered manager] has arrived." All staff we spoke with told us they would recommend the service to family and friends. All staff told us the training and support the service provided was good and they said the registered manager and senior management team were approachable and listened to them if they had a concern. They told us there were now clear lines of communication within the service and the registered manager had arrange further support through a planned programme of supervision and appraisal.

We found there was a quality assurance monitoring system in place designed to ensure the quality of the service and drive improvement. We saw there was an audit plan in place and a range of audits were undertaken by the registered manager or provider at designated intervals. However, these systems and improvements needed to be embedded to assure us the systems they had implemented during their first month were robust. We found several areas during our inspection where improvements were required although the registered manager had identified some of these and had plans in place to address these.

We found the registered manager open and honest in their approach and looking for ways to improve the service. The day after the inspection, they sent us a detailed action plan showing what improvements they had already identified and were putting in place. We saw this covered most of the areas we had identified at inspection.

The service used survey questionnaires to seek people's views and opinions on the care and support they received. The 2017 resident/family survey showed that most people were very happy with the service. Where negative comments had been received, the survey showed the action taken to address these. This showed people's comments and suggestions were valued and used to improve the service. People told us the atmosphere at the service was good and one person commented, "It's a nice atmosphere to recover in, laid back and understanding." Another person told us, "Staff have a chat with you to get feedback. It's a nice atmosphere, feels easy, nothing to get uptight about."

We saw regular residents' meetings were held and were run by the activities co-ordinator. This meant people were given the opportunity to speak openly about any concerns without staff present. Our review of the residents' meeting minutes confirmed this. We saw issues such as food quality had been discussed in these meetings and information had been passed to the registered manager who was taking actions to address

these.

The home also had quality visitors reports. This is where volunteers are recruited by the local authority to visit the service and speak with staff, relatives/visitors and people who used the service. They look at areas such as maintenance and cleanliness of the building, if people are treated with dignity and respect, standard of food and drink and if people are given choices and is there a variety of activities provided. The quality visitors report showed people were very happy with the support they received. Where any negative comments had been received, the next report showed what action had been taken to address them. For example, information had been noted and actioned about concerns about the quality of the food and activities.

We saw evidence of senior staff meetings and staff team meetings taking place on a regular basis. Minutes from these meetings reflected the registered manager used learning from other services to improve practice within the home; for example reinforcing that when medication is being administered people should not be interrupted. Staff told us the meetings were a good opportunity to keep them updated as well as to raise any concerns.

All the people and staff we spoke with told us they would recommend Thompson Court. When we asked why people would recommend the service, comments included, "Staff are incredibly caring, attentive and calm. There is nothing jangling your nerves. Staff cope with everything. The food is as good as you get at home," and, "The place is clean, food is reasonable, much better than hospital food. Staff are competent and there are stimulating activities. The relationship between people is lovely."