

North East Autism Society

Thorndale

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 29 November, 1 and 7 December 2017 and was announced. We gave the provider short notice of our inspection due to the nature of the service. This was so the registered manager could be available to assist us with our inspection.

Thorndale 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. Thorndale provides personal care for up to six people with a learning disability and/or autistic spectrum disorder. At the time of our inspection there were five people living at the home. The home is located next door to another of the provider's services, both of which are managed by the same registered manager and deputy manager.

A registered manager was in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We last inspected this service on 3 September 2015 when it was rated 'Good' overall. During this inspection we found the service remained good and rated the key area of responsive as 'Outstanding.'

Relatives described the care at Thorndale as 'Outstanding.' Relatives told us how the service had made a huge impact on their family members by enabling them to lead full and rewarding lives and be as independent as possible. Staff did not view the complex needs of the people who used the service as a barrier to them participating in similar activities to those of their peers. Relatives told us people had access to a fantastic range of activities.

People had made substantial progress due to the use of the SMART (specific, measurable, achievable, realistic and timely) target system. These targets were a way of setting goals for people to work towards in areas that really mattered to them and which improved their quality of life. These targets and other positive proactive support strategies had resulted in a reduction in the number of incidents that could be challenging for people. The strong focus on person-centred care had an extremely positive impact on people.

People received care which was exceptionally person-centred and responsive to their needs. Staff had an excellent understanding of people's needs and how they preferred and needed to be supported. Staff were innovative at responding to changes in people's needs and identifying new support strategies for people.

Relatives told us they were very satisfied with the service and felt their family members were safe and happy at Thorndale.

Risk assessments about people's individual care needs were in place, for example in relation to nutrition and epilepsy. Control measures to minimise the risks identified were set out in people's care plans for staff to refer to. There was a positive approach to risk management.

Each person had an up to date personal emergency evacuation plan (PEEP) which provided staff with information about how to support them to evacuate the building in an emergency situation such as a fire or flood.

There were enough staff on duty to meet people's needs. Essential staff training was up to date. Staff received regular supervisions and appraisals.

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

People were supported to have enough to eat and drink and attend appointments with healthcare professionals.

There were appropriate systems in place to record and respond to complaints. Relatives we spoke with said they had not needed to complain and felt any concerns would be dealt with correctly.

Relatives felt the service was well managed. Staff described the registered manager as approachable and the service as well-led. There was an effective quality assurance system in place to ensure the quality of the service and drive improvement.

There was a positive ethos at the service which was driven by the registered manager and deputy manager. Staff demonstrated a strong commitment to providing good care.

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.

Medicines were managed safely and effectively.

Staff knew how to recognise and report abuse.

There were enough staff to make sure people had the care and support they needed.

Risks to people were identified and managed in order to keep them safe.

Is the service effective?

Good ●

The service was effective.

People's healthcare needs were monitored and the service liaised with other healthcare professionals where appropriate.

People were encouraged to maintain an active and healthy lifestyle

Staff training in a range of key and specialist areas was up to date.

Staff received regular supervision and an annual appraisal to support their learning and development.

Is the service caring?

Good ●

The service was caring.

Relatives spoke very positively about the caring nature of staff.

People had very good relationships with staff.

There was a strong person-centred culture which emphasised people's independence.

The registered manager had received several compliments from relatives about the caring attitude of staff.

Is the service responsive?

The service was extremely responsive.

Relatives described the progress people had made at Thorndale as 'Outstanding.'

People's quality of life was enhanced through access to an excellent range of activities.

Staff were innovative at responding to changes in people's needs and identifying new support strategies for people.

Care records were exceptionally detailed in relation to detailing how people preferred and needed to be supported.

Outstanding 

Is the service well-led?

The service was well-led.

Relatives and staff told us the registered manager was approachable.

There was a positive culture and ethos at the service which was driven by the management team.

There were effective systems in place to monitor the quality of the service.

Staff workshops made staff feel valued and supported.

Good 

Thorndale

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 29 November, 1 and 7 December 2017 and was announced. The provider was given 48 hours' notice because the service is for younger adults who are sometimes out during the day, we needed to be sure someone would be in. On 7 December 2017 we sought the views of relatives via telephone calls and emails. The inspection was undertaken by one adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. We also contacted the local authority commissioners for the service, the local authority safeguarding team, the clinical commissioning group (CCG) and the local Healthwatch to gain their views of the service provided. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the feedback we received to inform the planning of our inspection.

We looked at the Provider Information Return (PIR), which we had asked the provider to submit to us prior to the inspection. This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make.

As part of the inspection we undertook a number of different methods to understand the experiences of people who used the service. Some of the people who used the service had complex needs which limited their communication. This meant they could not always tell us their views of the service so we sought the views of seven relatives, including the views of two relatives whose family member no longer used the service.

During the visit we observed how people were supported in communal areas. We spoke with the registered manager, deputy manager and three support workers. We also spoke with the provider's operations

manager and head of care. The head of care was the nominated individual for this service. A nominated individual has overall responsibility for supervising the management of the regulated activity and ensuring the quality of the services provided.

We viewed a range of care records and records relating to how the service was managed. These included the care records of two people, the medicines records of three people and records relating to staff training, supervisions and the management of the service. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

The people who lived at Thorndale had complex needs which meant they sometimes found it difficult to fully express their views about the service. During the time we spent with people we saw they appeared comfortable in staff's presence.

Relatives told us they were very satisfied with the service and felt their family members were safe and happy at Thorndale. One relative said, "Most certainly. The staff are very experienced and they have very strict safety procedures. I can see that [family member] is happy, and their reactions to the staff are contented and at ease." A second relative told us, "The staff understand [family member's] lack of sense of danger and keep them safe." A third relative said, "There's always an appropriate level of supervision that's not restrictive but we always felt it was safe."

People who used the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Staff had completed training in how to safeguard people from abuse and demonstrated a good awareness of the types of abuse that could take place and their role in reporting any concerns.

The registered manager had developed safeguarding worksheets to refresh staff knowledge in between mandatory safeguarding training sessions. This was a good prompt for staff and meant that safeguarding was discussed often. Staff told us they had confidence in the management team to deal with safeguarding issues promptly and effectively. Records confirmed this.

The home had a whistleblowing policy and staff knew what to do if they had any concerns. Staff told us they would approach the registered manager or deputy manager if they had any concerns.

There were enough staff on duty to meet people's needs promptly and keep them safe. Staffing levels on the days of our inspection were the registered manager, the deputy manager and four support workers. Relatives told us they felt there were enough staff on duty whenever they visited.

No new staff had been recruited since the last inspection so were unable to check recruitment procedures during this inspection. When we inspected previously there were no concerns in this area.

Medicines including topical creams and ointments were managed safely and effectively. Medicine administration records (MAR) we viewed had been completed accurately. We checked these against individual medicine packs which confirmed all administered medicines could be accounted for. This meant people had received their medicines as prescribed and at the right time. Medicines were stored securely and the temperature of storage areas was within the recommended ranges for safe storage. Staff who administered medicines had been trained for this role.

There were effective risk management systems in place. These included risk assessments about people's individual care needs such as nutrition, and epilepsy and activities people liked to do inside and outside the

service. Control measures to minimise the risks identified were set out in people's care plans for staff to refer to. Staff told there was a positive approach to risk taking and we saw this in practice.

Risk assessments relating to the environment and other hazards, such as fire and food safety were carried out and reviewed by the registered manager regularly. Each person had a personal emergency evacuation plan (PEEP) which contained details about their individual needs, should they need to be evacuated from the building in an emergency such as a fire.

Some people who used the service had been assessed as having behaviours which might challenge themselves or others. Positive proactive support (PPS) plans were in place which gave staff clear guidance about the triggers they should look out for. These plans also gave staff strategies to follow to reduce the risk of such behaviours occurring or escalating. Staff told us they understood how to follow this guidance and we observed it in practice. For example, a staff member re-directed someone to an activity when they became agitated and supported them to go for a short walk. When the person returned to the service they were calmer and less anxious. It was clear lessons had been learned by staff to enable people to have the right support should they begin to show any distress reactions.

Incident forms were completed following episodes of behaviour which might challenge people who used the service or others. These forms described the event and how staff dealt with the situation, which meant staff could learn from such incidents. For example, staff were reminded of the need to consistently divert people and engage in meaningful activities when triggers for individuals were identified. Accidents and incidents were recorded accurately and analysed regularly in relation to date, time and location to look for trends, although no trends had been identified recently.

Regular planned and preventative maintenance checks and repairs were carried out. These included regular checks on the premises and equipment, such as fire, electrical and gas safety. The records of these checks were up to date.

The service was clean and decorated to a good standard. We noticed the communal areas had been repainted and the front garden landscaped since our last inspection. The registered manager told us the provider had agreed to extend and refurbish the kitchen, and replace the windows throughout the property. This meant the provider continued to invest in the property for the benefit of the people who lived there.

Is the service effective?

Our findings

Relatives we spoke with said people who used the service were supported by staff who were trained and knowledgeable. A relative told us, "Staff are experienced and very knowledgeable and have an in-depth understanding of autism."

The provider used a computer-based training management system which identified when each staff member was due further training. Records showed staff training in key areas such as medicines administration, fire safety and food hygiene was up to date. Other training such as epilepsy care and continence awareness was also up to date. Staff we spoke with said they had completed training appropriate for their role. One staff member said, "We get a lot of training. It's pretty well organised and we're always up to date."

The registered manager told us all staff were currently completing a distance learning course in 'understanding autism' which was due to be completed in January 2018. The deputy manager told us, "All staff have previously completed a two day autism course but we decided we needed to refresh this and do something more in-depth." Staff spoke very positively about this course and how it had developed their understanding of autism. For example, one staff member said, "The new course we're doing on autism is really good. It's a good refresher but we're learning new things as well."

During our inspection we observed a training session on positive proactive support (PPS) which was taking place at one of the provider's other services in the adjacent property. The facilitator was a staff member who worked at Thorndale. We saw staff were given opportunities to gain confidence using restrictive techniques (where there was no other alternative). Staff feedback on the session was positive.

Records we viewed confirmed that the number of physical interventions used by staff had decreased significantly in 2017 compared to 2016, due to the use of positive proactive support strategies. When we asked the management team about this the deputy manager said, "Staff are confident and competent at using proactive strategies to good effect."

A relative told us, "We certainly rate the home as outstanding. [Family member] made very dramatic progress from the onset of their placement. Their violent outbursts fell from 40-50 in 6 months, to 4-5 in 6 months in the first year. They very rarely have a violent outburst now. Their ability to communicate using non-verbal pictorial symbols is promoted and further assists them in their day to day life."

Staff told us and records confirmed they received regular supervision sessions and an annual appraisal to discuss their performance and development. Records relating to supervision and appraisal were detailed and set out agreed actions in terms of development and training.

Staff told us they felt supported in their roles. A staff member commented, "We get plenty of support from the registered manager. He really is very good."

Records showed people were supported to maintain their physical and mental health needs whenever this was required. For example people attended appointments with their GP, optician, podiatrist and dentist.

People were encouraged to maintain an active and healthy lifestyle through activities and a healthy diet. People's food and fluid intake was recorded daily and their weight was recorded monthly. People were supported to maintain a balanced diet and to have enough to eat and drink. Staff used a weekly menu planner which was based on people's preferences. People were involved in decisions about what to eat through pictorial menus. We observed people enjoying their evening meal. Most meals were prepared from scratch using fresh produce. A good range of healthy foods were available, as well as drinks, snacks and fresh fruit.

A relative told us, "The food at Thorndale is healthy, and things like chips are given only as treats. There is always a balance between enjoying food and dietary requirements." Another relative said, "The staff offer healthy meals and encourage a good diet and exercise."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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.

We found that DoLS applications had been made and authorised for all five people by the relevant local authorities. DoLS applications contained details of people's individual needs and were person-centred. Staff members had a good understanding of this legislation and records showed decisions had been made in people's best interests in conjunction with people's family members, staff members and professionals. For example, decisions about taking medicines and medical treatment. Staff told us how they involved people to make their own decisions where possible, for example when choosing what to wear or what activities to do. During our inspection, we observed that staff sought people's consent before carrying out care tasks or involving them in activities. This meant the service was meeting the requirements of the MCA.

The physical environment was of a high standard and met people's needs. The provider employed maintenance staff and when repairs were identified, these were acted upon. The registered manager described the future plans for decorating the home. People's bedrooms were personalised and decorated to people's individual tastes. One person showed us their room and was clearly proud of it. The service had outdoor space for people to sit and enjoy..

Is the service caring?

Our findings

Relatives spoke very positively about the caring attitude of staff. One relative told us, "The staff are most certainly committed and go beyond the call of duty." Another relative said, "The staff at Thorndale are [family member's] friends."

People living at the service had very good relationships with staff. People were smiling and relaxed in the presence of staff. We saw that staff were kind, caring, polite and supportive. They spoke with people in a fond and familiar way and there was a pleasant atmosphere of warmth and trust. This contributed to a strong person-centred culture. People were supported to make choices for themselves and staff listened to and acted on what people said. For example, what people wanted to wear or how they chose to spend their time. People were supported to be as independent as they wanted. They were supported to access the local community and took part in shopping, cooking and household tasks where appropriate. A staff member told us, "I think we do an excellent job here as we encourage people to be as independent as possible."

People's privacy and dignity were respected. Staff knocked on bedroom doors and called people by their preferred names. A relative told us, "Staff understand [family member] very well. They always treat them with respect but with obvious affection which is lovely to witness. They speak to them like an adult; never patronising. Although they rely on staff for all of their care needs, staff never treat them like a child." Staff responded appropriately and discreetly to people's personal care needs by asking people quietly if they needed support and supporting them in their bedroom or bathroom.

Staff were highly sensitive to the fact that some people found it difficult to cope with too many choices. Staff used their knowledge of people's preferences to offer them a small number of options at a time. This meant staff ensured people were given the right emotional support to maximise their engagement in making decisions.

Staff told us how people's communication needs differed. For example one staff member told us and we observed how one person liked to use the picture exchange communication system (PECS), whilst another person preferred to use true object based icons (TOBIs). This meant staff understood people's individual communication preferences.

Staff told us how they anticipated difficult times for people and provided additional emotional support to help them overcome this. For example, several staff members told us how Christmas could be a source of over stimulation for some people who used the service and a cause of anxiety. Staff told us how they would support people with this on an individual basis to help them enjoy the festive season in their own individual ways.

Relatives spoke positively about the relationships they had with staff. One relative told us, "They were a staff team upon which we leaned heavily. They helped us through very difficult days and we owe them a debt of gratitude and we will always remember them with respect and affection." Another relative said, "When talking to staff it is easy to see that they understand [family member]. They discuss in depth how [family

member] has been, how they have communicated, how a trip to the dentist went, or how a trip to the theatre or on the bus or train went. They greet us when we visit, they bring [family member] to see us at home. We talk to them on the telephone when we enquire about [family member]. [Family member] is almost completely non-verbal so this is essential for us." A third relative said, "They have been a great source of support to me." We found due to the positive impact the service had on people their relatives were also positively affected. Relatives told us they had witnessed many areas of personal growth and development in people who were supported by the service.

A relative told us how they lived a substantial distance away and wanted to visit their family member over Christmas. The deputy manager had suggested they use the facilities in the service next door to make Christmas dinner, so they could enjoy Christmas together as a family. People who lived at the service next door were with their families on Christmas Day so the premises were empty. The relative had emailed the registered manager and said, 'We would like to express our sincere appreciation for your help and support for us with regard to [family member's] Christmas holiday. We are very appreciative of the suggestion to give us access to next door so we can cook Christmas lunch.'

Staff told us how they anticipated difficult times for people and provided additional emotional support to help them overcome this. For example, several staff members told us how Christmas could be a source of over stimulation for some people who used the service and a cause of anxiety. Staff told us how they would support people with this on an individual basis to help them enjoy the festive season in their own individual ways.

Several relatives had submitted written compliments to the registered manager in the past year. In March 2017 three staff members visited a former resident (at a different service run by another provider) and took them a birthday present. This person's relative wrote, 'It made them very happy to see them. Thank you so much to everyone who was involved in arranging this. You are all so kind to them in taking the time and effort to do this. [Family member] is indeed fortunate to have such caring people in their life. We are grateful to you all.'

Another compliment from a family member stated, 'People who knew [family member] years ago always comment on what a pleasant, calm young person they've turned out to be. They are who they are today because of all your hard work, dedication, patience and above all your love and caring attitude.'

At the time of this inspection all of the people who lived at this service had relatives to support them to make any major decisions, although information about advocacy support from external agencies was available. An advocate is someone who represents and acts on a person's behalf, and helps them make decisions. We found staff listened to relatives as natural advocates for people so that relatives who knew people well were able to be active participants in the care of people who use the service. Relatives told us this made them feel valued.

Each person who used the service was given a 'service user guide' (an information booklet that people received on admission) which contained information about the service. This included the service's statement of purpose and how to make a complaint, and was available in picture format. Information about safeguarding and health and safety was also available in picture format which was more accessible for people who used the service.

Is the service responsive?

Our findings

All of the relatives we spoke with said No 9 was 'outstanding' in terms of how people's independent living skills had greatly improved and how much progress people had made since living at the home. For example, one relative told us how staff had supported and encouraged their family member to use the toilet independently. This relative said, "[Family member] has made very good progress at Thorndale. The major success has been that their toileting is now largely independent. They are now much more aware of routines and are more independent. Also, [family member] has an extremely limited diet and staff at Thorndale constantly strive to encourage them to try new foods. They ask us what [family member] eats at home so they can try the same or similar at Thorndale. Staff at Thorndale have managed to introduce a much wider variety of foods than we have been able to." This meant the lives of people and their families had been greatly improved.

Each person had SMART targets or goals to work towards. SMART (specific, measurable, achievable, realistic and timely) targets are a way of setting goals for people to work towards. Care records contained good descriptions of what people's goals were, what steps needed to be taken and a target date for completion. People's goals were reviewed frequently. This meant staff could support people to develop their potential and achieve their goals such as to keep their room tidy, practise their handwriting, or travel by public transport. The registered manager told us, "We've improved how we operate SMART targets and this has really helped people develop their independent living skills." As a result of the service having these targets we found people had made excellent progress.

Relatives told us how the service had made a massive impact on their family members by enabling them to lead full and rewarding lives which enhanced their well-being. Relatives told us staff were effective at providing people with access to a fabulous range of activities. One relative commented, "[Family member] is given every opportunity and coaching to deal with day-to-day issues, and to learn new skills as much as possible. They enjoy cooking, gardening and cycling. They even go to the cinema, football matches, bowling, archery, climbing, and enjoy going to pubs, restaurants, and discos." Another relative told us, "We are reassured that [family member] is at Thorndale. The environment and staff are consistent and familiar. This enables them to be relaxed and happy which greatly reduces their levels of anxiety and facilitates their participation in life within their home and the wider world." A third relative said, "Staff ensure [family member] leads a full and as independent a life as possible for a young person with severe learning difficulties and autism. They ensure they have a stimulating social life."

Staff did not view the complex needs of the people they supported as a barrier to them participating in similar activities to those of their peers. The registered manager and deputy manager showed us how staff had compiled video footage and photographs of people enjoying activities and outings so these could be shared with relatives via a memory stick, where appropriate consent had been sought for this. We saw photos and videos of people enjoying using a hot tub and sauna while on holiday, trips to the disco and the beach, playing tennis, and people improving their daily living skills by participating in activities such as cleaning, baking, ironing, making sandwiches, practising writing, making beds, shopping, going to the hairdressers, posting a letter, using public transport, buying a coffee in a coffee shop and gardening. This

demonstrated people were not discriminated against but enabled to be active participants in their own lives.

People received care which was extremely person-centred and responsive to their needs. Staff demonstrated a good understanding of the needs of people who used the service and were effective at responding to changes in needs. For example, a staff member told us how they had responded to a person becoming increasingly anxious and distressed. The staff member supported them to buy an iPod and Bluetooth headphones so the person could listen to soothing music to reduce their anxiety. We saw this had an extremely positive effect on this person managing their anxiety levels; other staff members confirmed this had been a resounding success. This meant staff were innovative at responding to changes in people's needs and identifying new support strategies for people. This had a significant impact on this individual's quality of life.

An external healthcare professional told us, "The service is extremely responsive. The staff seem to be consistently very caring and responsive to the needs of their clients."

Relatives and staff told us about the positive impact the service had on people and we saw lots of examples of this. For example, during our inspection we saw how staff diverted a person who became anxious by supporting them to go for a short walk. When the person returned they looked more relaxed and calm. A relative told us how staff realised their family member could become anxious when changing activities so staff introduced a short relaxation period which had proved effective.

A second relative said, "We always felt that the team were well aware of the problems of autism and how these manifested themselves and took pains to deal with them sympathetically and effectively. They avoided situations that were likely to cause [family member] distress and discontinued activities that were seen to cause over stimulation." This meant staff knew people's needs well and how to be flexible in responding to changes in people's needs.

A third relative told us how staff supported their family member to have dental surgery which caused them anxiety. This relative said, "This whole process took months of preparation involving talks between us, their dentist, the nurse, the staff and the manager of the home. The manager co-ordinated all of the preparation regarding this. This enabled a smooth and successful surgery."

We looked at two care records to assess if staff were provided with the information they needed to provide appropriate care and support for people who used the service. Care records contained very detailed information and guidance about how to support people based on their individual health needs, social needs and preferences. The support guidance in care records also included information about how much staff support people required and how staff could promote people's independence. Care records contained risk assessments which were detailed and specific to the person and the activities they liked to engage in. Staff said they had access to very detailed information about how to look after people in a 'person-centred way', which meant that their needs as an individual could be supported.

We found the documentation in the service to be comprehensive. Daily notes were kept which contained detailed information about how a person had been supported and what had happened that day. Communication books/diaries and phone calls were in place to communicate with families depending on the person's needs and the preferences of relatives. Regular handover meetings took place when each person who used the service was discussed. Team meetings were also used as an opportunity to discuss people's needs and review their progress. All of this meant staff were up to date and well informed about people's needs in order to provide the most appropriate responses to them.

There were systems in place to respond to compliments and concerns. No complaints had been received but we saw there was a policy in place for this. Relatives told us the management team were approachable and they felt able to raise any issue no matter how minor. Relatives told us they had no concerns.

Is the service well-led?

Our findings

The registered manager had worked at the home for several years, and was assisted by a deputy manager. Staff understood the lines of responsibility within the home and the organisation. Staff had designated roles such as keyworkers or safeguarding champions, which meant they knew what areas they were responsible for.

We were assisted throughout the inspection by the registered manager and deputy manager. All records we requested to view were produced promptly. We spoke with the registered manager and the deputy manager at length and they were co-operative and open to working with us collaboratively.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service in the form of a 'notification'. The provider had made timely notifications to the CQC when required in relation to significant events that had occurred in the home. The CQC's rating of the service was on display at the service and on the provider's website, as required, following the last inspection.

Relatives we spoke with felt the home was well managed and they couldn't think of any improvements that needed to be made. One relative commented, "The home is very well organised, information and developments are conveyed to everyone, there is consistency in dealing with any issue, and everything is well planned in advance." Another relative said, "The home is very well led by [registered manager]. Staff appear to be happy and the turnover is low. Thorndale and its running appears to be very well organised in all aspects." A third relative told us, "The home is well led. The manager supports us and the staff. We speak to him regularly and he is easily accessed."

Staff told us the registered manager was approachable and supportive. One staff member said, "You can go to them any time and they will make time to listen." Staff meetings were held regularly. Minutes of staff meetings were available to all staff so staff who could not attend could read them at a later date. Staff told us they had enough opportunities to provide feedback about the service.

Staff told us how the registered manager had introduced 'staff workshops' in April 17 to refresh and develop staff knowledge in key areas such as safeguarding, autism, incident reporting and the CQC's key lines of enquiry. The registered manager told us the aim of these was to promote team building and develop staff skills in a more informal environment rather than a formal training session. In one workshop staff viewed a documentary which contained footage of institutional abuse in a residential care facility and discussed what lessons could be learnt. The registered manager sought feedback from staff about the effectiveness of the workshops and slightly amended the format of the workshops in line with the feedback received. One staff member we spoke with said, "The workshops are excellent. They make you more aware of things and help you identify where further development is needed. They've helped me increase my knowledge." Another staff member said, "It's nice to know that management appreciate the importance of teamwork and the work we put in." This meant staff felt supported and valued.

The management team ensured the quality of the service was continually assessed and monitored by carrying out regular audits of all aspects of the care provided. Areas audited included care planning, health and wellbeing, safeguarding and complaints. Regular audits were also carried out by the provider's head of care and operations manager. Where further action was needed this was clearly documented with a timescale for completion. For example audits identified the need to extend and improve the kitchen area and there was a project plan in place to achieve this.

There was a positive culture and ethos at the service which was driven by the management team. They were clear that the aim of the service was the wellbeing of the people they supported. Staff took pride in telling us they treated each person as an individual and we saw this in practice. Staff told us they enjoyed working there. One staff member commented, "It's a happy and satisfying place to work. The staff team work well together. We always help each other."

All of the staff we spoke with demonstrated a strong commitment to providing good care. Staff had a good understanding of how best to support people and gave us detailed information about people's individual personalities and character traits. For example, they were able to talk in great detail about the people they supported, their personal history, what they liked to eat and the activities they liked to participate in.

The views of people who used the service and their relatives were continually sought both on a formal and informal basis. A relatives' survey had been conducted in August 2017, the results of which were very positive. The response rate was 100% and 100% of relatives were 'happy' or 'more than happy' with the care provided.