

# Thorndene Limited

# Thorndene

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

### About the service:

Thorndene is a residential care home that was providing personal care for seventeen people living with severe healthcare needs, learning disabilities, autism spectrum disorder and behaviour that challenges. The home has been developed and designed in line with best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. These values were seen in practice at the home. For example, the building was like any other on the road with no signs to show it was a care home. Staff did not wear uniforms and people lived their lives in the ways they wanted.

### Why we inspected:

This was a planned inspection based on the rating at the last inspection. We found improvements had been made since our last inspection and the service has met the characteristics of Good and Outstanding in responsive. The overall rating is Good.

### What life is like for people using this service:

- The home has shown continuous improvement following our previous inspection in August 2016. For a home which supports people with multiple and complex needs and with behaviours that challenge, there have been remarkably positive and consistent outcomes for people.
- Staff had an excellent awareness of individuals' needs and treated people in a warm, loving and respectful manner. They were knowledgeable about people's lives before they started using the service. Every effort was made to enhance this knowledge so that their life experiences remained meaningful.
- The registered manager and staff went above and beyond what was expected of them to ensure people received personalised and responsive care and support. Everyone including those with limited verbal communication could express an opinion about the care provided and contributed to their care plans.
- The provider promoted a good quality of life for people. People were happy living at the home, were able to express themselves and engage with staff, participate in activities they enjoyed within the home and in their community and develop their skills and independence.
- People were supported to maintain relationships with those important to them and to develop new relationships.
- The registered manager had inspired and supported the staff team to improve people's lives, had achieved good outcomes for people, ensured people were kept safe and received high quality, person centred care and support in line with all their individual needs.
- The registered manager and their team provided excellent support to staff; and were open and transparent in their management. The management team put people at the heart of what they did, and were well supported by the provider in their quest to deliver a good service.

More information is in Detailed Findings below.

Rating at last inspection:

Good (Report published August 2016)

Follow up:

Going forward we will continue to monitor this service and plan to inspect in line with our re-inspection schedule for those services rated Good.

## 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?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was Well Led.

Details are in our Well-Led findings below.

# Thorndene

## Detailed findings

### Background to this inspection

#### The 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 checked 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.

#### Inspection team:

The inspection team consisted of one inspector and an Expert by Experience. ExE An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The EXE had experience in caring for someone with a learning disability.

#### Service and service type:

Thorndene is a Residential care home for people with a learning disability. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

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

#### Notice of inspection:

The inspection was unannounced.

#### What we did:

We reviewed information we had received about the home since the last inspection in March 2016. This included details about incidents the provider must notify us about, such as allegations of abuse. We assessed the information we require providers to send us at least once annually to give some key information about the home, what the home does well and improvements they plan to make. We used all this information to plan our inspection.

Not all people living at Thorndene were not able to fully share with us their experiences of living at the

home. Therefore, we spent time observing staff with people in communal areas during the inspection. We inspected the environment, including the kitchen, bathroom and people's bedrooms. We spoke with Seven people, four support workers, the chef, the duty manager and the house manager. Following this inspection, received feedback from health and social care professionals and commissioners involved with the home.

We reviewed a range of records. This included three people's care records and medicines records. We reviewed records relating to the management of the home including daily allocations, records of incidents and complaints, audits, surveys and quality assurance reports.

# Is the service safe?

## Our findings

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

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they were confident care staff kept them safe and secure. People told us they felt safe and other people we met looked relaxed and happy. One person told us, "I feel very safe, I am well looked after"
- Staff were aware of the signs of abuse and the importance of observing changes in people's behaviours when they may not be able to communicate their feelings verbally. Staff who also knew people well and were therefore able to identify how people were feeling and to respond quickly to people's needs.
- The provider, registered manager and staff continued to ensure people were protected from abuse. Staff understood their responsibilities to safeguard people from abuse and knew who to inform if they witnessed or had an allegation of abuse reported to them. Information was available in the home for people and staff about what to do if they had any concerns, including a confidential number to call for the provider.
- A range of regularly serviced and checked equipment was in place to enable people to be cared for safely. There were also processes in place which ensured safety checks of the environment and fire safety were being carried out.
- People living at the service were supported to understand what keeping safe meant. For example, staff had spent time talking to people about internet safety.

Assessing risk, safety monitoring and management

- The registered manager and care staff told us they felt confident in supporting people safely. Risk assessments were in place to which staff said they followed to support this process.
- When we spoke with staff and observed them communicating with people and caring for them it was clear that they knew the specific risks relevant to each person's support needs.
- Specific risk assessments had been added to care records to guide staff in managing each risk where needed. The risk assessments included information about how people needed to be supported to move around safely and when they needed support to bathe or receive direct personal care.

Staffing and recruitment

- There were sufficient staff to support people safely. Throughout the day there were enough staff to meet people's needs in a prompt, safe and effective way. One person said, "I just have to ask and a member of staff helps me".
- Staffing rotas were planned in advance by the registered manager. Any changes had been clearly marked and staff told us they were clear about when they were scheduled to work. The house manager and staff confirmed they did not need to rely on using agency staff when the staff team were not available because they worked as a team to cover any gaps.
- We saw that staff were recruited safely and all the appropriate pre-employment checks were carried out by the provider to protect people from the employment of unsuitable staff.

### Using medicines safely

- The way people's medicines were managed were safe. People were given the support and time they needed to take their medicines. Medication Administration Records (MARs) were completed when people received their medicines.
- Staff recorded when they administered 'as required' medicines, such as pain relief. They considered the signs they should look for to monitor people's pain.
- The duty manager showed us audits were carried out regularly which included staff competency checks regularly. The results were shared with the registered manager to make sure the processes remained consistent with good practice.

### Preventing and controlling infection

- Staff understood how to protect people by the prevention and control of infection. A member of staff told us, "Preventing infection is important for the people living here."
- We saw the provider had infection control and hygiene monitoring systems in place to ensure the location and people using the service were protected from the risk of infection.
- Staff were supplied with personal protective equipment and had been trained in infection control.
- The service was clean and tidy. The laundry system was effective and included a clothing labelling system to make sure that people's clothes did not get mixed up.

### Learning lessons when things go wrong

- Since the last inspection, the registered manager had worked collaboratively to make a number of changes to the service. They had been proactive in involving people, their relatives, and staff to find solutions when events had occurred and to make improvements.
- The registered provider had a system in place which ensured any incidents and accidents were reviewed to identify any learning which may help to prevent a reoccurrence. The management team used this process, to identify any trends and put actions in to place when required. For example, one person had additional 1:1 hours to reduce the risk of falls.



# 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

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to live healthier lives, access healthcare services and support; Staff providing consistent, effective, timely care within and across organisations

- The provider supported people with their health care needs. The service employed a clinical competency coordinator. Their role was to design competencies around people who require complex health interventions. They worked closely with other specialists. The aim is to ensure that all staff are working at the same level and understand why they are supporting people in a particular way. For example, PEG feeding competencies. A PEG is a tube going into a person's stomach allowing food and fluid to be passed directly into the stomach.
- The clinical competency coordinator told us that the guidance provided to staff was tailored to each person as they may not all need the same assistance even if they had the same healthcare need. For example, some medications can make a person's throat dry for one person you would offer a drink but for person who is nil by mouth you would be doing mouth care.
- Staff understood people's health needs and the importance of raising concerns if they noticed any significant changes.
- Information regarding people's changing health needs was shared between staff during shift handovers, and people's care was adjusted as required.
- Staff supported people in a timely way. For example, when people were unable to leave their rooms, staff consistently checked on them to ensure they were not isolated and were okay.

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

- People's needs were comprehensively assessed and included the outcomes people hoped to achieve from their planned care and support before they moved into the home so staff could support them effectively. A relative told us, "Placing my loved one in the service was the best thing I could have done for them."
- Support was provided in line with current legislation and evidence based guidance that achieved effective outcomes.
- Key workers regularly reviewed care plans to make sure care was reflective of people's current needs.

Staff support: induction, training, skills and experience

- Staff told us there was a variety of training available, both practical and online training. Staff told us they were supported to complete this. The provider had training plans in place which were reviewed and updated on a regular basis.
- Staff received an induction and shadowed experienced staff before they worked with people on their own. The Care Certificate standards were also used as part of the induction process. The Care Certificate is an identified minimum set of standards that health and social care workers adhere to in their daily working life.
- Staff told us they had regular supervision meetings with the manager to support their development. The

manager told us that along with structured supervision sessions, they operated an open-door policy for informal discussion and guidance when needed.

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

- People were supported to maintain a healthy balanced diet and people we spoke with told us they had a variety of choices offered to them for meals and drinks. One staff member told us, "Meals are a social event for people."
- People chose what they wanted to eat and had access to a variety of drinks and snacks throughout the day. People could choose when and where they wanted to eat and drink. One person said, "we choose what we want to eat and are supported to make it."
- People's weights were regularly monitored and information from Speech and Language Teams (SALT) was clearly recorded. Staff were knowledgeable about this and food and fluid intake was carefully monitored. When people were at risk of choking, information for staff about how to manage this in the event of emergency was available.

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

- People's rooms were personalised. Staff told us people had been involved in choosing the decorations and objects in their rooms. People had their own belongings and equipment such as televisions and music systems so they could spend time alone if they wanted to with their chosen activity. We saw that people's rooms reflected their personal interests and preferences and met their needs. One person told us, "This is my room, I have decorated it how I want and I like spending time in here."
- People were involved in changes to decoration within the service. One person told us, "we tell them what colour we want things and they get things in that colour."
- People were also able to access and make use of any personal electronic communications devices they had through the use of the internet which was available in the service.
- The service had a large garden that people could access when they wanted. The grounds included a pavilion that was used for drama and day activities as well as a games room with full size pool table and karaoke equipment.

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.
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. We saw that people were asked for their permission prior to care being carried out and when care was declined, people were approached at a later time.
- Managers had ensured Mental Capacity Assessments were completed appropriately and DoLS applications had been made when people did not have the capacity to consent to receiving care and treatment. Where DoLS authorisations were not in place, the registered manager updated the DoLS team when further restrictions were put in place to keep people safe.
- Family members and advocates were involved in making best interests decisions and the registered manager had a record of the people who had power of attorney arrangements in place.

# 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

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

- The service's website stated, "Everything we do is driven by the needs, abilities and aspirations of those we support. Thorndene believes this is best achieved through a method called person-centred support that focuses on the abilities of the individual rather than the disabilities."

Ensuring people are well treated and supported; equality and diversity

- Staff continually promoted an inclusive, supportive and positive culture at the service. Staff were enthusiastic about their roles and could tell in great depths about people and what made them. One staff member told us, "People always come first. We want people to flourish and be happy".
- We received many heartfelt comments from people and their relatives throughout our inspection. One person told us, "One of the best things about living here are the staff, they are all amazing."
- People and staff had valuable relationships that enabled people to flourish. People chose to spend time with staff, sat next to them and sought their support to meet their needs. Staff showed affection and touched people in a kind and gentle way.
- The service had a strong and visible person-centred culture. One health care professional told us, "You [RM] and your staff team obviously provide such a lovely home from home environment for people to live."
- Throughout the inspection there was a happy cheerful atmosphere with plenty of laughter and general banter that was friendly and appropriate to the people joining in. Staff explained that Thorndene was not a work place it was people's home and they respected that. One staff member said, "This is peoples home, we are here to support them to be who they want to be."
- Relatives told us about the care their relation had received. One relative told us, "You can really see the passion and love that everyone working at Thorndene has." Another relative said, "The uniqueness of Thorndene is in the seamless bond between staff and residents."
- People continued to communicate with staff through gestures, facial expressions, body language and noises. Staff knew people well and therefore knew what they were communicating and responded to this to meet their needs.

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

- Staff continued to emphasise that their role in the home was to support people to do what they wanted, when they wanted and at the pace they wanted. Staff knew when the best time to ask people to make a decision and also recognised the impact that decision making could have on people. For example, one person was anxious about making decisions. Staff made sure that they asked them at a time when they felt relaxed and there was time to go through options. They would then spend time with them to reassure them if needed.
- Staff continued to encourage people to be as independent as they could be. Staff saw their role as supportive and caring but were keen not to disempower people. People were involved in managing their

budget. Staff spent time with people talking to them about the amount of money they had. People were supported to understand what was within their budget and given choice about what they wanted to do.

- The registered manager and staff always empowered people to make choices and decisions. At 'residents' meeting each person was given the opportunity to communicate their thoughts and opinions and these were listened to. People had communicated they wanted their own photographs and personal items in communal areas. It was nice for them to see personal items around them during the day and not just in their rooms.
- Staff were knowledgeable of people's communication needs and worked with them to develop and enhance their communication skills.
- People were supported to express their views. The duty manager explained how each person had an annual care review. This meant the person, family, friends, social workers and keyworkers met to discuss what had gone well over the year and any plans for the next year. The meeting would be held when and where the person preferred. This helped to make sure that people were fully engaged.
- People were consistently offered choices, for example about where they wanted to be, what they wanted to wear, or to eat. For example, we saw staff talking to one person about having their hair cut and explaining they could go to the barbers or remain at the service and use the visiting hairdresser. When the person chose to go out the staff member told them they would book an appointment but also reassured them that if they changed their mind that was ok.

Respecting and promoting people's privacy, dignity and independence

- Respect for people's privacy and dignity was at the heart of the service's culture and values. Staff understood it was a person's human right to be treated with respect and dignity. Staff listened to people, respected their choices and upheld their dignity when providing personal care. For example, making sure doors and curtains were closed and covering people up.
- Staff spoke warmly and respectfully about the people they supported. They were careful not to make any comments about people of a personal or confidential nature in front of other people. Staff understood the need to respect people's confidentiality and to develop trusting relationships. Individual records were securely stored to protect people's personal information.
- People were encouraged to maintain and develop their independence as far as possible. For example, participating in cooking and cleaning. The approach continued to be staff doing activities 'with' people rather than 'for' people. One person told us, "I am supported to be very independent, I cook for myself and I help tidy my room." Another person told us, "I know that the staff are available to help me if I need it. This helps me be more confident."

## Is the service responsive?

### Our findings

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

Outstanding: □ Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

#### Personalised Care

- People living at the home, without doubt, were at the centre of their care and which enabled them to develop and grow in confidence. Each person had a unique care plan which detailed their care needs and had been created with the person. The providers PIR stated, "No two care plans will look the same as they are all person centred and relevant forms are shaped to their individual needs." We looked at people's care plans during our inspection and found this to be true. Staff spent time talking to people about their family and countries history. The whole team approach was the driving force in delivering a truly person-centred service.
- People chose who they wanted to attend, where they wanted the meeting to be held, what food and drink they would like at the review, what they wanted to talk about and what goals they wanted to achieve. This allowed people to feel fully involved in their care.
- The service had considered how they could sustain and develop to further enhance a responsive service. People received a service that was responsive, innovative and based upon a person-centred approach and best practice. They had achieved exceptional results to improve health and in particular, people's emotional and psychological wellbeing. Healthcare professionals we spoke to told us that people living at the service were years beyond their life expectancy and put this down to the care provided by the service. They felt that the care and commitment from staff had improved people's lives.
- Staff worked collaboratively with people to identify how they would like to develop themselves. People had been enabled to understand the impact that exercising may have on managing their weight and improving their health and some people had become members at their local gym.
- Staff took time to get to know people so they knew how people liked to be supported. People had a preadmission assessment completed before admission to the service as well as opportunities to visit the service. Health and social care professionals, family and friends were involved in this admission and assessment process to ensure the home could meet people's needs. People could also start to meet other people at the service and reduce anxieties being able to get to know about their potential new home. The house manager told us that one person who had moved into the service had previously lived in a supported living flat with another person, the service worked with the local authority to allow both people to move in so that the move was successful.
- People received care and support which was personalised to their needs and abilities. Staff were outstanding in the way they supported people to achieve life changing goals. For example, finding ways to support people to develop their skills and knowledge. Staff thought "outside the box" when it came to supporting people to achieve their goals and expectations. For example, for example using video footage and photography to support people to 'visit' somewhere who were unable to travel very far.
- people were supported at every opportunity to become as independent as possible and to achieve their goals. For some people, this included regular day to day events, making meals for themselves and others

and following a routine they had not previously been able to maintain, with improved health, behaviour, finances and social interaction. People were supported to work towards multiple goals that they had identified as important including taking more control of their medicines, using technology more independently, and undertaking new activities with less support.

- People's care plans contained a large amount of detail and guidance to provide staff with information about their health and care needs. All staff knew people incredibly well when we spoke with them. Care plans were personalised to individual people. One healthcare professional told us, "I think they [care plans] are truly person centred and tells the staff exactly how to support them and why people may behave in certain ways."

Meeting people's needs, preferences, interests and giving them choice and control

- The providers PIR stated, "One of the key aims of the service is to continue to meet the ever changing needs of the individuals and empower them to reach their full potential." During our inspection we saw that staff had recognised the changing needs of people and had developed new ways of engaging with them. One person living at the service was living with dementia, they previously enjoyed watching sport but no longer enjoyed this. Staff recognised that they were able to engage with him through music. When they played music he communicated with staff and became less anxious about his surroundings.

- People were offered and provided with a range of activities, outings and things of interest. They handpicked what they liked to do or take part in. One person started line dancing last summer and thoroughly enjoys this, they have also started going to the local gym. This person was supported by staff to view various gyms in the local area, then chose which one they wanted to join. Staff took time to understand what people enjoyed doing and made sure that people had the opportunities engage in these things.

- Activities were always included on the agenda at the 'residents' meetings. They took ownership about preferred interests and hobbies and were encouraged to express, discuss and share new ideas. One person told us, "One of the best things about living here is that I get to try new things, I am learning to play pool."

- The registered manager told us, "When planning any activities individuals wishes and preferences are taken into consideration at all times for example; who they would like to go with or would they prefer to go alone. This is a wonderful way of getting the best out of individuals and supporting them to reach their potential."

- The registered manager told us how staff enabled people to have fulfilled lives outside of the home and records showed how staff had been innovative in supporting people to access the local community and take part in a variety of meaningful activities. One person living at the service was supported to attend lectures and conventions around their area of interest. They were a member of an arts society and when this was discontinued the service replicated this for them, through online learning and lectures and taking part in local arts activities.

- The service had a "pavilion" this was a space away from the main service that was for people to use for activities. Twice a week it was used for drama. A producer from a local theatre came to provide drama lesson. We observed people taking part in this during our inspection. People told us that they had performed in a pantomime at Christmas and were rehearsing for a performance at their annual summer strawberry tea. People enjoyed drama. One person told us, "I love drama, it makes me more confident." Staff told us they had noticed that people had grown in confidence since attending these groups.

- The service celebrated a variety of cultural events that were important to people living at the service. For example, Thanksgiving and Independence Day. Staff told us that they always celebrated people birthdays and made sure that people were doing something they wanted to do.

- Every year the service held a summer strawberry tea. Peoples families and friends were invited to the service to celebrate people's achievements. People were able to perform at the event. People living at the service told us how much they enjoyed the day. Every effort was made by the service to include as many friends and family as possible. If relatives lived abroad then they contacted them to see if there were pre-arranged dates that they would be in the UK and attend the day.

- People enjoyed holiday activities when they either spent a day or week away where they pursued interests. For example, one person had been supported to go abroad and visit cultural museums and attractions which they were passionate about.
- People living at the service were encouraged and supported to develop new skills through activities. One person told us that they wanted to go on a skiing holiday so they were going to skiing lessons at the local ski centre. The person told us that they were enjoying trying something new.
- People were supported to try new things and learning was promoted by staff. Each person had different goals and aspirations and key workers were responsible for keeping communication books to reflect upon activities to refine future experiences for that person.
- One staff member explained how one person wanted to learn to sing as they had a family member who was an opera singer. They had sourced a singing teacher to come to the service and the person attended weekly singing lesson.
- One person living at the service with limited communication was supported to attend weekly trumpet lessons as he had communicated to staff that this was something that he would enjoy.
- Staff spoke passionately about the importance of ensuring people continued to remain part of their own community regardless of whether they lived in a care home. The duty manager told us that two people living at the service enjoyed going to local day centres, when their needs had increased the service ensured that a member of staff could accompany them for the period of time they were there so that they did not have to stop going.
- People's relationships with people they cared about were truly valued and embraced by staff. People with complex health needs were supported to attend special family events for example, weddings and anniversaries. One person told us they were supported to attend a family wedding that they may not have otherwise been able to attend. They showed us pictures of the day. Staff had found ways to make sure the person felt comfortable around the large wedding party and identified coping strategies if they experienced problems.
- Where relatives could not visit, the home supported people to have links in other ways. For example, a person had relatives in a different country. Staff supported the person to video call to see and talk to their loved ones. This made the person very happy.

#### Improving care quality in response to complaints or concerns

- There had not been any complaints. A concerns, complaints and compliments procedure was in place for relatives and visitors. This detailed how people could make a complaint or raise a concern and how this would be responded to.
- Not all people living at the service would not be able to make a complaint following a process therefore staff were observant and used interactions with people to identify if they were happy with their care and support. The duty manager told us that they would involve advocates if needed. Relatives and health professionals told us they felt able to speak to the registered manager at any time.
- People were asked about their views in group and individual meetings and care plan reviews. Staff were aware of the signs they would look out for to alert them to any dissatisfaction people may have if they were unable to tell staff about this.

#### End of life care and support

- The service was not supporting anyone who was receiving end of life care at the time of our inspection. Documents to record the arrangements, choices and wishes people may have for the end of their life were made available to people's families for completion should they chose to do so. Where known people's wishes were recorded and families were involved as appropriate.
- The house manager and duty manager told us that Thorndene was a home for life and that everything possible would be done to support a person to remain there. They told us about people they had previously



supported through end of life care. They told us staff were proud and felt privileged when supporting people during the end of their life. They did this with empathy, love and respected people's wishes to the very end to ensure a peaceful, dignified death.



# 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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Leadership and Management

The registered manager was a leader whose clear vision and ethos was visible throughout the service. The registered manager was supported by an House Manager and duty manager's and they all shared an enthusiasm and passion for providing people with high quality, person centred care. The registered manager told us, "We aim for a management approach which creates an open, positive and inclusive atmosphere."

- The management team had a visible presence in the service, they continued to have an 'open door' policy where people and staff approached them whenever they wanted. They were caring and enthusiastic and knew everyone extremely well. The visible present reinforced the positive atmosphere and made staff feel a valued part of a team.
- The management led by example and their leadership skills were praised by people, staff and health professionals alike. Staff consistently spoke highly about the registered manager and that leadership was open, transparent. One person told us, "If I am worried about anything, I talk to the manager and they sort it." Staff could raise any matters with the registered manager and felt they would be listened to and acted on. One staff member said, "(Name) is the best manager I have ever worked for." The approach of the registered manager encouraged staff to try new ideas and to flourish and develop their own skills.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- We found a clear management structure that promoted person-centred values and a strong commitment to promoting independence and social inclusion. The registered manager and senior staff had the skills, knowledge and experience to perform their roles. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
- There was a positive and open culture that ensured people were at the centre of everything the service did. People were empowered to be as independent as possible. Staff spoke very highly of the culture within the service and the wider organisation, drawing comparisons with others they had worked within and describing it as the best. One staff member told us, "I love it here, I would never want to work anywhere else." Staff could tell us about the vision and the values that the service operates by.
- Staff described the approach to working with people as person centred and getting a good balance between keeping people safe and achieving their goals. All staff without exception said they felt supported by the management team and told us how much they enjoyed working at the service. One staff member told us, "The manager is amazing."
- The provider invested in the learning and development of its staff, which benefitted people through the maintenance of a stable, motivated and highly skilled staff team. The registered manager and staff team

were clear about their roles, and understood quality performance, risks and regulatory requirements.

- All the feedback we received about the service was positive and we were told how valuable the service was to people. A healthcare professional told us, "You [RM] and your staff team obviously provide such a lovely home from home environment for people to live."
- People, staff, relatives and professional felt part of one team working together to improve the persons quality of life. Staff were motivated and proud of the service. There were consistently high levels of constructive engagement with people and staff from all equality groups, including those from different cultures and religions. Staff described supervision and appraisal as regular and supportive, with staff praising the high level of support they received from their line managers.
- The registered manager demonstrated how they fulfilled their responsibilities for duty of candour and took the appropriate action to inform all the relevant people when incidents occurred.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others.

- There was effective communication throughout the service and records showed regular meetings including daily handover meetings where staff discussed anything of note and made sure they always had up to date information.
- The registered manager told us, "At the heart of Thorndene's quality assurance procedures are the voices of those we support." People told us they had a voice, and they felt like they mattered. They said meetings were a way to talk about areas of common concern, raise new ideas and challenge the service. People told us they were always given the chance to talk during meetings and this made them feel valued.
- Staff surveys monitored morale, and showed high levels of satisfaction across all areas.
- Staff worked closely with a range of different professionals, authorities and charities and were innovative in how they engaged with local organisations.

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

- The service used thorough and robust quality monitoring systems. Staff, the registered manager and provider carried out detailed 'self-assessment compliance audits' and mock inspections on all aspects of the service.
- Registered persons are required to notify CQC about events and incidents such as abuse, serious injuries, deprivation of liberty safeguards (DoLS) authorisations and deaths. The registered manager was aware of their regulatory responsibilities, had notified CQC about all important events that had occurred and had met all their regulatory requirements.
- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed a copy of their inspection report and ratings in the reception area and it was on the provider's website

Continuous learning and improving care

- Staff were passionate about learning and embraced the latest and best practices. The registered manager told us, "Good quality care and support is about maintaining and updating practices. Thorndene is committed to this and uses a number of organisations to achieve this, constantly reviewing best practice and new innovations in the field of social care."
- Team meetings were held regularly, and staff discussed ideas, improvements and reflected upon things that had not gone so well to see how they could handle similar situations better in future. Champions discussed developments in the area of their interest to ensure learning was disseminated amongst staff.
- The management team also attended a variety of forums discussing the latest and best practice which was disseminated to staff through training and staff meetings. For example, the local managers network

meeting.

- The provider had robust business continuity plans in the event of adverse weather or other major disruption to service delivery.
- The provider used an incident reporting system that flagged which serious incidents required escalation and external reporting, for example, to the Care Quality Commission (CQC), safeguarding teams or the police. This was monitored by the registered manager.