

The Royal National Institute for Deaf People

RNID Action on Hearing Loss Thornton Gate

Inspection report

9 Thornton Gate
Cleveleys
Lancashire
FY5 1JN

Tel: 01253869292
Website: www.rnid.org.uk

Date of inspection visit:
24 February 2016

Date of publication:
11 May 2016

Ratings

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

Summary of findings

Overall summary

This inspection took place on 24 and 25 February 2016 and was an announced inspection.

Thornton Gate is a domiciliary care agency where people are supported in self-contained flats within a large building. The agency supports people who are predominantly deaf with additional needs. The service is staffed on a 24 hour basis with sleep in facilities for staff.

Accommodation is provided on three floors with lift access. The premises are located near Cleveleys town centre and parking facilities are provided at the front of the building.

Six people were being supported by the registered provider at time of inspection.

There was a registered manager in place. 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.

At the inspection carried out in August 2013, the service was meeting the requirements of the regulations that were inspected at that time.

At this inspection we found people were supported with their communication using British Sign Language (BSL) and other communication systems dependent upon their individual need. The registered manager encouraged the use of IT to help people live as independently as possible. The service had developed a range of innovative ways to support people with their communication and understanding.

We found good communications systems in place to ensure people were involved and included within service provision. Information was provided in easy read formats. There was evidence of accessible information provided across the service. Photographs of staff and minutes of recent tenants meetings were on display in communal areas. This had a positive impact upon people, who had a good understanding of the routines and management of Thornton Gate. People were relaxed and well informed regarding events and the running of their home. Good communication systems helped to empower people.

People told us they felt safe and liked living at Thornton Gate. Staff were trained in BSL and were able to communicate with people they supported. We found the recent development of recruiting staff who were profoundly deaf had been initiated by people who lived at Thornton Gate. These suggestions were acted upon and staff who were profoundly deaf were recruited. The registered manager told us this had helped to provide positive role models for people. For example showing profoundly deaf people could be in paid employment. People we met consistently told us they liked being supported by deaf staff and hearing staff. We found staff had developed warm and caring relationships with people they supported.

There was a relaxed and friendly atmosphere within the service. We found staff were confident and knowledgeable with their roles and responsibilities. This helped to convey a sense of calm. The service was well managed and organised.

We received consistent positive feedback from a range of professionals. One health professional commented on how happy and content people were. They said the house was kept to a good standard and support provided was of a high standard.

Relatives shared very positive feedback as part of the inspection process. One relative told us, "We can't praise them enough; they have given our family member a life and have given us a life." Relatives told us they felt well supported by the registered manager and the staff team. Relatives were encouraged to visit and keep in touch with their family members.

Care plan records were personalised, well organised and maintained to a high standard. Information enabled staff to support people with their assessed needs. There was a strong culture of involving people and supporting people to make choices. There was a balance between positive risk taking and managing the risks posed to people. This helped people to flourish and lead active and interesting lives.

People were encouraged and supported to have meaningful lives. Skills and talents were identified and nurtured through the development of social activities. People were supported to build new skills to increase their independence. This increased people's self-esteem and promoted good health. People were supported to participate in a wide range of community activities and maintain and develop friendships and relationships.

There was a range of audits in place to monitor the quality of the service provided. The registered manager was experienced and enthusiastic and supported her team with strong leadership. They worked closely together on a daily basis. We observed the quality of the service being monitored as part of the registered manager's day to day duties.

There was a culture of continuous improvement and a willingness to take on new ways of working. We found there was a strong values base within the service and wider organisation that empowered people to be involved, make informed choices and promoted their independence.

The registered manager was involved in developing service standards alongside people who used services. Supporting and involving people was key to all service improvements. The registered manager was closely supported by the senior management team. There was evidence of regular support provided by senior management and good involvement with people who lived at Thornton Gate.

People were aware of how to complain. One person was very clear in their understanding of the organisation and was able to tell us they would go to the top if they weren't happy. This showed us how well the service supported people to know their rights and how to report any concerns they may have.

The registered manager was proactive in ensuring any safeguarding concerns were identified and acted upon in a timely manner. Staff were aware of their responsibilities to notify relevant agencies when they noted concerns.

When people required support with their medicines, the registered manager had suitable arrangements in place. People who could manage their own medicines and had capacity were encouraged to manage their own medicines. Medicines were safely stored and appropriate arrangements for administering them were in

place.

The service promoted the recruitment of staff who were predominantly deaf. There was a good skill mix across the team. We found staff were highly motivated, and effectively supported. Staff records and our discussions with staff confirmed they were well trained and supported with their personal development. There was a low staff turnover and we found people benefitted from the stability and continuity the staff team provided.

People were supported to eat a healthy balanced diet. People who required help at mealtimes were supported by staff in a sensitive manner.

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.

There were procedures in place to protect people from abuse and unsafe care. Staff had received safeguarding training and understood their responsibilities to report any concerns they had about poor care.

The service had suitable recruitment procedures in place.

There were systems in place to support people to manage their own medicines safely.

The service used assistive technology to help keep people safe. Such as flashing fire alarms, and vibrating pillows.

Is the service effective?

Good ●

The service was effective.

The service promoted the recruitment of staff who were predominantly deaf. There was a good skill mix across the team.

People were supported by staff whose skills and characteristics were assessed to ensure they matched the needs of people they supported.

People were supported to eat a healthy balanced diet. People who required help at mealtimes were supported by staff in a sensitive manner.

Staff were highly motivated, well trained and effectively supported. Induction procedures for new members of staff were in place.

People's healthcare needs were monitored on a daily basis through good handover and communication systems.

Is the service caring?

Good ●

The service was caring.

People were encouraged to make their own decisions and live independently.

People were supported to maintain important relationships with their relatives and friends.

We observed people were supported by caring and attentive staff who showed patience and understanding of the needs of people they supported.

The established staff team knew people well and this contributed to a nurturing and caring environment.

Is the service responsive?

Good ●

The service was responsive.

The service had embedded personalised care throughout their care planning system. People's care plans were detailed, and contained information to enable staff to meet their identified care needs.

People were empowered to make meaningful decisions about how they lived their lives. Care plans had been developed to identify what support people required and how they would like this to be provided.

The service promoted activities for people to participate in both the deaf community and hearing community. People were supported and encouraged to actively engage with the local community and maintain relationships that were important to them.

People knew how to raise any concerns. People were supported through a range of ways to give feedback regarding their comments and complaints should they have cause to.

Is the service well-led?

Good ●

The service was well led.

The registered manager and staff team were committed to providing a good standard of support for people in their care.

The service promoted a positive approach to risk taking. This enabled people to develop new skills whilst supporting them to keep safe and well.

The registered manager pro-actively consulted with people and their relatives for their input on how the service could continually improve.

Systems and procedures were embedded across the service to monitor and assess the quality of service people received.

RNID Action on Hearing Loss Thornton Gate

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 24 and 25 February 2016 and was announced. We gave the registered provider 48 hours' notice as we needed to ensure a member of staff would be at the Thornton Gate. The inspection team consisted of an adult social care inspector and a British Sign Language interpreter [BSL]. This was because people who lived at Thornton Gate are predominantly deaf with additional needs and did not communicate using spoken words.

Before our inspection we reviewed the information we held on the service. This included notifications we had received from the registered provider, about incidents that affected the health, safety and welfare of people who lived at the home and previous inspection reports. We checked to see if any information concerning the care and welfare of people who lived at the home had been received. We found no information of concern.

We contacted the commissioning department at the local authority prior to our inspection. There were no concerns shared with us at the time of this inspection. This helped us to gain a balanced overview of what people experienced whilst living at Thornton Gate.

We spoke with a range of people about the service. They included the registered manager, two members of staff, four people who lived at Thornton Gate and spoke with three relatives.

We looked at care records of three people, staff rotas, three staff recruitment and staff training records and records relating to the management of the home.

Start this section with the following sentence:

'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.'

Is the service safe?

Our findings

People who lived at Thornton Gate told us they felt safe. Three people we spoke with showed us they had a good understanding of what action to take if they had concerns for their safety and well-being. One person told us if they weren't happy they would tell the manager. They added they would, "Go to the top" which meant they would contact the area manager [for Action for Hearing Loss] if they had any concerns. A second person told us if they had any concerns they could raise them at the tenants meetings. They told us, "I feel comfortable, any problems or worries I can tell them". This showed us there was an open culture within the organisation where people were supported to raise any concerns they may have.

The service reviewed and discussed safeguarding with people on an individual basis and during tenants meetings. Safeguarding information was presented in easy read formats using pictures to aid learning and understanding.

Our discussions with staff showed us they had a good understanding of safeguarding. They were aware of their responsibilities and what action to take should they have any concerns for the welfare of people they supported. Staff could identify signs of abuse and were aware of the need to be vigilant.

The registered manager told us there had been a recent incident when a staff member had reported concerns to her. She took immediate action and ensured a range of support was provided.

In our discussions with people who lived at Thornton Gate we found they had a good understanding regarding what action they needed to take should a similar situation occur. This showed us people were being protected against the risks of abuse and harm.

Staff were aware of their Whistle Blowing policy. This means staff are protected should they be required to report any poor practice in the workplace. We found staff had a good understanding of their organisation and who to contact should they have any concerns.

We found good financial management systems were in place to safeguard people from financial abuse. Staff provided easy read receipts in any financial transaction they supported. People were provided with resources to keep their own finances and belongings safe. There were daily financial audits in place. This showed us there were good systems in place to minimise the risks posed to people.

People were supported to manage their own medicines. There were risk assessments in place to identify and manage risks posed to people. People were supported to collect their medicines from the local chemist. Staff were responsible for ensuring new medicines were stored and recorded onto medication administration charts [MAR]. On a daily basis the designated lead staff on duty for the day was required to undertake a daily medicine audit. This helped to keep people safe.

The service had introduced and developed recruiting staff who were profoundly deaf. This initiative had been requested by people who lived at Thornton Gate. The registered manager had since taken forward this

initiative and now staff who were profoundly deaf were part of the staff team. We found staff who were profoundly deaf were supported through an accessible recruitment process which included the provision of a British Sign Language (BSL) interpreter to support them at interview. One staff member told us their recruitment had been a positive experience. They told us they had been provided with a BSL interpreter during their interview. They told us information was made clear to them. They added, "There was fantastic communication." They explained to us they had found the recruitment process straightforward and easy to follow. This showed us new developments within the recruitment processes ensured all people involved were supported to feel and safe and well.

People who lived at Thornton Gate told us they liked the staff, both deaf staff and hearing staff. The registered manager told us the service promoted the involvement of people in the recruitment and selection of staff. We saw easy read information was in place to guide people through the recruitment process. People who lived at Thornton Gate were given information to help them assess the suitability of candidates. This supported them to make informed decisions about the suitability of candidates who had applied to support them at Thornton Gate and in the wider community. This showed us the service promoted staff recruitment based on the needs and views of people who lived at Thornton Gate. Staff who were hearing were supported to develop signing skills and had achieved nationally recognised qualifications in BSL. This ensured staff had the skills to support people with their preferred method of communication.

The registered manager told us there was a low staff turnover and low staff absence within the service. At the time of inspection there was one staff vacancy. However not all the flats at Thornton Gate were fully occupied. The registered manager stated there was no urgency to recruit to this vacancy. This showed us people benefitted from the stability and consistency the staff team provided.

We reviewed three files relating to staff employed at the service. Staff records viewed demonstrated the registered manager had robust systems in place to ensure staff recruited were suitable for working with vulnerable people. The registered manager retained comprehensive records relating to each staff member. Full pre-employment checks were carried out prior to a member of staff commencing work. This included keeping a record of the interview process for each person and ensuring each person had two references on file prior to an individual commencing work.

The registered manager also requested a Disclosure and Barring Service (DBS) certificate for each member of staff prior to them commencing work. A valid DBS check is a statutory requirement for all staff employed to care and support people within health and social care settings. This process allows an employer to check if there are any criminal records belonging to applicants. This enables the registered manager to assess their suitability for working with vulnerable adults. One staff member we spoke with confirmed they were unable to commence employment until all checks had been carried out. They told us they completed an application form and attended for an interview. They could not start work until they had received clearance from the disclosure and barring service [DBS]. This confirmed there were safe procedures in place to recruit new members of staff.

The registered manager completed a range of risk assessments to identify and minimise the potential risk of accidents and harm posed to people in their care. Risk management assessed the environment, activities and holidays, nutritional and medication risks posed. We found there was a balance between positive risk taking and managing the risks posed to people. This helped people to feel safe whilst at the same time lead active and fulfilling lives. Some people participated in holidays in the UK and abroad. People were encouraged to be independent wherever possible. This was supported by the development of suitable risk assessments. We observed there were processes in place to ensure risks were identified and minimised.

There was a range of equipment installed to support people to keep safe. There were flashing doorbells, lights indicating incoming telephone calls and vibrating pillows to alert people to the fire alarms. All assistive technology was checked on a weekly basis. One took place during our inspection when we observed two staff carry out a visual inspection of people`s flats. This showed us there were good systems in place to keep people safe.

We found good infection control guidance available for people. In communal areas such as the kitchen, there were photographs to act as prompts for people to use and adopt. We found the public areas of the home and people`s flats were very clean and maintained to a high standard. We read positive feedback from relatives regarding the standards maintained.

Is the service effective?

Our findings

One person who lived at Thornton Gate told us, "This is the best place to live. It is right next to the sea. I can walk and cycle and go to Blackpool." They went on to tell us, "I love it here." We found the service supported people to participate in regular activities such as swimming, walking, cycling and gardening. This encouraged people to adopt an active and healthy lifestyle that promoted their well-being.

We found the service supported people to keep healthy and well. There was an emphasis on health promotion such as staying healthy and eating well. The service ensured circles of support were in place to help people to do the things they wanted to do. Circles of support are a group of family, friends and supportive workers who come together to give support and friendship to a person. This is a good way to help people make their life better and helps them to sustain and nurture relationships and activities that are important to them. We found the service worked well with relatives, other professionals and community organisations to support people with their goals and aspirations.

We received positive feedback from a range of health and social care professionals. We found the service worked well with a range of health and social care professionals when meeting people's health care needs. Care plan records showed people were supported to access regular healthcare checks. They included the optician, podiatry, dentist, mental health team, dietician and appointments for routine blood tests. We found good pictorial easy read information available to support people's involvement and understanding. Pictures and symbols were used to inform people what venues and various healthcare professionals looked like. This helped people to plan and prepare themselves for appointments they attended. This showed us the service assisted people to manage and understand their health conditions.

The registered manager told us they arranged for BSL interpreters to provide communication support when people attended hospital appointments and consultations. The service always used the same team of interpreters. This enabled people to benefit from consistency and continuity with their communication support. We found the service supported people to express any concerns and be fully informed when managing their health care needs.

We found care plans had an emphasis on involving people and promoting choice and independence. There was an easy read weekly plan of planned activities people were supported to participate in. This included both domestic and financial support as well as leisure activities. We found people signed their care plans to show they had been supported to develop them and identify their goals for achievement. The service used innovative ways to promote people's understanding and consent to their care and support. There was easy read guidance in place that stated, "things to know before you sign". This supported people to give their informed consent.

Everyone was supported to undertake a nutritional risk assessment. This identified any concerns or risks posed to people. If required a referral was made via the doctor to access specialist advice from a dietician. We noted fresh fruit was available in people's flats we visited. People had a pictorial weekly menu in their flat. This helped people to plan a healthy diet, and included the occasional treat. We found people were

supported to manage their nutrition and maintain a healthy weight. One person returned home from shopping for some food produce. They asked staff for assistance to check the sell by dates on the food they had purchased. This helped to reassure them their food was safe to eat. Over lunchtime we observed one staff member assist with meal preparation. We noted a healthy meal was being prepared in a very clean and hygienic environment. This showed us people were supported to eat a healthy diet and manage the risks posed to them.

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, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found there were no restrictions made upon people. People were free to come and go as they pleased. There were no keypads or locks on doors that limited people's freedom within their flat or within Thornton Gate.

The registered manager had policies and guidance in place for staff to follow in relation to the Mental Capacity Act 2005. Discussions with the registered manager showed they were aware of what action to take to ensure decisions were made in people's best interests when a person lacked capacity. Staff were supported with MCA training as part of their induction to make them aware of this legislation.

The staff team knew people well. We observed staff used BSL, and confidently communicated with people. Staff were readily able to provide explanation and offer reassurance to people they supported. Discussions with staff indicated they had a good level of knowledge and understanding regarding people's care needs.

Training records in staff files indicated staff were supported to undertake a range of training. This included skills for care, welcoming diversity, safe administration of medication, food hygiene, safeguarding, food handling, moving and handling, first aid, diabetes awareness and fire safety. In addition the registered manager had recently initiated the staff team to undertake Dementia Awareness training. This was because the registered manager recognised this training would be of benefit to assist staff to monitor people for the potential development of dementia type conditions. The registered manager told us this training would reflect the needs of some of the people who lived at Thornton Gate; who may be at risk of developing age related health conditions. This showed us there was a pro active approach to ensuring staff were supported with the skills and knowledge to support the needs of people.

One staff member told us they had undertaken, "A lot of training." They told us they felt comfortable in their role and could ask for feedback and clarification if they required it. When they worked alone they told us they never felt nervous or unsure. They commented, "We work really well together as a team and are really close." Staff records confirmed staff were supported to keep up to date with their training and personal development. Staff were supported with regular supervision and informal feedback on a regular basis with the registered manager.

New staff were supported through a formal two week induction process. This included shadowing experienced staff and spending time getting to know people they supported. Staff completed a three month probation period and received both formal and informal feedback through the induction process. Records confirmed staff were supported through a formal induction process.

The registered manager supported staff who had additional learning needs to support them with their personal development. This included working with other professionals to ensure staff were supported to work in an accessible environment. This showed us the service promoted a positive culture of inclusion and welcomed the diversity the staff team contributed to the service.

Is the service caring?

Our findings

We looked to see how well people were cared for. We found people were relaxed and happy. There was a friendly and welcoming atmosphere. People looked well cared for and were smartly dressed. Staff used BSL, and body language which reflected caring relationships existed between them and people they cared for. We found people were keen to meet with staff and share with them things they had been doing during their day. People were happy and engaged in the activities they pursued. Staff were fully involved and showed a keen interest in activities and events people were involved in.

We found staff were enthusiastic, and were very caring and attentive to people's needs. Staff demonstrated they had a good rapport with people and knew people well. Staff showed they valued and respected people they supported. We observed people were happy with the care and support they were receiving. We saw staff members were responsive to the needs of the people they were supporting and were kind and patient.

The layout of the building allowed people to have privacy. We observed staff knocking on people's front doors before entering. People had their own keys to their flat and personal belongings. Four people we met were keen to show us their flats. We found their flats were all very different and reflected their personal tastes and interests.

One person told us they loved living at Thornton Gate. They added, "I have friends with deaf people, and go to the cricket club. We had Christmas dinner at the cricket club. I like the staff, I am really happy with the staff". They went on to show us photographs of activities they enjoyed. They told us they walked to a weekly garden group, and enjoyed growing vegetables such as onions and carrots.

We found people were supported to maintain their friendships with deaf and hearing people and that was clearly important to them. Some people attended the local church that was BSL interpreted. One person had joined the local church walking group. This showed us the service supported people with their faith, culture and spiritual beliefs. People were supported to make connections and feel part of their local community. This helped to nurture a sense of belonging and identity. One relative told us the service maintained good links with people from their family member's school which was in a different town. They felt this benefitted their family member as they were able to maintain important relationships with people they had grown up.

People were encouraged and supported to maintain contact with their relatives. Some people used technology and skyped their family on a weekly basis. This method of communication was beneficial for people because it was visual. This helped people to see each other, which provided reassurance and spontaneity.

Relatives told us staff were kind and caring. One relative told us, "I couldn't wish for my family member to be living in a better place. It is like a happy family." Staff are so approachable and easy to get on with; I feel we are like friends." A second relative told us, "My family member loves living there and loves their home." Relatives told us they felt well supported by the registered manager and her staff team. One relative told us,

"They are pretty efficient and keep us informed. "We found there was good contact with relatives to help them feel involved and informed.

There was good guidance in place for other tenants to learn and understand how to respect one another. Guidance gave examples of disrespectful behaviour, such as not setting off the fire alarms at night. This enabled people to understand what boundaries existed and how to respect one another. Staff were on hand to ensure people upheld respectful behaviour towards one another living at Thornton Gate.

Is the service responsive?

Our findings

People we spoke with told us they liked living at Thornton Gate because they were supported to be independent and live valued lives. People were pro-actively encouraged to integrate into mainstream community groups as well as groups especially for deaf people. One person told us about the activities they enjoyed. This included attending a local gardening project where they grew their own vegetables. They told us, "I love it." We saw photographs that captured the pleasure and pride they showed when they harvested some of their produce last Autumn.

People were encouraged to develop and maintain relationships within the community. One person told us they had friends with other deaf people and this was important to them.

We found staff supported people to take part in a range of stimulating activities in their local and wider community. One person told us they enjoyed visiting the local cricket club, and had enjoyed Christmas Dinner there last Christmas.

Care plans set out how staff should provide support for people to achieve their dreams, personal goals and outcomes. Such as using public transport or learning to cook. People were currently actively involved in planning their holidays. Holidays included joint holidays with friends living at Thornton Gate. People were also supported to participate in holidays with friends from the deaf community in other parts of the country. This showed us people were supported to live active lives which promoted their independence.

People looked well and happy and were proud to share with us their home and tell us what was important to them. People were supported and encouraged to achieve goals and gain a sense of achievement. One person told us, they were saving up for a holiday they were planning. They told us they had a lot of worry about money. However they showed us a large adding up machine in their flat which they used to help keep track of their spending. This helped them to manage their finances. The registered manager told us this person was doing really well with their financial management and had made good progress. Previously they had little understanding of managing their money and this had caused them a lot of stress and anxiety. Through identified support and a range of systems in place, this person had now managed to develop their skills to manage their finances more independently. This had enabled them to budget for and save up for a planned holiday with their friends from the deaf community.

Information in care plan records was set out indicating what steps people needed to take to achieve their goals. One person had certificates of achievement on their wall with regard to a college course they had been supported to attend.

Care plan records were personalised and set out with information that was important to each individual person. There was detailed information regarding communication support. We found clear information that explained what type of body language people used to indicate when they were happy or sad and upset. At times when a person conveyed they were upset, there was good guidance for staff to follow to provide appropriate support. Information included what a good day looked like and what a bad day looked like. This

detailed information helped staff to focus on what people were trying to communicate. This showed us the service had good systems in place to promote communication which gave people choice and control in their life.

We found people's care plans were detailed and informative. They included a person's life history, likes, preferences and interests, relationships, communication, care needs and medical conditions. Care plans had been developed in partnership with people. Involving people and promoting their individual choices was a key principle to care planning. This meant people were supported to receive personalised care. We found people were empowered to make meaningful decisions about how they lived their lives.

People were encouraged to use their skills in a creative way. One person showed they had a creative talent. They had been supported to explore their artistic skills and had created a piece of art which was on display

The registered manager had asked staff to complete a one page profile. This information enabled her to match the skills and interests of staff with the support they provided to individual people's needs and preferences. For example some staff were better suited to supporting people with activity based pursuits such as swimming. When people planned their holidays, they chose which staff they wanted to go with them. This showed us the service promoted people to be supported by staff who knew them well and shared the same interests.

People were supported to be active members of their community. Photographs on display showed how some people had taken part in fundraising initiatives. This showed us the service nurtured and supported people to participate in meaningful and stimulating activities.

We found positive comments from health and social care professionals. Health and social care professionals commended the way in which person centred care was delivered. The service worked effectively with local health professionals and community groups to ensure peoples' health, spiritual and recreational needs were met.

Care plans had been developed to identify what support people required and how they would like this to be provided. Information was updated and regularly reviewed. One person told us they had lived in their flat for a long time. They told us they had recently had a review. The review process had provided reassurance for them, they told us, "I feel better now and feel safe living here."

Relatives we spoke with were very positive regarding the care their family member's received. One relative told us, "We feel so relaxed about this situation They are so good to our family member and helping them so much [with their health care needs] Our family member is happy there. We can't give enough praise they have given them a life and given us a life."

A second relative told us, "I think they are very good. The accommodation is very good and is in a nice area. We have a lot of contact. Any problems they get it sorted out very quickly. We have good contact with staff." They added, "It is important to have stable staffing, which is what we've got. They can tell what sort of mood my family member is in. They get to know them and what to look out for because my family member can't tell you. Nine out of ten time's it is easy to solve. They are pretty efficient and keep us informed." This showed us staff had a good understanding of people's needs and how to support them.

The service had adopted a profiling system that promoted the identification of matching staff skills and characteristics with people's assessed needs. Therefore people's identified support was matched with staff who had been assessed as being the most suitable to provide support. For example staff were identified to

provide support for certain activities such as swimming, or when people were going on holiday. This meant people benefitted from being supported by staff who had a good knowledge and understanding of their needs.

House meetings (for everyone who lived in a flat at Thornton Gate) took place every two weeks. There was a standing agenda, and people were actively encouraged to participate. People took it in turns to chair the meeting. This showed people were empowered to be involved in the management of the service. We read easy read minutes of the latest house meeting which was on display on the notice board in the communal area. Previous house meetings had included the planning of holidays and health and safety. There was a calendar of activities on display on the notice board in the communal area of the home. This helped people to be involved and informed. We saw agenda items had been acted upon. This helped people to feel involved and their views acted upon.

Information regarding how to make a complaint was on display. There were no formal complaints being investigated at the time of this inspection. People told us they were aware of what action to take should they have any concerns. We read many positive comments from visitors and relatives. One comment we read following an organised event stated, "We had a great time. Staff put in a lot of effort always friendly and willing to help. Staff are very pleasant. This is a great place for the service users, they all seem happy."

Is the service well-led?

Our findings

We found the home was well led and well managed. The registered manager was experienced and had managed the service since it had opened ten years ago. Throughout the inspection we found the registered manager to be enthusiastic and committed to providing a quality service.

We found the service promoted the rights of people who lived at Thornton Gate. People we spoke with had been informed about the inspection process and their right to be involved. It was evident they had been actively supported to participate and share their views and feelings about living at Thornton Gate. People had planned time in their day to spend time with us in order to tell us about their experience of living at Thornton Gate. The inspection team spent time alone with people to discuss their experience of living at Thornton Gate. This helped us to gain a deeper insight into the quality of care and support provided.

People who were able to were keen to tell us how much they loved living there. The positive comments we received from people was reflected in comments from their relatives. One relative told us, "I couldn't wish for my family member to be in a better place. It is like a happy family. Staff are so approachable and easy to get on with I feel like we are friends." A second relative told us, "I am happy, quite happy I can't fault it."

People were involved in decisions about the running and management of their home as well as their own care. We found there was good support in place for people to have the opportunity to comment about how their home was managed. We found the registered manager actively listened to people's views and took on board their wishes and feelings. This was noted in the innovative development of recruiting staff who were deaf. People told us they liked being supported by staff who were deaf and it was clearly important to them to be represented by staff who understood their needs.

There were procedures in place to monitor the quality of the service. The registered manager sought people's views in a variety of ways and dealt with any issues quickly and appropriately. One relative told us, "If I am concerned I can just ring up and tell them how I feel. I did have a concern, and once I had spoken with the manager I felt better. It is excellent." There were no concerns being investigated at the time of this inspection.

Health and social care professionals provided positive feedback in the way in which the service was managed. Health professionals said the service was of high quality and managed effectively.

There were good systems in place to manage and review the risks posed to people. We found people were nurtured to lead active and fulfilling lives that took account of their emotional well-being.

There was an open and transparent culture evident within the service. We found good quality accessible information and feedback available for people. Information was presented to a high standard and demonstrated people were listened to and involved in the management of their home.

There were good communication systems in place for both staff and people to follow. This helped people to

keep up to date and informed regarding the running of Thornton Gate. The establishment of routines and structures in place helped people to feel safe and secure. We were told there were three people in a staff team and one staff member told us, "Communication is fantastic. We have a communication service book, a handover book and use face to face communication." We found there were good systems in place for staff to keep up to date regarding people`s needs. Staff were aware of what duties were required of them on a daily basis. A staff member was designated as a shift co - ordinator on a daily basis. They were responsible for ensuring daily audits and monitoring systems were maintained. This meant there were good systems in place to monitor people`s support and take prompt action should any shortfalls be identified.

The registered provider had good working relationships with the staff team. The registered manager and staff team worked closely together on a daily basis. This meant the quality of the service provided could be closely monitored on a daily basis. There was a clear vision as to what the service aimed to achieve and this vision was shared throughout the service.

The register manager worked closely with the staff team and we observed positive working relationships existed. The registered manager told us, "I am a hands on boss, I don`t expect staff to do things I wouldn`t do myself."

Staff and relatives praised the way in which the service was managed. They told us they were listened to and consulted with. One staff member told us, "I love working here, it`s like a second home from home. It`s perfect." "I think the service is run really well. I feel happy and safe and have no concerns working here." Staff attended regular staff meetings to share their views and ideas.

The registered manager had a range of risk assessments in place to manage risks associated with staff. This included a risk assessment for lone working. This showed us staff worked in a well-managed service

The registered manager was committed to and worked innovatively to promote a culture where people were included and empowered to lead interesting and fulfilling lives. There was a clear vision as to what the service aimed to achieve and this vision was shared throughout the service with both people who used the service and staff.

The registered manager was involved in developing service standards alongside people who used services. Supporting and involving people was key to any service improvements. There were four service standards being developed in the areas of communication, choice, decision making and learning. These were broken down using pictorial information to help people understand what impact this would have upon them. For example people could expect, "To have access to information I can understand." and; "To be involved in meetings that are important to me and have communication support/ interpreters [where appropriate]." This meant people were supported to expect staff to uphold and promote these values. This showed us the culture that existed within the service.

Values were promoted throughout the organisation. We found the registered manager had produced good guidance for people and the staff team to follow in regard to the values the service. The values of the service was based upon a nationally recognised model for developing person centred approaches in health and social care.

There was a strong emphasis on continually striving to improve the quality of the service and support provided. The service had attained an achievement award from the organisation in recognition of the values work they were developing and promoting.

The service had achieved quality standards with internal and external agencies. The service standards being developed and led in the north area by the registered manager had received an award from Action for Hearing Loss. This was in recognition of the values work it was promoting not just for the benefit of people living at Thornton Gate, but for all people supported across the whole organisation.

Senior management visits took place. This showed us there was external monitoring and oversight regarding the quality and care provided.

The registered manager was aware of their responsibilities for reporting notifications to CQC. We noted identified incidents discussed at inspection had previously been brought to the CQC's attention through formal reporting procedures.