BEN - Motor and Allied Trades Benevolent Fund

Town Thorns Care Centre

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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected Town Thorns on 01 and 06 November 2017. The inspection visit was unannounced on the first day, and announced on the second day.

Town Thorns is divided into four separate units over three floors and provides personal and nursing care for up to 66 people of all ages, including people living with dementia and physical disabilities. There were 57 people living at the home when we inspected the service.

A requirement of the service's registration is that they have a registered manager. 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 and the associated Regulations about how the service is run. There was a registered manager in post at the time of our inspection visit. We refer to the registered manager as the manager in the body of this report.

We last inspected this service on 15 February 2017, when we found Safe was rated 'Requires Improvement'. We found there was a breach in Regulation 13, as safeguarding concerns had not been consistently reported to us across the different units at the home. Senior staff had not always identified incidents as safeguarding concerns, and reported them to the correct authority for investigation. We also found there was a breach in Regulation 12, because individual risks to people's health and well-being were not always managed and mitigated. At this inspection we found improvements had been made and have rated the service as 'Good' in Safe.

Since our inspection on 15 February 2017 we have reviewed and refined our assessment framework, which was published in October 2017. Under the new framework certain key areas have moved, such as support for people when behaviour challenges, which has moved from Effective to Safe. Therefore, for this inspection, we have inspected all key questions under the new framework, and also reviewed the previous key questions to make sure all areas were inspected to validate the ratings.

At our previous inspection we had identified that safeguarding concerns were not always appropriately referred to CQC and other agencies, and were not always fully investigated, to ensure people received safe care. At this inspection we found the home had made significant improvements to how safeguarding concerns, accidents and incidents were categorised, analysed and investigated. We found monitoring systems were in place to identify any patterns and trends arising from such concerns. In addition the manager had arranged refresher training for all staff on how to document such concerns, and how to refer concerns to the management team for investigation. The manager had notified CQC and the local authority of any concerns which required investigation.

At our previous inspection we found Individual risks to people's health were not always being managed appropriately to ensure people were protected. At this inspection we found risk management plans had

been updated to ensure the environment and premises were managed safely, and risks to people were minimised. In addition, we found people had individual risk assessments completed and staff were instructed on how to minimise risk to people's health and wellbeing.

Most people told us there were enough staff to meet their needs, and there were enough staff during our inspection visit to ensure people were cared for safely. However, two people, on the residential unit, told us they sometimes had to wait for assistance to go to bed, in the evening.

All necessary checks had been completed before new staff started work at the home to make sure, as far as was possible, they were safe to work with the people who lived there. People were supported by a staff team that knew them well, as the use of agency staff had been reduced since our previous inspection.

Staff received training and had their practice observed to ensure they had the necessary skills to support people. Staff treated people with respect and dignity, and supported people to maintain their privacy and independence.

People had been consulted about their wishes at the end of their life. Plans showed people's wishes about who they wanted to be with them, and the medical interventions they had agreed to.

People received their medicines as prescribed to maintain their health and wellbeing. People were supported to access healthcare from a range of professionals inside and outside the home, and received support with their nutritional needs. This assisted them to maintain their health.

The provider, manager and staff understood their responsibilities under the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS) to ensure people were looked after in a way that did not inappropriately restrict their freedom. The manager had made applications to the local authority where people's freedom was restricted, in accordance with DoLS and the MCA requirements. Decisions were made in people's 'best interests' where they could not make decisions for themselves.

People were supported to take part in social activities and pursue their interests and hobbies. People made choices about who visited them at the home, which helped people maintain personal relationships with people that were important to them.

People knew how to make a complaint if they needed to. Complaints received were investigated and analysed so that the provider could learn from them. People who used the service and their relatives were given the opportunity to share their views about how the service was run; action was taken in response.

Quality monitoring procedures identified some areas where the service needed to make improvements. Where issues had been identified in checks and audits the manager took action to address them to continuously improve the quality of care people received.

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.

People felt safe living at Town Thorns and staff had been recruited safely. The manager and staff consistently reported and investigated accidents, incidents and safeguarding issues when these arose. People had up to date risk assessments in place, which provided staff with the information they needed to minimise the risks to people. There were enough staff employed at the home to ensure people were cared for safely. Medicines were administered to people safely.

Is the service effective?

Good

The service was effective.

Staff completed an induction and training so they had the skills they needed to effectively meet people's needs. Where people could not make decisions for themselves, people's rights were protected; important decisions were made in their 'best interests' in consultation with health professionals. People were supported to see healthcare professionals when needed. People received food and drink that met their preferences and supported them to maintain their health. The design of the premises assisted people to move around the home effectively.

Is the service caring?

Good

The service was caring.

Staff knew people well and respected people's privacy and dignity. Staff treated people with caring and kindness. People were able to have friends and relatives visit them when they wished.

Is the service responsive?

Good

The service was responsive.

People were supported to take part in social activities in accordance with their interests and hobbies. People had personalised records of their care needs and how these should

be met. People were able to raise complaints and provide feedback about the service. Complaints were analysed to identify any trends and patterns, so that action could be taken to make improvements. There was end of life care planning in place to involve people in decisions that took into account their wishes and preferences.

Is the service well-led?

Good

The service was well led.

The management team was approachable and there was a clear management structure to support staff. People were asked for their feedback on how the service should be run, and feedback was acted upon. Quality assurance procedures were in place to assess areas where the service could improve.

Town Thorns Care Centre

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 was 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 01 and 06 November 2017. The first day of the inspection visit was unannounced, and the second day was announced. This inspection was conducted by two inspectors, an inspection manager, two experts-by-experience and a specialist advisor. An expert-by-experience is someone who has personal experience of using, or caring for someone who has used this type of service. A specialist advisor is someone who has current and up to date practice in a specific area. The specialist advisor who supported us had experience and knowledge in nursing care.

Following the last inspection, we asked the provider to complete an action plan to show us what they would do and by when, to make the necessary improvements. We reviewed whether the provider had implemented these improvements against their action plan.

Before our inspection visit, we looked at and reviewed the Provider's Information Return (PIR). This is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We found the PIR reflected the service provided.

We reviewed the information we held about the service. We looked at information received from the statutory notifications the provider had sent to us and commissioners of the service. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are representatives from the local authority who provide support for people living at the home.

Some of the people who lived at the home were not able to tell us in detail, about how they were cared for and supported because of their complex care needs. However, we used the short observational framework tool (SOFI) to help us assess whether people's needs were appropriately met and to identify if people experienced good standards of care. SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us.

We spoke 25 people who lived at the home and two people's visitors or relatives. We gathered feedback from several members of staff including the registered manager, the operations manager, the head of person centred care, two nurses, one team leader (head of household), an activities co-ordinator and three members of care staff. We also spoke with a chef, the maintenance manager, and the provider's representative.

We looked at a range of records about people's care including eight care files. We also looked at other records relating to people's care such as nine medicine records and fluid charts that showed what drinks people had consumed. This was to assess whether the care people needed was being provided.

We reviewed records of the checks the manager and the provider made to assure themselves people received a quality service. We also looked at recruitment and supervision procedures for members of staff to check that safe recruitment procedures were in operation and that staff received appropriate support to continue their professional development.

Good

Is the service safe?

Our findings

We last inspected this service on 15 February 2017, when we rated Safe 'Requires Improvement'. We found there was a breach in Regulation 13, as safeguarding concerns had not been consistently reported to us across the different units at the home. Senior staff had not always identified incidents as safeguarding concerns, and reported them to the correct authority for investigation. We also found there was a breach in Regulation 12, because individual risks to people's health and well-being were not always managed and mitigated. At this inspection we have rated the service as 'Good' in Safe.

People were protected against the risk of abuse. Care staff told us they completed regular training in safeguarding people, which had been updated following our inspection in February 2017. Care staff and nursing staff were knowledgeable about the procedures for identifying and reporting any abuse, or potential abuse. Staff told us they were comfortable with raising any concerns they had with the manager, and were confident any concerns would be investigated and responded to.

A member of staff told us, "The safeguarding procedure has improved; there is a proper procedure to follow which has been very welcomed. We've been told 'If in doubt report it' it is best to be safe than sorry." The provider had procedures in place to report safeguarding concerns to local authorities for investigation, and to CQC. We found on this inspection safeguarding concerns had been referred consistently across the home.

At our previous inspection we found the monitoring systems around accidents and incidents were not sufficient to highlight areas where improvements were needed. At this inspection we found accidents and incidents were being recorded consistently across the home. The manager was reviewing the threshold of when to refer concerns as safeguarding incidents to the local safeguarding team, and checking with them where this was in doubt. Accidents and incidents were also monitored to show when and where accidents happened in the home, and whether risks could be mitigated to reduce the number of accidents.

All the people we spoke with told us they felt safe at the home. Comments included; "I feel safe here", "They [staff] are looking after me well", "Oh yes, I feel quite safe."

Staff told us and the PIR confirmed, people were protected from the risk of abuse because the provider checked the character and suitability of staff. All prospective staff members had their Disclosure and Barring Service (DBS) checks and references in place before they started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with people who use services. Every three years the provider conducted a re-check with DBS to ensure there had been no changes in their records. The provider also checked the registration of nurses with their regulatory body to ensure they maintained their professional registration.

Staff who administered medicines received specialised training in how to administer medicines safely; they completed training before they were able to administer medicines and had regular checks to ensure they remained competent to do so. Medicines were administered by both nursing and care staff, who were trained to administer medicines such as topical creams. People told us they received their medicines when

they should. Comments from people included; "It seems to be on time I think. They [staff] ask if I want Paracetamol for pain", "My pills are on time."

We found medicines were mostly stored safely and securely. On our arrival at the home on the first day of our inspection visit we found one medicine cupboard was unlocked, and one person's medicine was accessible to people in the nurses office. This was because a member of the maintenance team was fixing the lock on the cupboard, which had just been broken. The nurse told us they had forgotten to remove the person's medicine from the cupboard, and did so straight away. They explained the medicine was not locked away only because the cupboard was being repaired, which was outside their normal arrangements for the safe storage of medicines. We brought this to the attention of the manager, when we returned on the second day an analysis of this incident had been undertaken to establish lessons that could be learned in the future. A briefing had been held with nursing staff on the importance of medicine security. We were confident that medicines were normally stored safely, and following our inspection visit risks had been reviewed for any further maintenance work.

Medicines were monitored to ensure they were stored at the correct temperatures, so that medicines remained effective. Each person at the home had a medication administration record (MAR) that documented the medicines they were prescribed. MARs contained a photograph of the person so that staff could ensure the right person received their medicines. This was important as the home could use agency nurses to administer medicines, who might not know the people who lived there. The MARs we checked confirmed people received their medicines as prescribed.

Some people required medicines to be administered on an "as required" basis. There were protocols (plans) for the administration of these medicines to make sure safe dosages were not exceeded and people received their medicine consistently. This supported nursing staff to make consistent decisions about when people needed the medicine. Daily and monthly medicine checks ensured people received their prescribed medicine when they should.

We found the home was clean and well maintained. Infection control procedures were in place to prevent the spread of infection. There were regular cleaning schedules in place at the home, and enough housekeeping staff, to keep communal areas and people's rooms clean. The manager checked on the cleanliness of the home through regular daily walk rounds, and also monthly auditing procedures. Nursing staff adhered to current infection control guidelines to prevent the spread of infectious diseases.

Care staff wore the correct personal protective equipment (PPE) such as gloves and aprons to protect people from cross contamination and infection, for example at lunch times. Staff told us they always wore PPE when providing personal care and regular monitoring of the laundry, ensured dirty and soiled items were kept away from freshly laundered items. Domestic staff cleaned daily and when required, completed a deep clean to limit the risks of cross infection.

We looked at how the maintenance of equipment and the premises was managed. We found there was a facilities manager on site who supervised a maintenance team, including external contractors. The facilities manager explained how regular checks of the premises and equipment were completed, to ensure people were safe. Maintenance and safety checks included the utilities and water safety. Records confirmed these checks were up to date. In addition, there was an up to date fire risk assessment and regular testing of fire safety and fire alarms so people and staff knew what to do in the event of a fire. People who used the service had Personal Emergency Evacuation Plans (PEEPs) which would provide emergency personnel with vital information about people's mobility needs in case of emergency.

At this inspection we found risks to people's health and wellbeing were being identified, and managed safely. For example, one person had epilepsy. There was a risk assessment and risk management plan in place to instruct staff on how they should respond, if the person had a seizure. Charts were in place for staff to monitor the time, duration and type of seizure. Plans also included information when medical intervention should be sought, if the seizure continued. We found charts had been completed when seizures occurred which helped staff to identify the triggers of the seizures, and how these might be avoided in the future.

We saw another person who displayed behaviours that could be challenging to them and others. They had been referred to a behavioural nurse who had advised that the person should be provided with more opportunities to engage with the community outside the home. A nurse told us, "A lot of how we have dealt with the challenging behaviour is to take them out more." This person now went to college one day a week and went out once a week on a trip with staff to visit the hairdressers or go shopping. Staff told us this had helped the person be less anxious.

During our inspection visit, there were enough staff to care for people safely. At our previous inspection we found staffing levels at the home could be improved, to ensure people always received safe care. At this inspection we found the provider and manager had increased the numbers of staff employed throughout the home. Staff were available all day in the communal areas on each unit, the manager told us they had also re-organised how staff were deployed and supervised, so that staff did not go on their breaks at the same time. One person told us, "More staff would be good but it hasn't impacted on my care, 9 out of 10 I think."

Most people told us there were enough staff at the home. Three people said there needed to be more staff on the residential unit of the home at night, to ensure people received care quickly. One person told us they felt they would prefer more staff in the evenings, as sometimes they needed to wait until staff were available to support them to go to bed. Another person said, "There's not enough staff at night. I get panic attacks sometimes at night. Sometimes at night I have waited twenty minutes for a nurse to come." The manager and staff told us sometimes people waited for staff to be available to support them with their personal care, however, they were confident people were always supported safely.

Comments from staff members included; "Staffing levels have definitely improved. There is a definite reduction in agency staff, and the agency staff we do have are the same people who know the residents and have been here a while", "The staffing levels are good", "Now there are more staff which gives more continuity to people."

The manager told us staffing levels were determined by the number of people at the home, their needs and their dependency level. Each person had a completed dependency tool in their care records. This assessed how much care and support they required. Some people required care staff to support them individually, and people had a member of staff assigned to support them at all times during the day.

We asked the provider and manager about staff vacancies at the home. They told us they were in the process of recruiting more staff at the service, especially at night on the nursing team. This was to allow more flexibility to cover staff absences. They explained they used agency staff, who worked at the home regularly, when they were unable to fill the staffing rotas from their permanent staff team.

Good

Is the service effective?

Our findings

At this inspection, we found staff training continued to improve and support staff to meet the needs of people at the service. Food and nutrition continued to be managed to support people in maintaining their health. We continue to rate 'Effective' as Good.

We saw staff used their training and skills effectively to support people at Town Thorns. For example, some people required assistance to move around the home safely. Staff used their skills to assist people with the correct equipment when moving them from chairs to standing positions, and also from standing positions into seated positions. Nursing staff used their skills to effectively utilise equipment at the home, such as specialist feeding equipment and catheters.

All staff received an induction when they started work at Town Thorns which included working alongside experienced members of staff. Induction courses were tailored to meet the needs of people who lived at Town Thorns, and the different roles each member of staff performed. A nurse told us, "If we are getting someone in who has something new we haven't had before, they give you the training before they accept people."

Staff told us they received regular support and advice from their immediate line managers and the nurses, which enabled them to do their work. There was an 'on call' telephone number they could call outside office hours to speak with a manager if they needed to. Regular team meetings and individual meetings between staff and their managers were held at Town Thorns. These gave staff an opportunity to discuss their performance and any training requirements.

There was a daily meeting for the clinical lead, managers, heads of households and departments to share information about incidents and quality issues. Staff team meetings gave staff an opportunity to provide feedback about the running of the home, and staff could be kept up to date with any changes or developments at the home. Also discussed at the meetings were congratulations to staff members for their achievements and hard work.

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

The manager was able to describe to us the principles of MCA and DoLS which showed they had a good understanding of the legislation. People were asked to sign consent to certain aspects of their care, where they could do so. The manager reviewed each person's care needs to assess whether people were being deprived of their liberties, or their care involved any restrictions. Several people at the home had a DoLS in place, additional applications had been made to the local authority and were awaiting a decision.

Staff asked people for their consent and respected people's decisions to refuse care where they had the capacity to do so. For example, one person had been assessed by a health professional as requiring a soft diet, but as the person had capacity, they sometimes decided they would risk eating a food they really enjoyed that was not pureed. Staff respected their choice.

We looked at meals provided to people and people's meal time experience. Each unit had a communal area where people could have their meals. In addition people could eat in the large communal restaurant, or could choose to eat in their room. The dining rooms and restaurant area were calm spaces designed to enhance people's mealtime experience and make it a social event. Dining rooms were attended by sufficient staff to assist people to eat their meal.

People told us they enjoyed the food on offer at the home, and could make choices each day about what they wanted to eat from freshly prepared food. A daily menu of the food on offer was displayed on the notice boards at the home in the different dining rooms. People were able to choose from a range of options and staff asked people for their food choices before their meal was prepared. Comments from people included; "No problems with the food, I can choose from the menu", "The food is nice. We get a choice the day before. I eat in the lounge", "There's plenty of it. There are two or three choices a day and it's nice. I eat where I like".

We spoke to the chef at the home who told us people could ask for alternative meals if they wished. Kitchen staff knew people's dietary needs and ensured they were given meals which met those. For example, some people were on a soft food diet or were diabetic. Information on people's dietary needs was kept up to date and included people's likes and dislikes.

Food and drinks were available throughout the day to encourage people to eat and drink as much as they liked. People were offered a choice between cold or hot drinks after their meal. People also had drinks taken to their room several times each day. Comments from people included; "We get drinks at regular times and with our meal. They give me a drink at bedtime as well."

Staff and people told us the provider worked in partnership with other health and social care professionals. Care records included a section to record when people were seen or attended visits with healthcare professionals, and their advice. Records confirmed people had been seen where required. The manager told us the doctor and other health professionals visited the home each week, for example, the doctor visited the home twice weekly and the district nurse visited daily. People told us, "The chiropodist comes as well. I think I also had my eyes tested", "If you need the doctor he comes quickly." People told us when they needed to visit their local hospital, or attend medical appointments staff from the home accompanied them. One person said, "Following a fall they [staff] took me to A&E. They [staff] are very kind they help me with everything." Another person said, "I went to the hospital yesterday to change my dressing, the carer came with me."

Staff told us care records were usually kept up to date and provided them with the information they needed to support people effectively. Staff could describe people's individual support needs, which matched what people told us and the information in their care plans. This was because everyone's needs were assessed when they came to the home. Whether people needed nursing or residential care, people were placed in the home where they could build relationships with people, with similar abilities and interests. People's health needs were assessed to see what support they required, for example, specialist equipment. Where people needed the assistance of a physiotherapist, this was supplied by the home. An onsite physiotherapist conducted an assessment for people when they moved to the home, to see if this service could be beneficial.

Advice from health professionals was transferred to care documents, and care plans were updated to incorporate the advice provided. For example, one person required support with their nutrition. Advice had been sought by the speech and language team (SALT) to ensure the person was supported appropriately. Advice was followed to ensure the person received the correct level of nutrition and hydration. Some people who were on special diets had charts in place to record whether they ate and drank enough each day to maintain their health. We found the charts were up to date, and action was taken by staff if people were not eating or drinking enough.

People had decided how their personal space was furnished and arranged. People's rooms included photographs of family and friends, pictures on the walls, ornaments and furniture personal to them. This was important as Town Thorns was people's home, and people told us having personal items around them helped them to feel comfortable in their surroundings. We saw one person's room who was a fan of Star Trek. There was memorabilia and a photograph of them attending the Star Trek convention that staff had taken him to. Another person showed us pictures of their family in their room, and a telephone they could use to keep in touch with family and friends.

The environment at the home was designed to assist people with finding their way around, and also to meet people's individual needs. For example, the corridors were wide and flat, with smooth floors, and were accessible for people with motorised wheelchairs to move around easily.

Good

Is the service caring?

Our findings

At this inspection, we found staff continued to be caring and engage people at the home, people were encouraged to maintain and develop their independence. We continue to rate 'Caring' as Good.

People said, "They [staff] are very respectful indeed. I think they are good staff. It's beautiful here", "They are all very nice and caring", "They do everything for me, I only have to ask."

We observed good relationships between people and staff, such as staff sharing jokes with people, telling stories about activities or trips, and chatting about their environment. One person told us, "I'm happy here, if I moved I wouldn't know anybody," they added, "I had four months respite stay here, and liked it so much that I came back for good."

Staff told us they liked working in the home, comments included; "I love it here", "It is a nice home", and "The grounds are lovely, the care is very good. They do a lot of activities and there is always something going on to keep them entertained. I would definitely put my Mum here."

Staff were thoughtful and patient. One person asked a staff member about why they were not allowed to go outside on their own. The staff member patiently explained to the person that they needed someone with them, because they were not safe on their own. Around five minutes later the person asked again, the staff member maintained their patience and answered again. They did this every few minutes. When asked, the staff member and manager told us, they were assessing whether a different type of communication such as reminder cards might help the person to remember.

People's care and support was planned in partnership with them and people who were important to them, which enabled staff to deliver person centred care. One person told us, "They come and sit with me and discuss my care. My daughter is there usually."

Records gave staff information about how people wanted their care and support to be delivered. For example, care plans included information on maintaining the person's health, their support needs and their personal preferences about how they wished their care to be provided. Records also provided staff with brief information on people's life history. Care reviews took place every six months, or when people's needs changed.

Records showed people were able to discuss their sexual orientation with staff, or their preferences for a personal relationship, and staff respected people's relationships. One person had an on-going relationship with another person at the home. Staff told us, "Providing both people have capacity and are consenting to the relationship, their privacy and wishes should be respected and supported."

People's individual needs were catered for, as people's ability to communicate with staff and each other was assessed at Town Thorns. We found some people with disabilities used specialist communication tools, to assist them. For example, one person was using a 'tablet' (a hand held computer device), another person

had a 'possum' to change their TV over, call staff, and turn their lights on and off. These technologies helped people to maintain as much independence as they could.

Staff promoted people's independence and encouraged them to do things for themselves where possible. For example, staff encouraged people to eat and drink independently. People were encouraged to use specialist cups and plate guards (devices that assist people to eat and drink unaided).

Another person had very specific communication needs, they had a visual impairment, and their care records stated staff should read everything to them, so they could make their own choices. The person told us, "Yes, staff read everything to me."

There were a number of rooms, in addition to bedrooms, where people could meet with friends and relatives in private if they wished. This included a number of lounges, restaurant and dining areas. People made choices about who visited them at the home and were supported to maintain links with friends and family. For example, people could choose to have their relatives visit them and eat with them in the restaurant. One visitor told us, "I can visit anytime."

People told us their dignity and privacy was respected by staff. Staff knocked on people's doors and announced themselves before entering. Some people had keys to their room, which they locked when they wanted to. This meant they had privacy when they needed it. We saw one person being asked if they needed assistance to go to the toilet, this was done in a discreet way to respect their privacy.

People were assigned a specific member of staff called a keyworker. Keyworkers were responsible for maintaining a special relationship with each person they supported, ensuring their social and practical needs were met. Keyworkers also helped to maintain accurate care records for people to ensure they reflected people's current needs. We found keyworkers knew people well. People told us they knew who their keyworkers were, and felt comfortable in raising anything with them.

Good

Is the service responsive?

Our findings

At this inspection, we found staff were responsive. Care records continued to be kept up to date. Activities and interests for people were developed according to their individual wishes. We continue to rate 'Responsive' as Good.

People told us staff responded to their requests for assistance in a timely way. One person commented, "I had a fall, I shouted and they came quickly. I couldn't reach my bell." We saw one person asked for a drink, which was brought to them straight away. Other people gestured when they wanted assistance, and staff approached them to ask what they would like. When one person, who was non-verbal, indicated with signs they were hungry or they had dropped their glasses staff understood and responded promptly to assist them.

People told us they enjoyed the activities and events on offer at the home. One person said, "I like the activities, there's something every day. The physiotherapist was playing ball games this morning." Another person told us staff asked everybody if they wanted to take part in activities, even if they didn't usually join in. We saw staff doing this throughout our inspection visits. One staff member told us, "We like to encourage people to get involved for social interaction."

People told us about some of the activities and hobbies they were engaged in at the home. Comments from people included; "Last year they took us to Coventry library in the bus", "The staff take me out into the grounds usually. We have a service here it's a catholic mass, I have communion." However, people told us they would like to see more regularly planned activities at the home. One person said, "I would like to see more activities." Another person told us, "We all complain about going out more but I would give them 10 out of 10."

A list of planned activities was on display in the communal areas for people to refer to and posters advertised forthcoming special events. The home employed two members of staff to support people with activities, hobbies and interests. The manager also expected care staff to spend time with people supporting them with interests and hobbies that might provide stimulation and enjoyment. The manager was also trying to recruit a third member of staff to assist with activities and one to one time with people.

On the ground floor there was a large room called 'The Hall' which was accessible to everyone who lived at Town Thorns. This was the focal point for most of the activities and entertainments in the home. The hall had facilities for people and their relatives to make drinks, and there were many different craft areas for people to enjoy. For example, people were involved in painting, knitting and drawing. On the afternoon of our first day there was a 'pamper' session in the main hall. Whilst some people were engaged with this, having their nails done, two other people were doing arts and crafts, another person was having a sensory session and another was enjoying 'people watching'.

Staff understood people enjoyed different things, and told us they were aware that although some people enjoyed the communal aspect of the hall, they also needed to help support people with hobbies and

interests outside this environment. One member of staff said, "We need to be reaching people who don't like the community aspect. We do one to one visits every week to people. It is working well and we are reaching everyone."

Other interesting things to do at the home were advertised in the main reception area. These included a hairdressing salon which was open three days a week, a mobile library, and a general shop which was open two or three times a week.

The staff at Town Thorns encouraged people to enhance their skills and learning, by supporting people to attend the local college and day centres in the local community. People told us they went to college or local day centres several times a week if they wished.

One member of staff was keen to tell us there were now more unit based activities because they had more time, with the increase in staffing numbers, to arrange them. On the first day of our inspection visit the residential unit was decorated for Halloween and we were told of a party they held the day before. The activities co-ordinator told us they regularly planned dance and movement sessions with an external provider, who came in and did exercises with people in their chairs. People were keen to tell us they enjoyed these sessions.

Activities staff told us how they made links with the local community to support people at the home. They had formed relationships with Rugby School, three pupils from the school visited weekly to chat with people, and join in with hobbies and interests. Other organisations also had links with the staff so that volunteers could be recruited. One staff member told us their daughter and her friend were going to do some work at the home as part of their Duke of Edinburgh Award.

A minibus and driver was available to people so people could be transported to local appointments and to get out into their local community. People who were able to go out were supported either by relatives or care staff. One person told us, "I have the opportunity to go out with my daughter and son. They use Town Thorns transport".

The activities organiser explained each person had an activity plan to record what they liked to do. They held regular meetings and feedback sessions with people to identify events they would like to get involved in. They told us, "When a person joins us they have a 'this is me' meeting where we find out about them. We have coffee mornings and use it as a feedback session for what they have enjoyed doing." We were told about one person who used to be a painter. Due to problems with their hands and could no longer paint which caused them frustration. They had therefore introduced the person to 'aqua painting' (using water to mimic painting) which they enjoyed.

Staff told us care records were usually kept up to date and provided them with the information they needed to support people responsively. Staff knew people well. Care records were available on an electronic system which all staff had access to. Some records were also kept on paper, which matched the information on the electronic system.

Staff were able to respond to how people were feeling, and to their changing health or care needs because they were kept updated about people's needs at a handover meeting at the start of each shift. The handover meeting provided staff with information about any changes in people's needs since they were last on shift. Staff explained the handover meeting was recorded so that staff who missed the meeting could review the records to update themselves.

There was information about how to make a complaint and provide feedback on the quality of the service in the reception area of the home and on each unit of the home. People and their relatives told us they knew how to raise concerns with staff members or the manager if they needed to. A typical response from people we spoke with was that they had never needed to make a complaint. One person said, "I complained about my bed being too small. They changed it."

Previous complaints had been investigated and responded to by the provider. Complaints were analysed to identify any trends and patterns, so that action could be taken to continuously improve the service provided.

We found people had some end of life care arrangements in place. The arrangements included decisions that had been made regarding whether people should be resuscitated following a cardiac arrest. These records were reviewed to ensure they had been discussed with people and their relations, and whether they remained valid as people's health changed.

People at the home had been consulted about their wishes at the end of their life when they wished to do so. We reviewed care records which documented their preferences. Nursing staff told us this was to provide good quality care to people nearing the end of their life, and to respect their cultural or religious beliefs. People had up to date 'end of life' care plans which were comprehensive. Plans showed people's wishes about who they wanted with them at this time and the medical interventions they agreed to. The manager confirmed that people made these choices in consultation with health professionals, their relatives and staff, so that their wishes could be met.

Good

Is the service well-led?

Our findings

We inspected this service on 15 February 2017, when we found Well-led was rated 'Requires Improvement'. We found safeguarding concerns had not been consistently reported to us. We also found individual risks to people's health and well-being were not always managed and mitigated. Auditing procedures required improvement to ensure areas for improvement were identified. At this inspection we have rated the service as 'Good' in Well-led.

People and their relatives told us they felt the home was now well-led. One person told us they would be happy to approach the manager with any concerns they might have. Another person said, "It's a nice atmosphere, they [manager] are quite approachable." One visitor told us, "We're more than happy with [Name's] care, as long as she's happy we're happy."

The registered manager was relatively new to the home and had been there for approximately six months. The manager was part of a management team which included a manager or 'head of household' on each unit. Each unit also had team leaders who worked on the unit, alongside staff. There was a clinical lead manager who supported staff on the nursing unit alongside the nursing team. The manager told us they had introduced this new structure and found that communication between managers and staff was improving. Staff were aware of the new management structure and spoke positively about it saying, "There is more support for the floor staff so that is a bonus. There are more people you can go to if you have problems", and "It just feels there is extra support and there is always somebody around you can go to."

The manager told us they had also appointed a new manager to be the head of person centred care delivery at the home. This was to focus the way processes and systems were developed, to encourage people's involvement in planning their care, to ensure people were always at the heart of the service. A member of staff told us they were encouraged by the direction the manager was taking, saying, "We are trying to go towards person centred care."

Staff also spoke positively about the new manager. One member of staff said, "I get on well with him. He is quite straight talking and he has been quite supportive of me in my new role." One member of staff told us they felt much more confident. They had been promoted to a more senior role and their responsibilities were much clearer. They told us, "I think it makes sense now. I used to get annoyed, but bringing in the head of house has given me a more defined role and more structure. I know exactly what is expected of me now."

One newly appointed head of house told us they felt more involved in the development of the service. For example, they had been told they would be involved in interviews for new staff for their unit. There was also a positive move to empower senior staff to make more of their own decisions. For example, staff were being provided with opportunities to develop their roles and managers were looking at staff with potential to take on more responsibilities. One staff member told us they had applied for a more senior role after encouragement and support from the new manager.

A senior member of staff acknowledged that staff morale had not always been good especially among care

staff. They explained, "The care staff have undergone a lot of changes in regard to their pay." They went on to say, "You have to give goodwill to people to get it back. Since I stepped into my role, staff have been more willing to do overtime and do extra hours." Staff told us they felt confident the manager was improving the quality of care provided within the home. They said, "I think it is improving. We are heading in the right direction. I seem to be getting things done and managers are responding when we ask for things. Before it used to get forgotten."

The provider completed other regular checks on the quality of the service they provided. This was to highlight any issues and to drive forward improvements. For example, the provider directed the manager to conduct regular checks on care records, medicine administration and infection control procedures. The management team produced quarterly reports about how the home was performing against business plans. Where checks had highlighted any areas of improvement, action plans were drawn up to make changes. Action plans were monitored for their completion by the provider during regular quality monitoring visits to the home. This included enhancing and improving the premises at Town Thorns with re-decoration and the purchase of new carpets, flooring and equipment when required.

The provider and manager had implemented a 'champion' role for some areas at the home, such as safeguarding champions, to give staff extra support if they wanted advice and assistance from their colleagues. Other champion roles included 'activities' on each unit to help improve staff engagement in activities, especially at weekends.

The provider told us they had reviewed options for the redecoration of some areas of the home. These options had been supplied by a company with experience in decorating care homes for people with dementia. The choices for colours were designed to calm people. In other areas of the home colours were being considered which might stimulate people's enjoyment in their surroundings. The manager was keen to tell us that people were part of this decision making process, and were being asked for their choices about how the home was updated.

The manager told us how they worked in partnership with other agencies such as commissioners of services and health care organisations to support people when they first came to the home, making sure their needs were fully assessed to get the right care in place. We saw the manager and staff also worked in partnership with other care agencies, who provided domiciliary care to people in their own flats, which were offered to people within the Town Thorns complex. We saw where people needed emergency care or assistance from staff at Town Thorns, this was provided straight away even though Town Thorns was not contracted to supply the support.

People could give feedback about their wishes, to the manager or staff at any time, as they were on site and operated an 'open door' policy. People visited the manager in their office during our inspection visit. Suggestion boxes and comment books were distributed throughout the home asking people for their feedback. The manager told us about how people were being consulted individually about planned changes at the home. They said, "If we are due to change carpets in people's bedrooms, or any of the décor, the person is consulted about their choice before we make the change."

The manager organised regular meetings for 'residents' and relatives at Town Thorns where people were asked for their feedback. At each meeting the minutes and actions of the previous meeting were discussed, to ensure people were provided with responses to any concerns or suggestions they had raised. The meetings were advertised around the home, and a senior manager attended. Outcomes from meetings were fed back to people and their relatives with a regular newsletter distributed around the home.

The manager also told us people were also able to provide feedback regarding the service in an annual customer satisfaction survey. Staff also asked people about which activities and hobbies they enjoyed in a recent survey. We looked at the results, people had asked for more gardening, more trips out, and more dancing. The results of the survey were being analysed, and discussions were taking place about how more trips out could be arranged.

Information and communication between staff teams and units at the home had been improved. There was a staff forum where staff could share their ideas, and raise any concerns. The manager told us senior managers attended the forum to provide staff with an opportunity to discuss concerns and improve staff communication across the organisation.

The manager had introduced daily meetings with heads of household, and department managers to share information. This information was cascaded to team leaders and staff on each unit. Staff told us they felt more involved and suggestions made by staff were considered by the manager and the senior management team. For example, a member of nursing staff said there had been an issue with the pharmacy which was causing extra work. They discussed this in a trained staff meeting with the manager. The situation had then been improved."

Monthly meetings at the home for members of the management team included heads of department meetings, health and safety meetings and monthly clinical meetings. Information was shared between managers about different units of the home and relevant information about different departments. Communication at a senior management level was encouraged during these meetings to identify issues and discuss improvements.