

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Town Thorns Care Centre is a care home that provides personal and nursing care to up to 66 people. The home provides care and support to younger and older adults, some of whom are living with a physical disability, a sensory impairment and/or dementia. At the time of our inspection there were 49 people using the service.

Town Thorns Care Centre accommodates people in a large, refurbished building which is divided into 4 separate units. Each unit has a variety of communal spaces such as lounge areas and dining areas. At the heart of the home there is a multi-functional space for everyone to use which includes a café, hairdressers, and a shop. There had been recent improvements to the outside space where people could now benefit from landscaped gardens and a walkway around the home.

People's experience of using this service and what we found

The home had been through a programme of change prior to our inspection visit. The registered manager and the head of care had spent a significant amount of time transferring care records onto an electronic system, managing an extensive refurbishment programme, and changing their model of care internally by re-structuring how they delivered nursing care more holistically. Because of this, some of the providers systems and processes had not been operated effectively to ensure records always supported the good practices within the home. Audits had not always identified gaps in risk monitoring charts.

Despite this, people and relatives told us the home had a good management structure and staff felt valued. There was an open culture of learning within the home. The registered manager had a service improvement plan which continually monitored the service. Where actions had been identified at this inspection, they were added to the improvement plan for completion in a timely way.

People told us they felt protected from the risk of abuse. Staff were trained in safeguarding adults and understood their responsibilities to identify and report any concerns. People told us they were supported by staff who treated them with kindness and compassion. There was a strong visible person-centred culture where staff were motivated to provide high quality care. Staff understood the importance of seeing people as individuals with their own preferences and personalities.

Staff received an induction when they started working at the home. The induction included working alongside experienced members of staff in order to learn people's individual care preferences. Staff had completed the provider's training programme and people told us staff were well trained.

Overall, there were enough staff to provide safe care and treatment. We saw, and people told us, staff responded to their needs in a timely way. The home was using a high number of temporary staff supplied through an agency whilst undergoing a recruitment campaign.

People were offered opportunities to engage in a wide range of activities. Activities were often held in the multifunctional communal lounge, in the centre of the home which gave people the opportunity to socialise with people who might reside in other areas of the home. People were offered regular trips outside the home, so they maintained a sense of belonging within the wider community of the local area.

People's needs were assessed before they moved into the home so their care could be planned based on their needs, wishes and choices. Staff understood people's communication needs and gave people information in a way they would understand. Care plans were focussed on the person's whole life and detailed important information about their needs, preferences and backgrounds, and were regularly reviewed.

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

People's health needs were met. Staff supported people to maintain their health through regular appointments or timely referrals with healthcare professionals. The GP visited the home twice a week, but staff told us they would not hesitate to refer any healthcare concerns to the GP outside their scheduled visits if this was necessary.

People and relatives were generally positive about the food provided. People were provided with a choice of meal options and drinks were always available. The chef catered for people's preferences and dietary needs.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 16 December 2017).

Why we inspected

The inspection was prompted in part due to concerns received about medicines management. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe section of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service remains good based on the findings of this inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Town Thorns Care Centre

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Three inspectors, a specialist nurse advisor and an Expert by Experience completed this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Town Thorns Care Centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Town Thorns Care Centre is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We sought feedback from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 11 people and 11 relatives about their experience of the care provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with 16 members of staff including the registered manager, the head of care, the auxiliary service manager, a nurse, 3 house leads, 5 care assistants, the housekeeping team leader, an activities co-ordinator, the head chef and an apprentice chef. We also spoke with 2 external healthcare professionals.

We reviewed a range of records. This included 5 people's care records in full and multiple medicine records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service were also reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt protected from the risk of abuse. Comments included, "You couldn't get anything better than this. Staff are great and I feel in safe hands."
- Staff were trained in safeguarding adults and understood their responsibility to identify and report any concerns. One member of staff told us, "Our main concern is the residents. If you think something isn't right, you have to deal with it. I have never had to raise concerns but if I thought for one minute something was wrong, I would report it straight away. We are their protector."
- The provider had systems in place to safeguard people from abuse and knew how to follow local safeguarding protocols when required.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing had been identified and assessed. Risk management plans informed staff how to support people safely and mitigate those identified risks. These included risk reduction plans for clinical issues such as how to manage people's skin integrity, wounds, eating and drinking, and safe catheter care.
- Staff knew people well and understood how to mitigate risks associated with people's care. For example, one staff member told us how they would know if there was a problem with a person's catheter and how they would respond. Another staff member told us how a person liked to be repositioned to prevent the risk of skin breakdown.
- We received positive feedback from healthcare professionals about how clinical risks were managed. One healthcare professional told us, "They do deal with clinical issues well. I believe they monitor concerns such as wounds well. For example, they will tell us before they have developed significantly. They are well on the ball with that I would say."
- Overall, records supported good risk management practices, however, we did identify some areas where records could be improved to ensure risks were being managed in line with people's care plans. We report further on this in the well-led section of this report.
- Environmental risks were managed well. The provider was in the process of sourcing a new fire risk assessment at the time of our inspection visit as there had been structural changes to the building.

Using medicines safely

- Medicines were managed safely. This included how they were ordered, stored, administered and disposed of.
- The medicines administration records (MARs) we reviewed were all signed with no gaps, which showed medicines were being given as prescribed.

- Some people were prescribed controlled medicines. These are medicines that are subject to high levels of regulation and require close management. These medicines were managed in line with best practice guidance.
- In addition to nursing staff, care staff had also been sufficiently trained to administer medicines. All staff had undergone competency assessments in addition to their formal training to ensure they could administer medicines safely.

Learning lessons when things go wrong

- Processes were in place for staff to report any accidents and incidents. These were reviewed and overseen by the registered manager to ensure all appropriate actions were taken at the time of the accident and incident. Action was taken to reduce the risk of the same thing happening again. For example, people were referred to Speech and Language Therapy if they had difficulty swallowing.

Staffing and recruitment

- Overall, there were enough staff to provide safe care and treatment. We saw, and people told us staff responded to their needs in a timely way. However, on one occasion, one unit was left without staff oversight in the communal area when a person needed support. Two staff members were on a break and the other two staff members were assisting a person in their bedroom. We discussed this with the registered manager who immediately addressed this with staff and re-affirmed their expectations around scheduling staff breaks to prevent this happening again.
- Staff told us there were generally enough staff to support people in accordance with their care plans, but acknowledged the challenges presented by the high use of staff supplied through an agency. One staff member commented, "We are struggling a little bit at the moment because we have a lot of agency (staff) but to be fair, 99.9% of the agency are very good and they do know what they are doing."
- Despite this, records showed staffing numbers were always maintained and a successful recruitment campaign meant new permanent staff were being appointed.
- Staff were recruited safely. Disclosure and Barring Service (DBS) checks for staff were in place along with appropriate references and proof of identity. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People could have visitors when they wished.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they moved into the home so their care could be planned based on their needs, wishes and choices.
- People were supported in line with best practice guidance and care plans were continuously reviewed to ensure they remained accurate.
- The provider considered people's protected characteristics under the Equality Act to make sure that if the person had any specific needs, these were met. For example, needs relating to their religion or culture.

Staff support: induction, training, skills and experience

- Staff received an induction when they started working at the home. The induction included working alongside experienced members of staff to learn people's individual care preferences.
- Staff had completed the provider's training programme. This included important topics such as safeguarding, first aid and manual handling. Staff also completed additional training such as catheter awareness and nutrition and hydration, to support people's clinical care.
- Staff told us the training gave them the confidence to carry out their roles and responsibilities effectively. One staff member commented, "I have to say, the training is very good. It is constantly coming through. We recently had dementia training which was excellent. It is all about letting people talk about the past. We must talk with them about it. They are who they are."
- People told us they were cared for by competent staff. One person told us, "Staff are really good. They must have good training because each one of them knows what they are doing."
- The provider had recently changed their approach to staff supervision. Staff now received a mixture of 'support and guidance' meetings, appraisals and team 'huddles' where they had opportunities to gain support or review their own performance. One staff member told us how the provider had supported them to gain a qualification through their support towards their professional development.

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

- People and relatives were generally positive about the food provided. One relative told us, "I tried the food last week and it was good. [Person] didn't used to eat much but eats more now. They (staff) make food that [person] likes." Another relative commented, "[Person] always eats the food and it always looks good, freshly cooked and lots of vegetables."
- People were provided with a choice of meal options and drinks were always available. The chef catered for people's preferences and dietary needs. One person told us how the chef had made them rabbit stew as this was one of their family's favourite meals.

- Where people had risks related to eating or drinking, staff supported them in line with their care plan. We observed 3 members of staff supporting 3 different people to eat. Each staff member sat with the person, followed the person's nutritional care plan, and assisted the person without rushing.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to maintain their health through regular appointments or timely referrals with healthcare professionals.
- The GP visited the home twice a week, but staff told us they would not hesitate to refer any healthcare concerns to the GP outside their scheduled visits if this was necessary. One person confirmed, "The doctors come to see me twice a week if any issues arise. I am anxious and worry about things, but I have found they have dealt with things really well and I feel very reassured."
- Staff worked with other healthcare professionals to improve health outcomes for people. One healthcare professional told us, "I do think they have a handle on people's clinical needs, and we generally have the information needed. I would say they are proactive generally, and I have no concerns about their care or following our advice."
- People's oral healthcare needs had been assessed and plans were in place to address these.
- The provider followed a 'red bag policy'. This meant in the event a person had to be admitted to hospital, documents which informed other health professionals about the person's current care plan and any immediate risks to their health and wellbeing were sent with them.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff worked within the principles of the Act by seeking consent prior to supporting people. One person told us, "Staff let me take control. I make the decisions. It is all about respect."
- Where people had capacity to make their own decisions, this was respected. One staff member explained how they ensured people had time and all the information they required, to support their decision making. They commented, "It is about a person making a choice, even if someone else thinks it is a bad choice. As long as they have had all the information then the decision they are making is an informed decision."
- Where people lacked capacity to make decisions, staff supported them in their best interests. However, records did not always support this practice. We have further reported on this in the well-led section of this report.

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

- The home had recently been through a substantial refurbishment to ensure it met people's needs. Wide communal corridors enabled people who had limited mobility to move around freely and independently around the home. Bedrooms had enough space to manoeuvre equipment, and many had ceiling hoists to support the transferring of people safely.
- Communal areas were laid out in a way that encouraged social interactions or provided quiet areas for people to relax or see their visitors.
- There were spacious and accessible gardens with plenty of seating where people could enjoy the benefits of being outside.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were supported by staff who treated them with kindness and compassion. Comments included, "Every single staff member is very nice and very friendly", "The staff are lovely. Very attentive to what I need. You never feel you are too much trouble" and, "The staff are very kind and that is the most important thing. The care is superb."
- We observed a strong visible person-centred culture where staff were motivated to provide high quality care. One person explained how staff made them feel valued and told us, "Every single member of staff knows you and says hello to you by name. It is so nice everyone acknowledges you. They are all nice and that makes me feel a lot better as well. I don't feel like I am a nobody in a job they are doing, I feel like I am part of their family."
- Relatives told us the care provided by staff gave them peace of mind. Comments included, "I wouldn't improve anything. The whole of the atmosphere is the best thing and how they care for the residents. If I couldn't go in for a week I would feel totally relaxed" and, "I find the staff super. No complaints whatsoever. It has improved since [person] first went there. It is magical now."
- Throughout our inspection we observed many thoughtful interactions between staff and people. When people became upset, staff would comfort them and there was a lot of laughter heard throughout the home. One person commented, "We always laugh and joke. We are always treated with respect. It is just like being at home."
- There was an inclusive culture where the provider understood people as individuals and promoted equality and diversity within their working practices.

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

- People felt involved in how their care was delivered. People's views and preferences were listened to and recorded in their care plans.
- Staff recognised when people needed support to make important decisions. Family members were involved where appropriate and there was information about advocacy services within the home.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's dignity by understanding how they wanted to be supported with personal care. One person told us how staff took time to support them with personal care because they knew how important it was to them. The explained how the assistance they received, "Makes me feel better about the day."
- People were supported to maintain and regain their independence where possible. One person explained

how this had a positive impact on their well-being and commented, "Just encouraging me to help myself has made me feel better, and makes me feel I can go forward a bit more rather than just deteriorate."

- Relatives also confirmed that staff promoted and respected people's privacy and independence and balanced this with their safety. One relative told us, "They try to keep [person] independent and just assist when needed. [Person] wanted to sit outside and they just regularly checked on them."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person centred care. Staff understood the importance of seeing people as individuals with their own preferences and personalities. One staff member explained, "I think it is about knowing the person and their personality. It is not one size fits all, it is about knowing people's personality."
- People, and where appropriate, their relatives were involved in care planning. Care plans were focussed on the person's whole life and detailed important information about their needs, preferences and backgrounds.
- Staff were responsive to changes in people's emotional well-being. One person told us, "If I am not feeling 100%, they will notice and take time to sit with me and just talk."
- A new model of care had been introduced which aimed to ensure people benefitted from a home for life. The registered manager explained, "We see people holistically and not just for example, their nursing needs. We have taken away the nursing unit as it was quite an old model of care. Should people's needs change, and they require nursing care, this can now be delivered to them where they are. There would be no need to move them to a nursing wing away from the staff they know and other residents they have made friendships with at such a vulnerable time in their life."

Supporting people to develop and maintain relationships to avoid social isolation; Support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were offered opportunities to engage in a wide range of activities. This included bingo, exercise sessions and virtual tours around famous landmarks. Activities were often held in the multifunctional communal lounge, in the centre of the home which gave people the opportunity to socialise with people who might reside in other areas of the home.
- People were encouraged to follow interests and hobbies. For example, raised flowerbeds and new planting areas supported people with an interest in gardening to continue enjoying this activity.
- The activities team recorded people's engagement in activities to ensure every person had at least three sessions of meaningful engagement every week. This also helped them to plan future activities around things people enjoyed.
- People were offered regular trips outside the home, so they maintained a sense of belonging within the wider community of the local area.
- A quiet area for worship ensured people's spiritual needs were met.
- Family and friends were welcomed into the home with a café area being a welcoming place they could chat and spend time together.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were identified and recorded in their care plans.
- Staff understood people's communication needs and gave people information in a way they would understand. For example, one staff member described the different types of biscuit on a plate to a person with impaired sight to enable them to make an informed choice of what biscuit they wanted. One relative told us, "[Person] is blind and they cater for their needs very well."
- Assistive technology was promoted. One person was unable to use a call bell but was able to call for assistance through a voice operated electronic device.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy which was available in the entrance to the home. The registered manager had not received any formal complaints in the 12 months prior to our inspection visit.

End of life care and support

- The provider was working towards an accredited scheme to provide high standards of care to people as they approached the end of their life. Records contained people's end of life wishes.
- Staff understood the importance of ensuring people lived their final days peacefully and pain free.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created supported the delivery of high-quality, person-centred care, but the systems and processes to support good governance needed to be improved.

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

- The home had been through a programme of change prior to our inspection visit. The registered manager and the head of care had spent a significant amount of time transferring care records onto an electronic system, managing an extensive refurbishment programme, and changing their model of care internally by re-structuring how they delivered nursing care more holistically.
- Because of this, some of the providers systems and processes had not been operated effectively to ensure records always supported the good practices within the home.
- Although we found no evidence people had been harmed, audits had not always identified gaps in risk monitoring charts. For example, where people were at risk of developing sore skin and required staff support to relieve pressure, monitoring forms did not show staff had repositioned people as outlined in their care plan. Where people were at risk of dehydration, monitoring charts did not always show people were regularly offered drinks.
- We discussed this with the registered manager who acknowledged oversight of these monitoring forms had not been completed in line with their ordinary expectations and took immediate action to complete these checks following our inspection.
- Some people had their medicines administered covertly. This is where medicines are administered in a disguised format. Although we were confident these medicines were being given in people's best interests, records did not always support this practice as mental capacity assessments had not always been completed to support these decisions. We discussed this with the registered manager and by the second day of our inspection, a unit manager had started to complete decision specific formal mental capacity assessments. They had also arranged additional mental capacity training to increase staff knowledge.
- The home was using a high number of temporary staff supplied through an agency. Improvements were needed to ensure systems and processes checked these staff had undergone sufficient training and recruitment checks as we identified some incomplete and missing agency profile forms. The agency sent up to date profiles during our visit.
- Although accidents and incidents were recorded and immediate actions were taken to keep people safe, it was not always clear if patterns and trends had been explored across a wider timeframe to improve outcomes for people. The registered manager implemented this following our inspection.
- The provider is required to submit notifications to CQC about significant events that occur in the home. Overall, these had been submitted but we found one type of significant incident that had not been reported to us in a timely way due to an internal system failure. The registered manager sent these immediately to us

after our inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives told us the home had a good management structure and spoke positively about the individual 'unit leads.' Comments included, "[Unit lead] will do anything for you. They will sit and listen and has time for us. It is good to be listened to" and, "I know the overall manager, but they also have staff that look after each unit. They are always proactive with dealing with their communication and keeping us up to date."
- People and relatives told us the registered manager was approachable and they would feel comfortable to raise any concerns in faith these would be dealt with professionally. One relative told us, "I know the registered manager and if I have any worries, I speak to her. She is very approachable and listens to what I have to say. They usually email me with any updates."
- Staff also provided positive feedback about the unit leads and registered manager. One staff member told us, "[Unit lead] really knows the staff well. They are the best manager I have worked with because they care about us as staff as well as the residents. They lead by example."
- The providers values were embedded in the home and staff felt valued. One staff member told us, "I love working for [name of provider]. I think the standards of care are very good which is why I have stayed here."
- The provider offered various initiatives to motivate staff which included earning 'perk points' which could be exchanged for a coffee or food in high street shops. One staff member told us how they had recently won the providers 'Star of The Month' award and how they felt proud to wear the badge. Another staff member told us how they had been nominated by the provider for a national 'front line leaders award'.
- Staff told us the provider and the registered manager encouraged a culture of development within the staff team. One staff member told us they felt confident to take on new responsibilities because, "Managers are approachable and that is why I felt comfortable taking the role so soon."
- Managers were available when staff needed advice and support. One staff member explained, "If I have messaged [name of registered manager] at the weekend she always responds, you can always get hold of somebody."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The management team and the staff team knew people and their relatives well. As a result, they developed relationships with people and helped them achieve good outcomes.
- The provider sought feedback from relatives through regular questionnaires. We saw comments within the questionnaires were mostly very positive with one relative commenting, "I feel the care at Town Thorns is excellent, I could not ask for more. The carers do an excellent job, and nothing is too much trouble."

Continuous learning and improving care

- The registered manager had a service improvement plan which continually monitored the service. Where actions had been identified at this inspection, they were added to the improvement plan for completion in a timely way.
- Both the registered manager and the head of care demonstrated a passion for delivering person centred care and there was a clear commitment to getting things right. Feedback from our inspection was received positively.
- Staff told us communication was good and any changes in staff practice or policy were promptly shared at the daily 'stand up' meetings.

Working in partnership with others

- People's care plans clearly stated advice from other professionals. Staff were aware of this information and knew how they should support people in line with it.
- The service was building links within the local community and every month invited people to a community café. A staff member explained they sent the service bus for anybody who did not have their own transport.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibility to be open and honest when things went wrong, to apologise when necessary and keep people and their relatives informed of actions taken following any incidents.