

Thistle Lodge Specialist Care Limited

Thistle Lodge Robins Wood Road

Inspection report

20 Robins Wood Road
Nottingham
NG8 3LD

Tel: 01156487586

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15 November 2023

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Thistle Lodge is a specialist residential care home providing personal and nursing care to up to 7 people. The service provides support to people with a learning disability, autistic people, and people with mental health support needs. People using the service had their own self-contained apartment, with specially adapted facilities that met their individual needs, within one building. At the time of our inspection there were 6 people using the service.

People's experience of the service and what we found:

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessment and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

Whilst people had many restrictions in place to keep them safe from harm these were lawful and in line with their assessed need. 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. Staff delivered care and support in line with people's needs and strengths. People received their medicines safely. Lessons had been learnt following incidents which decreased the risk of recurrence.

Right Care

Staff understood their responsibility to protect people from poor care, neglect and abuse. Staff completed safeguarding training and reported incidents to the registered manager. Individual risks were accurately assessed, and risk reduction measures were in place. People received kind and caring support tailored to their individual needs.

Right Culture

Staff supported people to set realistic goals in order to live a more fulfilled life. People were supported by staff who completed specialist training to support people with complex needs. Effective quality monitoring systems were in place to ensure the quality-of-care people received improved. The culture was open and honest. The registered manager displayed a passionate attitude who worked with and acted on feedback from partners.

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 requires improvement (published 15 March 2023).

Why we inspected

The inspection was prompted due to concerns received about the management and reporting of incidents. A decision was made for us to inspect and examine those risks. We found the provider had taken appropriate action to address the concerns.

We undertook a focused inspection to review the key questions of safe and well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Thistle Lodge Robins Wood Road on our website at www.cqc.org.uk.

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.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

Thistle Lodge Robins Wood Road

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.

Inspection team

The inspection team consisted of 2 inspectors and an Expert by Experience. 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

Thistle Lodge 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. Thistle Lodge 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

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and integrated care board who commissioned care with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We visited the service on 15 November 2023. We spoke with 9 staff members including the registered manager, operations manager, an assistant psychologist, registered nurse, support workers and cook. Staff created inspector profiles in a format they could understand to provide all people living at the service the opportunity to speak with us. Only 1 person wanted to speak with us. We spoke with 5 relatives of their experience of the care provided. We spoke with 2 specialist care consultants who worked with the service. We reviewed a range of records. This included 3 people's care records and their medicine records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including incident management, improvement plans, and maintenance records were 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 Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- Prior to our inspection we received concerns relating to a delay in the reporting of some safeguarding concerns to the local authority safeguarding team. As a result, the provider had immediately reviewed their safeguarding systems and sought specialist advice and support to strengthen staffs safeguarding knowledge. We found all other safeguarding concerns to be reported in a timely manner. This meant people were protected from the risk of abuse.
- Staff received training in safeguarding and demonstrated knowledge in how to protect people from the risk of abuse and neglect. For example, staff discussed what they would report and who they would report concerns to both internally and externally.
- Relatives we spoke with told us people were safe and well cared for. For example, a relative we spoke with told us, "My [relative] is 100% safe, it is the right environment for them, [name] is more relaxed and less anxious."
- Safeguarding information was displayed in the home for people, staff and their relatives which detailed the safeguarding process in a format they could understand.

Using medicines safely

- Medicines were managed safely.
- Following recent medicine administration error's, the provider sought specialist support to undertake a full in-depth medicines audit and an action plan was created to ensure errors were learnt from and not repeated. A new process was implemented to ensure people received their medicines safely.
- Staff received training in medicines and had their competency assessed. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured people's medicines were administered in line with these principles. For example, records we reviewed demonstrated the use of medicines used 'as needed' for when people experienced distress or anxiety was used as a last resort and often at their request.
- People had medicine care plans in place. These reflected any support needs; what medicines were prescribed for and how they liked to take them.

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- Risk assessments relating to restrictions imposed on people's lives were particularly detailed. Specialist advice had been sought to ensure staff had the correct information to support people safely.
- People's individual risks were fully assessed. For example, we observed a person becoming distressed, this

was associated with a health condition they lived with, staff acted immediately to support and reassure the person. Care plans we reviewed detailed how staff should support the person in order to minimise and manage any distressing incidents.

- Risks relating to the environment were managed well. People's environments had been designed and adapted in line with their specific needs. Risk reduction measures were implemented, and the environment monitored. This meant people were protected from risk associated with their environment.

Staffing and recruitment

- People were supported by enough suitably trained staff to safely meet their needs. This included staff to provide one-to-one support to people when needed.
- People were supported by kind staff who knew them well. For example, a relative we spoke with told us, "There is a core team of staff who know my [relative] well."
- Since our last inspection the provider reviewed their recruitment process to ensure staff were recruited safely. All staff received safety checks prior to employment including a Disclosure and Barring Service check (DBS). 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 were able to receive visitors without restrictions in line with best practice guidance.

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- Since our last inspection the provider had introduced more frequent monitoring of incidents to ensure lessons were learnt. The registered manager ensured all incidents and accidents were investigated and analysed to identify themes and causes.
- Following an increase in incidents the provider sought specialist independent advice to ensure all incidents were managed appropriately. Findings were shared with staff and a service improvement plan created to ensure lessons were learnt.
- All incidents were reviewed by the registered manager in a timely manner. This meant action was taken without delay, and people were protected from avoidable harm.

Is consent to care and treatment always sought in line with legislation 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS). The provider was working in line with the Mental Capacity Act.

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 Requires Improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive and open culture at the service. The provider had systems to provide person-centred care that achieved good outcomes for people.
- Staff supported people to achieve good outcomes through person centred care planning. Since our last inspection care plans now documented achievable individual goals in order for people to live fulfilled lives.
- The management team were visible in the service, approachable and took an interest in what people and staff had to say. People and their relatives knew the registered manager by their first name, a relative said, "There is a member of management team that has been there from opening, they are a lovely person, and the manager of the home, I find them approachable."
- Staff felt well supported by the registered manager and provider and said they felt able to raise concerns with them. Staff told us, "The manager we have now is fantastic, the changes have been really good, and we've got a really good core team who want the best for people."

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 provider understood their responsibilities under the duty of candour.
- Relatives told us, the registered manager was open and honest and informed them when things went wrong. For example, a relative we spoke with told us, "I am kept informed, if anything happens, they fix things straight away."
- Records we reviewed evidenced incidents and outcomes had been communicated to people and their relatives.

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

- The registered manager was motivated and determined to achieve the best possible outcomes for people. The registered manager had support from the provider and specialist care consultants. This meant they had the time and resources to develop the service.
- Staff reflected on the positive changes to the home since our last inspection. For example, staff told us, "The changes recently have been very good, we all have different strengths and areas of expertise which are being used now."
- The provider had utilised their systems and processes in place to improve the quality of care provided. Audits in areas such as health and safety, infection control and dignity were completed. Action was taken

following audits to improve the quality and safety of care.

- Since our last inspection internal and external quality audits had been undertaken in order to improve the quality of care and drive service improvement.

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

- People, relatives, and staff were involved in shaping and developing the service. Feedback was obtained in varying formats to ensure every voice had an opportunity to be heard.
- People and their relatives were supported to provide feedback in a way they could understand. For example, social stories were created with an autistic person to help them develop a greater understanding about the service. A social story is a tool created in order to communicate specific information. A relative we spoke with told us, "We have meetings every 8 weeks, I make my views clear."
- The provider ensured feedback was sought from staff. Staff were encouraged to share their views in staff meetings and regular supervision sessions. Staff told us, "I have supervisions with different members of the management team, and I can always feedback anything I want." Staff meetings were held monthly with clear actions and outcomes documented.
- Staff received training in equality and diversity. Policies in place had been reviewed to include all protected characteristics.

Continuous learning and improving care; Working in partnership with others

- The provider worked in partnership with the local authority, integrated care board and specialist care consultants to improve the quality of care.
- Staff worked with other health and social care professionals to improve people's quality of life. For example, staff worked closely with specialist mental healthcare professionals to manage and reduce symptoms associated with mental health conditions. Care plans evidenced specialist referrals were made in a timely manner.
- Communication has improved since our last inspection. Records we reviewed evidenced staff communicated and worked well with others to ensure people received the right support. A relative we spoke with said, "I have spoken with the manager several times about [name], if they are ever unavailable to chat to, they always get back to me,"
- Lessons were learnt, and action taken to prevent incidents reoccurring. For example, incidents and symptom management were discussed weekly at the multi-disciplinary team meeting to identify different approaches to improve the quality of care.