

Thorpe House Specialist Adult Mental Health Unit Limited

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Inspection report

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Ratings

Overall rating for this service	Good 
Is the service safe?	Requires Improvement 
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

About the service: Thorpe House Specialist Adult Mental Health Unit Limited is a specialist mental health service which is registered to provide care to 21 people. They offered both long term and short-term placements with emphasis on promoting independence and rehabilitation. There were 21 people living there at the time of the inspection.

People's experience of using this service:

People told us they felt safe at the service. Staff, relatives and professionals confirmed in their opinion people were safe.

Some risk assessments lacked the detail required to guide staff to manage the risk of harm. We have made a recommendation to seek further guidance around this.

Maintenance checks on the environment were robust and the service had an onsite maintenance person to coordinate any response required.

Systems were in place to record accidents and incidents. The management team had identified by recording near misses, and a more detailed analysis of incidents, they would have a better insight to prevent future incidents.

People were supported by staff who received appropriate training and support to carry out their roles and responsibilities. Staff felt supported by the management team.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were able to make choices and were involved in decisions about their care.

We saw people leaving the home independently and accessing the community throughout the inspection.

Staff were quick to identify changes in people's needs and worked closely with other health professionals, so people's health and well-being was maintained. A nutritionist had been employed to maximise people's wellbeing through good nutrition. A "hydrations station" had recently been introduced to increase people's fluid intake and had already had a positive impact

Staff were kind and caring, treating people with respect and maintaining their dignity. People's care and support had been planned in partnership with them, and regularly reviewed to ensure they achieved their goals. People were supported to retain independence skills and learn new skills and the service employed occupational therapists to lead on this aspect of the service.

There was a complaints procedure available which enabled people to raise any concerns or complaints about the care or support they received. The service had received many compliments from relatives and professionals about the quality of the care provided at the service.

The service worked in partnership with other organisations and healthcare professionals to improve people's outcomes.

The acting manager provided staff with leadership and was described as being very approachable. A range of audits and checks were undertaken to help monitor the quality of the service and new measures were due to be implemented. The management team were dedicated to ensuring they provided a high-quality service which put people at the forefront of any changes.

Rating at last inspection: Good (report published 11 November 2016)

Why we inspected: This was a planned inspection based on their previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service remained Good.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service changed to Good.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service remained Good.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service remained Good.

Details are in our Well-Led findings below.

Good ●

Thorpe House Specialist Adult Mental Health Unit Limited

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one adult social care inspector, an assistant inspector and a mental health inspector on the first day. One adult social care inspector and a specialist professional advisor carried out the second day of inspection.

Service and service type:

Thorpe House Specialist Mental Health Unit is a 'care home' with nursing. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. However, the manager was not at the service at the time of the inspection and was due to relinquish the role. There was an acting manager in post.

Notice of inspection:

The first day of inspection was unannounced. The second day was announced.

What we did:

Prior to our inspection we reviewed all the information we held about the service. This included information from notifications received from the registered provider, feedback from the local authority safeguarding team and commissioners. We reviewed all the information we had been provided with from third parties to fully inform our approach to inspecting this service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information was used to help inform our inspection.

During the inspection we spoke with the acting manager, the business development manager, the deputy manager, a registered nurse, a support worker, two occupational therapists, the chef, and the nutritionist. We also spoke with a visiting professional and a pharmacist over the telephone. We spoke with six people living at the service.

We reviewed five care plans and associated records. We reviewed all the quality assurance records and checks on the building to ensure it was safe.

Following the inspection, we made contact with two professionals who regularly visited the service.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe. Risk assessments lacked the necessary detail to reduce the risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- Staff had been trained in safeguarding adults. Staff were aware of the different types of abuse people could be subject to and knew the action they needed to take if they suspected someone was at risk of abuse.
- Safeguarding training was provided annually for staff and the acting manager showed us their new supervision format where safeguarding would be discussed at every supervision. They said, "We have added it as a point for every staff meeting to discuss."
- People were supported to understand how to keep safe and to raise any concerns with staff. People told us they were safe. We received the following comments, "I feel safe and looked after." "I feel safe, not frightened."
- We observed a speedy response to emergency response alarms when activated, which protected people and staff from the risk of harm.

Assessing risk, safety monitoring and management

- We found not all the risk assessments in place were sufficiently detailed and we discussed this with the acting manager.
- We recommend the provider seeks best practice guidance in this area.
- The provider used a table of possible aggressions which was a helpful guide for staff to follow to identify triggers.
 - Some risks were managed positively to benefit people and help them gain independence. One example was supporting a person to be able to make a hot drink. Assistive equipment and thorough assessment had made this a safe activity.
 - We had some concerns in relation to access out of the grounds for people subject to a Deprivation of Liberty Safeguards (DoLS) authorisation. This authorisation gave the provider the legal authority to deprive people of their liberty to receive care and treatment. The provider did not want to restrict access for other people and although observations were in place, it was possible for people to leave. From our discussions with the provider, they had already identified assistive technology could keep people safe without overly restricting them and were considering seeking further advice on this. We reinforced the requirement for robust recorded risk assessments to demonstrate the measures they were taking to reduce the risk of harm.

Staffing and recruitment

- There were enough staff on shift to keep people safe and meet their needs. Staffing levels were kept under review and increased when required. The service used agency staff when required but always tried to use the same agency and staff members to provide consistency. Checks were undertaken on agency staff training and, where required, agency staff completed the providers online training and had their

competency checked.

- All the staff we spoke with told us there were enough staff. People using the service were equally positive telling us there were staff available when needed.
- Staff were recruited safely with all required checks completed before they started in post.

Using medicines safely

- Medicines were obtained, stored, administered and disposed of safely by staff. The provider had policies in place regarding the safe management of medicines. This policy referenced up to date nationally recognised guidance.
- The provider was in the process of creating a clinic room to improve the storage and dispensing of medicines. They had sought advice and guidance from professionals to ensure this met all requirements such as infection control.
- We spoke with the supplying pharmacist during our inspection. They said, "They are particular about making sure medicines are in stock and they don't run out. Very thorough in terms of medicines."
- We found some minor issues with the location of PRN protocols, and some body map records. This was rectified immediately.

Preventing and controlling infection

- Following an infection control audit the acting manager had followed the advice given and made improvements to the infection control procedures within the service. They had recruited an infection control champion who was responsible for raising awareness and monitoring in this area. There was evidence to confirm the effectiveness of their role in ensuring staff followed best practice such as ensuring staff had their hair tied back.
- Staff had access to personal protective equipment such as gloves and aprons to help prevent and control the spread of infection. Staff told us they had all the equipment they needed and additional dispensers had been purchased to store equipment on corridors.
- There was a strict protocol for staff entering the kitchen and all staff and visitors were required to wear aprons and hair nets.

Learning lessons when things go wrong

- Accidents and incidents were recorded by staff. However, this information often lacked the detail to enable in depth analysis. The provider had recognised this and the importance of recording "near misses" to prevent accidents occurring in the future.

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

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

- Staff offered people choices and involved them in decision making; asking for consent before delivering any care or support. Consent was recorded in the care plans we reviewed.
- We saw people leaving the home independently and accessing the community throughout the inspection.
- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible".
- 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 Safeguards (DoLS). Six DoLS had been authorised at the time of the inspection.
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met and found they were.

Staff support: induction, training, skills and experience

- The provider had a comprehensive induction to support staff into their roles. The length of time staff shadowed more experienced staff had been extended to ensure they had the necessary skills and competencies.
- Staff without qualifications in care undertook the Care Certificate to ensure they met the minimum standards of induction.
- Staff told us they were happy with the training they completed. This covered a range of areas to ensure they had the right skills, knowledge and experience to deliver effective care. Additional training was sought when required to support people at the service.
- Supervision was provided regularly, and we saw records which showed this was a reflective two-way process. Where staff required professional supervision, this was sought externally, and some staff had mentors to support their development.

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

- People told us the food was good. One person said, "The food is beautiful, and the portions are good." Another said it was a "Good, healthy diet."
- Staff used standardised assessments to assess the risk of malnutrition. People were weighed at regular

intervals and advice sought from professionals if an issue was identified.

- The provider had recently introduced a Nutritionist post to improve people's wellbeing through their nutritional intake. The acting manager told us they had devised a new nutritional assessment tool which helped to make the care plan more specific and personalised.
- The infection control champion had suggested a hydration station in the dining room, following on from recent training, and this had already proved to be a success. The acting manager had seen an improvement for one person who would previously decline to drink but now helped themselves throughout the day.

Staff working with other agencies to provide consistent, effective, timely care

- People were receiving support from a variety of other agencies to support their physical and mental wellbeing. There was evidence in care plans of the involvement of psychiatrists, psychologists, pharmacists, community mental health teams, care coordinators, social workers and other professionals.
- All the feedback we received from professionals was positive and evidenced an effective service.
- Staff captured all positive feedback from professionals.

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

- The accommodation was provided in a listed building which limited alterations to the structure of the building. There was a through floor lift and a stair lift to access between the ground and first floor. Bedrooms were of a varying size with some quite large and some small, which posed an issue when a person required the use of large assistive equipment. The acting manager told us, although they were primarily a mental health facility, if people developed dementia or physical disabilities, they would endeavour to continue supporting the person. They had recruited a registered general nurse who would act as care coordinator for those people whose physical needs required this.
- We did note some furnishing and carpets were not dementia friendly. Some carpets were highly patterned, and we did discuss this with the OT to consider in their refurbishment plans.

Supporting people to live healthier lives, access healthcare services and support

- The acting manager told us they were encouraging healthier lifestyle through altering people's diet. They said, "We have added a third option to the menu, a healthy choice. This varies day to day to give that extra bit of choice."
- People were supported to take part in outdoor activities where possible. The acting manager said, "We encourage people to get out walking. We have a gardening group. We have chair-based exercise for people who can't get out and about. We do health promotion sessions. We support people to cook healthy options. We are planning to put a fruit basket in the staff room to try and encourage healthy eating with the staff. The staff eat separately. We want to introduce the staff to eat with service users again. It is a good opportunity for the staff to act as a role model."
- The provider had sought a personal trainer to work with one person who had shown an interest in becoming healthier and fitter and this person was eagerly waiting for their cycling session to start during our inspection.
- People received an annual check with their GP to check their physical health. The service was about to implement a well man and well woman clinic to help monitor physical health.
- Care plans showed people were supported to access healthcare services. Support was provided in line with the person's expressed wish and staff would attend appointments or provide the transport and escort depending on requirements.

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

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

- Staff were kind and caring and talked respectfully with people throughout our inspection. One person said, "Staff are courteous."
- People we spoke with told us how caring the staff were. We received comments such as, "It's a wonderful home to be in, and wonderful staff to be supported", "Very kind staff."
- One professional we spoke with said the service was, "Mindful of people as individuals, they let the patients speak for themselves."
- Care and support was delivered in a non-discriminatory way and the rights of people were respected. There was a space on their self-assessment where people could choose their gender preference and the noun used to refer to them. They said, "We have offered a LGBT forum to staff and service users but there has been no uptake to that. We have also put LGBT on our staff agenda."
- There was a section in each care plan for staff to detail people's cultural, spiritual and religious needs.

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

- People receiving support completed a self-assessment in relation to aspects of their care which evidenced people's views were sought about their care. These included sections for concerns and issues about the person's mental, physical health, how they wanted to be supported, their finances, community living and the future.
- People were supported by a key worker. The acting manager said, "It means someone is coordinating the care, reviewing and evaluating the care plan and is a person they can go to."
- People were offered the opportunity to discuss their care with staff on a regular basis. The acting manager said, "We offer one to one every two weeks. The residents know the staff well enough, so they go to whichever staff they want. Sometimes they will go to the support worker rather than the nurse."

Respecting and promoting people's privacy, dignity and independence

- Two members of staff acted as dignity champions. The acting manager said, "We are having a dignity forum starting in May. This forum (involving both staff and service users) will come up with a dignity code or charter to give the service users more ownership."
- Where bedrooms were shared, people told us a dignity curtain was used to provide them with privacy.
- Some people were involved in setting goals towards independence. There were four separate self-contained flats in the enclosed courtyard which were used to support people to gain independence.
- Two Occupational therapists were employed to look holistically at people's occupation. They said, "The focus of work is on maintaining independence and skills and hopefully increase their skills. Getting them to engage in activity." They could demonstrate the positive outcomes of their involvement and its impact on

people at the service.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care records contained all key information including a person's preferences and interests. Some information was extremely detailed, of good quality and provided clear guidance for staff. However, some records contained historical and not relevant information which meant the plans were overly complicated to follow. Staff knew people very well and it was clear this was not having an impact. An electronic system had been purchased and all records would be updated onto the system ensuring person centred recording. "When we chose the system, there were others, but this was more about person centred care."
- The service continued to involve people, and relevant others, in the assessment and care planning process. People told us they felt involved and consulted regarding their care needs.
- We observed people freely moving around both in and outdoors during our inspection. People told us they could access all the areas in the home and garden and could also leave independently if they wished. One person said, "I can go out of the front door or the back door I don't feel trapped." Another said, "Staff take us to the fun fair, or I can go with friends."
- People could choose how they spent their day and there was a range of organised activities.
- People were involved in how organised activities were added to the four-weekly planner. This was discussed at a monthly meeting and showed people's involvement in choosing activities.
- Two full time Occupational therapists employed by the service ran specific course such as mindfulness and coping skills. They had achieved positive outcome for people around activities of daily living both through group and individual sessions in the home's therapy kitchen.
- There were a range of group activities on offer such as a gardening group.
- Staff supported people to attend community sessions aimed at promoting positive mental health,

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure in place. There had been one complaint which the acting manager discussed with us and we could see they had responded appropriately to this. They had ensured learning from this was shared amongst staff.
- There were several compliments from people living at the home and their relatives which commended the level of care provided. The home had sought feedback from professionals who were equally positive. The friendliness of staff, good communication and professionalism were key attributes.

End of life care and support

- At the time of our inspection, the service was not providing care and support for anyone at the end of their life.
- They had recently supported a person at this stage in their life and had processes in place. This had included an advanced care plan, working with the GP to ensure anticipatory medicines and one to one care

at the later stages.

- Two members of staff were leading in this area and were completing additional training to champion this role.
- Feedback from Macmillan nurse specialist recorded the provider had been proactive in arranging training for staff to gain knowledge and skills around end of life care, advance care planning, syringe pump education and awareness sessions.

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

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

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

- The registered manager had not been managing the service for several months at the time of the inspection and they intended to de-register. There was an acting manager in post who had started the process of registering with CQC.
- The acting manager had many ideas in place to improve the service going forwards. They had attended sessions on how to become an outstanding service and could show us how they were putting in place their learning, such as making supervision more reflective, testing knowledge after training, and measures to keep staff motivated.
- The service was in the process of introducing their own key performance indicators to benchmark their service and show improvements. They said, "We want to partner with other organisations who have a similar set up with us to measure performance."
- Staff completed a range of audits at the service although there was no specific audit against CQC key lines of enquiry. A detailed medication audit had been introduced following medication errors, which had resulted in improvements, although some minor issues we found at inspection had not been included on this audit.
- Care plans were reviewed by staff each month and a small number of these were audited each month by management. However, the audit had not identified the issue with out of date information. The provider was imminently moving to a new system, so all records would be updated onto the new electronic record.
- Environmental audits and checks were thorough to ensure the service met its regulatory requirements in terms of safety.

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

- The acting manager was extremely open and was clear about the quality of the service currently provided and how they wanted to develop it. Where staff had not met the required standards, management had been quick to respond and put in measures to improve the quality of care. They were open about issues that had arisen and what measures had been put in place to ensure improvements.
- The ratings from their previous inspection were clearly displayed in line with their legal responsibility and duty of candour.

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

- Staff overwhelmingly told us how much they enjoyed working for the service and how supported they felt

by management. We saw there was a genuine atmosphere of support between staff.

- There was an equality policy in place which was communicated to staff and people using the service. The acting manager was seeking ways to support people with protected characteristics such as setting up a LGBT forum and discussions at meetings.
- Staff had access to regular meetings where all elements of care provision were discussed.
- Monthly meetings with people using the service, showed their involvement through discussions about the service. Topics including feedback from nutrition and hydration week, the Turkish menu, the drink station and activities had been discussed.

Continuous learning and improving care

- A detailed continuous improvement plan was in place which commenced in October 2018. This outlined actions to be completed each month for a period of 12 months and evidenced where actions had been signed off.
- The acting manager was fully using available resources such as the local registered manager network, the local authority best practice events, the registered nurse networks and other associations for advice and guidance.
- The provider had purchased an electronic recording system with the goal of working towards a paperless system. They said, "The whole point is to free up time to provide more care. It will save staff from doing reams and reams of writing."

Working in partnership with others

- The service worked in partnership with commissioners, and professionals and we received positive feedback about the service.