

National Schizophrenia Fellowship Shipleigh Lodge

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 

Overall summary

Shipleigh Lodge provides accommodation and support to people with mental health needs. They are registered for 16 people and 14 people were using the service at the time of the inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they were satisfied with the care and support provided. They had key workers who they worked closely with on their recovery programme and they were treated with kindness and respect. They felt safe using the service and confident to raise concerns or issues if they had any. They also felt confident that staff would treat their concerns appropriately.

Staff understood the needs of the people using the service and were positive about their role and the organisation. Recruitment procedures were robust and appropriate checks were carried out before people started work. Staff received an induction and on going

Summary of findings

training to ensure they had the knowledge and skills to support people in their care. Staff also received regular supervision and appraisals to ensure their practice was monitored. Managers were taking steps to recruit more staff to ensure they had enough skilled workers to meet the needs of people who used the service. Staff felt supported by managers.

People had their needs assessed and plans were in place to meet those assessed needs. People had their preferences and wishes taken into consideration and these were recorded in their plans. Risks were identified and recorded, plans were created to minimise the risk. People were supported to be as independent as possible; they were supported to access health care appointments as well as access community activities. People were

offered choices of meals and drinks as well as the opportunity to prepare meals and drinks independently if they wished. People's medicines were managed and administered safely following robust risk assessments to promote independence where possible.

People's consent had been appropriately obtained and recorded. Both staff and the registered manager understood the principles of the Mental Capacity Act and how they might apply to the people who used the service.

There were effective systems in place to assess and monitor the quality of the service. The views and opinions of people who used the service were obtained and used to inform future improvements within the service.

Summary of findings

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 safe.

There were systems in place to appropriately respond to allegations of abuse. Risks were identified, assessed and appropriate plans were in place to minimise identified risk.

Robust recruitment systems were in place to ensure only people suitable to work in the service were employed.

Good



Is the service effective?

The service was effective.

People's consent had been appropriately obtained and recorded. Staff had the skills and experience they needed to meet the needs of those in their care. People's health was monitored and where concerns were raised these were responded to. People received sufficient food and drink to meet their nutritional needs.

Good



Is the service caring?

The service was caring.

People told us that staff supported them appropriately and were respectful and understanding. Staff showed understanding for people's individual needs. Care and support was provided in a way that respected people's individual preferences and wishes.

Good



Is the service responsive?

The service was responsive.

People were given opportunities to make their views known about the service. Managers took appropriate action where concerns were raised. People had up to date information about their needs available and staff understood how to meet those needs.

Good



Is the service well-led?

The service was well-led.

The service was well managed and staff were given clear guidance about their roles and responsibilities. There was robust monitoring of the service and quality assurance systems were in place.

Good



Shipley Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 20 January 2015 and was unannounced.

The inspection team consisted of two 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.

We spoke with eight people who used the service, three staff, one ancillary staff and the registered manager. We

reviewed a range of records about people's care and how the service was managed. This included four people's care plans, four staff records and records in relation to the management of the service.

Prior to our inspection we reviewed the information we held about the provider. We looked at any incidents the service notified us about and reviewed what had been happening at the service over the last 12 months. We also contacted the local clinical commissioning group who had funding responsibility for some people who were using the service and a contract with the provider.

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

Is the service safe?

Our findings

People we spoke with all felt safe with staff and other people who lived at the home. We were told there was very little conflict between people who used the service. We also noted that there was a calm and peaceful atmosphere at the home during our inspection. One person told us, “I have been in six different units where there has been fighting and aggression but here I feel safe”. We were also told “We feel safe here and can always talk to staff”.

Staff we spoke with told us they received training about protecting people from the risk of abuse and records we looked at confirmed this. Staff were able to describe the signs of abuse and knew their responsibility to report any concerns. There was a copy of the local safeguarding arrangements kept in the office and available to staff so they knew what to do if they needed to report any concerns. The registered manager was also aware of local procedures for reporting allegations of abuse and understood their responsibilities to ensure people’s safety.

People were encouraged to be as independent as possible. People told us they were able to “come and go as they pleased”, and another person said, “I can cook myself a meal if I want.” We were told by staff and managers that detailed risk assessments were carried out to ensure people were able to take part in activities of their choice whilst minimising risk. We saw that each person had a detailed risk assessment to ensure they could safely be involved in different activities. This meant people were able to take risks whilst being supported by staff to remain as safe as possible.

We were shown a new risk assessment process the service was due to introduce. It gave a more detailed picture of a person’s ability to safely carry out a variety of tasks from needing complete support ranging through to being completely independent. Staff told us this was being introduced to support people to be more independent and develop the skills they needed to become more independent. This would be part of the model of care the service operated in developing people’s skills.

Staff we spoke with had a good understanding of people’s needs and where risk assessments needed to be in place to support people in their chosen activity. Staff understood the need to encourage people’s freedom of choice as well as the need to maintain their safety.

Staff were aware of the importance of reporting any accidents and incidents and we saw examples of where this had happened. Any accidents or incidents that had occurred had been recorded by staff. These were then reviewed by the registered manager or deputy manager to see what needed to happen to minimise the risk of it happening again. All incidents and accidents were reported to the provider so any patterns or future learning could be identified both within the service and across the provider’s services as a whole. This meant that future risks were minimised because there were systems in place to protect people who used the service.

People we spoke with about staffing levels. One person commented, “Staffing had been reduced to two staff working in the day”. Some people told us they felt this had resulted in less trips taking place as there were less staff around during the day. The service had undergone a staffing restructure in November 2014. The registered manager told us this ensured there were sufficient staff on duty to meet the needs of people who used the service as well as offer flexibility to meet people’s individual needs. This was done by looking at the person’s support plans and goals identified in their recovery star.

We looked at staff rotas. These showed that there were usually at least two staff available during the day. This included a qualified nurse. We saw that there was always at least one care staff working alongside a nurse and where it was needed another member of staff was on shift. There were two staff available during the night, with a nurse on call every night. The registered manager and deputy manager were available during the day. We also saw that ancillary staff such as a cook and cleaner were employed for sufficient hours to ensure the cleanliness of the home and meet the dietary requirements of people living there.

The registered manager told us they were currently recruiting more staff to ensure they had sufficient staffing levels to do all the things that people who used the service wanted to do as well meet people’s needs and keep them safe. We saw records that confirmed new staff were being recruited to meet the needs of people using the service.

We looked at recruitment practices and saw that these were robust and appropriate pre-employment checks were undertaken before people began working at the service. All recruitment checks were carried out by the provider’s central human resources department and systems were in place that meant a person could not start work at a home

Is the service safe?

without the necessary checks in place. Staff spoken with told us they had completed an application form and attended an interview as well as undergoing all pre-employment checks prior to starting work. This meant that people who used the service could be confident that staff had been appropriately screened as to their suitability to care for people who lived there.

People told us they got their medicines when they needed them. We looked at how people's medication was managed within the home. It was stored correctly and where people were assessed as being able to self-medicate, they had suitable storage facilities in their room.

We looked at the medicine records for seven people. People had medicine risk assessments in place. These identified if people were able to self-medicate and indicated how much support they needed to do this safely. It was split into 10 levels and was detailed and assured people were safe and able to self-medicate. We saw that there were systems in place to ensure medication was ordered in a timely manner. This meant that people could be assured they had the medication they needed.

Records were completed correctly indicating people received their medicines when they needed them. Staff carried out audits of medications on a weekly basis. Where medication was in blister packs they were not part of the audit. Medications are packaged into weekly or monthly cards called blister packs. They are organised to ensure that the correct medication is taken at the correct time each day. We spoke with staff about medication and they showed a good knowledge and understanding of medication their function and any side effects they may have. Following our observation of the medication audit the registered manager arranged with staff that future audits would include blister packs.

Staff told us that they received medication training and only trained staff were able to administer medication. Each member of staff had a four stage competency assessment to ensure they were safe. This was followed by random checks to ensure they remained competent. Records confirmed that staff received training to ensure they were safe to administer medication.

Is the service effective?

Our findings

Most people we spoke with told us they received effective care that met their needs. Most people we spoke with were positive about the support they received. Comments included, “They listen and are supportive.”

Staff told us they had regular meetings and supervision (Staff supervision is a process where staff meet with a more senior member of staff either in a group or one to one basis.) Staff told us these meetings were used to develop staff practices and look at individual training needs. The registered manager told us that they had training schedules that looked at the staff group’s needs as well as individual staff training needs. If a staff member had a particular interest then training would be arranged. Staff told us they received a lot of training.

There procedures in place in relation to the Mental Capacity Act (MCA) 2005. The MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves. The registered manager and staff had a good understanding of the principles of the MCA and how these may apply to people who used the service. Records indicated that staff had received MCA training.

Each plan we looked at provided a record of the person’s capacity to consent to their care or treatment. People we spoke with told us staff discussed any decisions about their support with them. They also said that staff did not place any restrictions on them.

We received comments about the food that included, “The food is excellent” and “amazing, it’s freshly prepared”. We were also told that people had a choice of two meals and if they did not like what was on the menu then they could help themselves to tinned food that was always stocked. People said they could make drinks when they wanted to and we saw this happen throughout the day. We spoke with the cook; they were able to tell us about people’s individual dietary needs. They told us that if they had any queries about people’s food likes and dislikes, care staff were able to the information they needed.

Records provided information on people’s dietary needs and indicated where a person was following a healthy eating plan. It identified if a person was a risk of malnutrition or dehydration and indicated how to meet people’s needs. This meant staff had the information they needed to support people in maintaining their nutritional needs.

People we spoke with were confident their health was being monitored and responded to by staff. One person said, “There is a local GP practice that we go to if we are ill”, and another person told us “the GP can come here or I go there”. Staff were able to describe what they would do if someone became unwell. “If [name of person living at home] is ill, we know they need more than just prompting to complete their personal care properly”. Records showed that staff monitored and responded to people’s changing health needs when they needed to and referred to other healthcare professionals as required.

Is the service caring?

Our findings

Everyone we spoke with was positive about the staff and how they were treated. Comments included, “They are really nice staff and friendly” and “They have a really good sense of humour”. “Staff are brilliant here.”

People told us they were treated with dignity and respect, For example one person said, “They always knock on my door”. We saw that people’s privacy and dignity was respected. Staff told us they did not enter people’s bedrooms without their explicit permission.

Most people who used the service told us they had been involved in decisions about their care. We found they were involved in assessments when they first arrived at the home and their views were used to inform people’s care plans. We saw that people’s individual needs and preferences were recorded, people were involved in reviews, and their opinions were recorded. However one person said, “I very rarely have a one to one with staff so I don’t really know whether I am reaching my goals in the recovery star model”. We followed this up and looked at people’s records and we saw that people did have meetings with their keyworkers and these were recorded with how they were doing in reaching their set goals.

We spoke with staff who were able to give examples of how they respected people’s dignity. They explained how they provided the support and care depending on the person’s wishes, “to preserve their dignity”. Staff knew the principles of good care expected of them in promoting people’s independence whilst also being supportive to the individual. We saw examples of staff’s concern for people in care records, where someone had been unwell we saw that staff had taking action to support them both during the incident and during the following days to ensure they received the appropriate care they needed.

People who used the service were relaxed in the presence of staff. We observed staff throughout the day and saw that they spoke with people in a respectful manner.

There were policies and procedures in place to promote people’s privacy and dignity and human rights were respected. The registered manager told us that all staff were due to attend equality, diversity and human rights training shortly to further promote people’s dignity and rights within the home.

Is the service responsive?

Our findings

People told us they were encouraged to make their views known. We were told there were daily meetings held every morning where people were allocated chores for the day. These were things such as cleaning up after lunch, laying the table, cleaning the smoke room and sweeping up.

There were monthly meetings held called a residents meeting where staff informed people of any changes and residents were able to bring up any concerns they had. The minutes of these meetings were displayed in the hall. We were told that some people had been given questionnaires asking about the service. They had been given an activity questionnaire asking what kind of things they liked to do.

The service followed a model of support called Mental Health Recovery Star. (It was recommended by the Department of Health New Horizons programme (2009), it enables staff to support individuals they work with to understand their recovery and plot their progress). One person told us, “We do the recovery star model here so we set goals”. People were assessed prior to moving to the service. Each plan identified how the person wished to receive their support. We saw records of meetings with people where reviews had taken place of their goals and progress was discussed.

A person told us, “We try to do things ourselves like going shopping and doing our banking”, and “I go to a walking group on a Thursday”, another person said “I can make my own decisions about what to do”. “I also go to the gym 3

times a week”. We found in all the care records we looked at that people had the assessment when they first moved to the service, risk assessments as well as detailed information on how to provide support and what goals the person had identified as part of their recovery plan. This included information about their life history both health and social background. It also looked at any cultural or religious needs. Staff understood the importance of acting in accordance with people’s wishes, needs and preferences. A staff member told us if someone wanted to cook their own meal or eat their meal in the kitchen this was supported. Staff also told us they supported people to access the local community such as going to the local shops or the local pub.

Everybody we spoke with said they knew how to make a complaint if they had concerns. There was information available about the complaints policy on the notice board. Staff understood the importance of supporting people to make complaints. One member of staff said, “Even though they may seem minor concerns to us they could mean a lot to the person living here.” The registered manager showed us how any complaints received were dealt with. There was a thorough investigation and it ensured that any issues were also used for future learning as they were raised in team meetings. The registered manager also told us that in the past the service had not been good at recording minor concerns and so were looking to make improvements in this area to ensure they could improve service user satisfaction.

Is the service well-led?

Our findings

People we spoke with felt the service was well run and managed. Comments included, “The manager is lovely” and “We are able to talk to staff if we have any problems.” People told us they have keyworkers and had opportunities to talk with them on a one to one basis. We were also told that they have a morning meeting where they are given an opportunity to be involved in the day to day running of the home.

Staff we spoke with were positive about working at the service and were able to tell us how they were supported in their role by senior staff. Staff felt there was an open culture at the home and they were encouraged to have ideas about how to work with people they key worked. Staff also told us they would have no concerns about speaking with the registered manager if they wanted to raise concerns about the service.

In discussion with the registered manager they were able to describe the vision for the service and the values that they worked towards. These included involving people who used the service in making decisions about their support. They also told us how the service upheld people’s dignity and independence by holding service user meetings and asking their opinion about the service they provided. People we spoke told they felt involved in their care and they knew about planned changes in the service. This meant that the service promoted a positive and open culture amongst staff and people who used the service.

Staff told us they have regular supervision both individually and group supervision. These gave staff the opportunity to talk about any practice issues they may have and their training needs as well as how to improve the service. We saw the minutes of the regular staff meetings where the organisational values were discussed and issues that may have arisen about the care and welfare of people who used the service could be raised.

The registered manager managed Shipley Lodge and another service. When they were not on site the deputy manager and the senior nursing staff provided managerial support. In discussion with the registered manager they fully understood their role and responsibilities. They kept the Care Quality Commission informed about events or incidents that occurred in the service, they also told us what action they have taken to minimise any risks in the future.

Prior to the inspection we spoke with the local clinical commissioning group who had funding responsibility for some people who were using the service and a contract with the provider. They told us they had no concerns regarding the service delivery. The service reported any incidents in good time and overall the commissioners felt happy with the service that was being delivered.

The provider had arrangements in place to deliver a high quality service. We looked at the monitoring systems that the service had in place and saw that these were carried out regularly and were robust. We saw copies of the 2013 and 2014 quality accounts. These provided detailed information on the service such as where improvements had been made and a plan for the future. This shows the provider has taken appropriate steps to monitor the service.

In November 2014 the provider was asked to complete a Provider Information Return (PIR). This is a form that asks the provider key information about the service. We received the form and it showed what the provider had done over the past 12 months and what they intended to do to in the next few months to make improvements to the service.

We saw that the registered manager acknowledged they needed to recruit more staff following the restructure and look at increasing the activities offered following requests by people who use the service. This showed that the organisation listened to people who used the service and attempted to make improvements according to those suggestions.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.