

Debdale Specialist Care Limited

Thistle Hill Hall

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Outstanding 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Thistle Hill Hall is a residential care home providing personal and nursing care to 21 people at the time of the inspection. The service can support up to 23 people who are living with mental health conditions. People who use the service have access to a rehabilitation programme to support their recovery and promote their independence. The service is based around each person's individual needs and is therefore not time limited. The home provides five self-contained flats and 18 single bedrooms, over two floors. There are three communal lounges, a dining room, activities room, gym and a large garden.

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

Thistle Hill Hall continued to maintain an outstanding quality of care for the people living there. The provider and staff team had a proactive approach to continuous development, always looking for new ways to support people to recover and maintain their independence. For example, since our last inspection, the provider had developed skills training for people to include personal safety awareness, bespoke first aid training, and was trialling virtual-reality (VR) enabled therapy designed to offer graded exposure to situations in a safe environment.

People felt safe living at the service, and their safety and well-being was a priority for the staff team. People were empowered to play a full part in recognising risks to their mental and physical health and encouraged to take positive risks in their daily lives. Health and social care professionals knew the staff team had a strong culture of managing risks in people's care and balancing this against the need for people to develop more independent lives.

People were supported with managing their medicines safely, and staff had a proactive approach to reducing the use of medicine to manage mental health symptoms that caused people distress. The staff team supported people to find other positive ways of managing symptoms of their mental health conditions, whilst being mindful of the part medicines also played in keeping people well. For example, there was an emphasis on maintaining physical well-being through a variety of activities. People also had access to a range of therapy activities such as art therapy and yoga, to give them different ways of managing stress and anxiety.

People were supported by a diverse staff team with a wide mix of skills, including specialist nursing staff and technical instructors. Staff described a thorough induction process, and confirmed they felt very supported and well trained by the registered manager and provider. The staff team was committed to working collaboratively with external health and social care professionals to achieve the best outcomes for people's recovery. Feedback from external health and social care professionals continually emphasised the excellent teamwork all staff at Thistle Hill Hall demonstrated when working together with people to improve their mental health care.

People told us staff were creative and enthusiastic when it came to supporting them to live healthier lives

and access external healthcare services. The provider took innovative approaches to ensure people were supported to maintain their health. People had access to an expert team of specialist mental health professionals, who worked with each person to provide a tailored approach to recovery.

The staff team remained committed to maximising people's ability to have control and choice in their lives. People's rights were protected because staff understood and acted in accordance with the relevant legislation. 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 were respected and valued as individuals. People, relatives and external health professionals were consistently positive about the exceptional care provided by the staff team. People's wellbeing, recovery and empowerment was at the centre of the staff team's ethos. Care and support was designed by people, relatives, the staff team and external professionals collaboratively, and was based on combining people's needs and wishes for their recovery with nationally accepted best practice in mental health care. We saw how equality and respecting people's diversity and individuality was embedded in the staff team's approach to enabling people to live the lives they wanted.

The service was exceptionally person-centred and responsive to people's individual needs. People's individual and diverse needs were recognised throughout the assessment and care planning process. The provider was open-minded and innovative when it came to providing care to people. This included the use of technology to support people become more independent and confident.

The staff team were very focussed on delivering person-centred care and were responsive to people's changing needs. People were strongly encouraged to continue with their favourite activities and hobbies and supported to develop new ones if this was what they wanted. People and relatives spoke positively about the range of structured activities that were available at Thistle Hill Hall, describing how these enabled them to move toward their goal of recovery and independent living.

People were listened to and there were systems in place to obtain people's views about their care. People were encouraged to provide regular feedback on the service and felt they could raise concerns. Complaints were taken seriously, investigated and responded to sensitively.

The service was exceptionally well-led. Everyone we spoke with was consistently positive about the service and the way in which people were supported to live the lives they wanted. The staff and management team at Thistle Hill Hall were dedicated, creative and determined to ensure people were at the heart of service. Staff were highly motivated and clearly took pride in the high-quality compassionate care they offered.

The registered manager and provider demonstrated consistently excellent leadership qualities. The provider worked with the management team and staff to deliver a clear vision of the service, which was focussed on recovery and empowering people to live independent lives. The service maintained excellent links with health and social care professionals and other organisations in the local community. There was a strong emphasis on continuous improvement and development of the service.

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 Outstanding (published 2 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 exceptionally safe.

Details are in our safe findings below.

Outstanding 

Is the service effective?

The service was exceptionally effective.

Details are in our effective findings below.

Outstanding 

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding 

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding 

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding 

Thistle Hill Hall

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 Care Act 2014.

Inspection team

The inspection visit was carried out by one inspector.

Service and service type

Thistle Hill Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Our inspection was informed by evidence we already held about the service. We sought the views of Healthwatch Nottinghamshire. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also sought the views of external health and social care staff, and commissioners from the local authority. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority or by a health clinical commissioning group. Commissioners also undertake monitoring of the quality of services. We asked the provider to send us a Provider Information Return (PIR), and they did. This is a form that asks the provider information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

During the inspection visit we spoke with four people who used the service and two relatives. We spoke with two nurses, one care staff, two technical instructors, maintenance and catering staff. We also spoke with the deputy manager, registered manager and nominated individual for the provider. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We looked at a range of records related to how the service was managed. These included five people's care records and we looked at how medicines were managed for four people. We also looked at staff recruitment and training files, and the provider's quality auditing system. During the inspection visit we asked the registered manager to send us additional evidence about how the service was managed, and they did this.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We sought feedback from six professionals who visit the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as Outstanding. At this inspection this key question has remained the same. This meant people were protected by a strong and distinctive approach to safeguarding, including positive risk-taking to maximise their control over their lives. People were fully involved, and the provider was open and transparent when things went wrong.

Systems and processes to safeguard people from the risk of abuse

- People were safe at the service, and felt staff supported them to remain safe and well.
- People's safety and well-being was a priority for the staff team. Staff had good understanding of how to recognise and report if they felt people were at risk of abuse. All staff had regular training in safeguarding and knew how to put it into practice. Since the last inspection, staff had created a "pocket of awareness" buddy, which was a quick accessible tool used to remind themselves and people about key information in keeping people safe. This included information about safeguarding principles, first aid, human rights and consent. Staff told us it was helpful to have a quick reminder of the principles of providing safe care, and they could use the information when supporting people.
- Health and social care professionals spoke very positively about the staff team's ability to keep people safe. One professional said, "I feel the home have an excellent understanding of risk and the individual factors that can impact and feel all my clients are as safe as their individual complexities can allow for." Another professional said, "Given the complexity of [the person's needs and level of risk] I would consider this a very safe service."
- People were offered regular awareness sessions on personal safety and how to safeguard themselves from the risk of abuse. These sessions were offered to people either in a group or individually. One person told us these sessions helped them understand some incidents in their past, and they felt more confident about keeping safe in future. A staff member said the sessions aimed to empower people and give them skills and knowledge to feel safe or seek support if needed. Since the last inspection, staff had developed further awareness sessions based on people's individual needs. For example, staff developed an awareness session to support several people in developing skills and confident using a cash machine. This meant people could access and manage their finances more independently.

Assessing risk, safety monitoring and management

- People were supported to take risks appropriately, and this was balanced against people's wishes to be as independent as possible. Staff worked with each person to identify risks associated with their health conditions, and then developed a comprehensive support plan based on positive risk taking. The ethos of staff was to ensure that people could work towards living the lives they wanted, whilst reducing the likelihood of people experiencing harm.
- Risks associated with the service environment were assessed and mitigated. The provider had clear systems in place to ensure regular checks on all aspects of the environment. This included fire safety system checks and checks in kitchen areas used by people. For example, there were gas and electric cut-off switches in the kitchens, where staff could isolate the supply if people were at risk of self-harm.
- There were clear plans in place to guide staff in what to do in an emergency, and staff knew what the plans

were. For example, if there was a fire or power cut. Each person had their own personal emergency evacuation plan (PEEP) with up to date information about people's needs and how they should be supported in an emergency. The provider also had a comprehensive business contingency plan in place, setting out how the service would continue to run well in the event of a major incident, such as a widespread infection outbreak.

Staffing and recruitment

- There were enough staff to keep people safe. The registered manager said staffing levels were flexible and were responsive to people's physical and mental health needs. Each person had their own keyworker, and the provider tried to match people with staff who had the best skills and experience to support them in working towards the goals each person had for their recovery.
- The provider had an ethos of recruiting staff who had both the skills and values needed to support people living at the service. Staff told us, and records showed, the provider undertook pre-employment checks, to help ensure prospective staff were suitable to care for people. This ensured staff were of good character and were fit to carry out their work.
- People told us they were involved in staff induction and training and were able to give feedback to the provider that helped ensure they were supported by staff who truly knew how to care for them.

Using medicines safely

- Medicines were managed and stored safely. There was a robust system in place to ensure people were offered their medication as prescribed. Staff received training in safe management of medicines and had their competency assessed on a regular basis. Where medicines audits identified any issues, these were dealt with quickly and used as an opportunity to learn lessons and improve.
- People were encouraged manage their own medicines. Risks associated with managing medicines were done with people when they felt ready to begin to have more control over this. There was a staged process to enable people to become more confident with managing their own medication. This process had resulted in two people currently being comfortable and skilled at managing most of their own medicines.
- People were also supported to understand more about their medicines. Since the last inspection staff had developed bespoke training for each person. This helped people to identify possible adverse effects and get medical advice. For example, one person noticed they were getting dizzy after having a new medicine in the morning. They were supported to see their GP and their medication was amended to reduce this effect.
- Staff took a proactive approach to reducing the use of medicine to manage mental health. One person who was being encouraged to reduce the use of "as and when" (PRN) medicine told us how they managed this and staff enabled them to continue taking part in activities they enjoyed whilst managing their anxiety.
- Staff supported people to find other positive ways of coping with their mental health, including relaxation, physical activity and education about the role medicines played in helping them with symptoms.
- The provider had recently started working with a local university on a joint project to support people to manage their own medicines safely and effectively. This had resulted in people working more collaboratively with their external health and social care staff to ensure they were on the right medication and taking effective doses to maintain their mental health.

Preventing and controlling infection

- The service was kept clean and people were protected from the risk of an acquired health infection. Staff understood infection control procedures, and we saw they followed these.
- People were encouraged to do food hygiene training as part of their progress towards independent living. Some people had completed external food hygiene qualifications and used this knowledge when they prepared meals. The provider also supported people to develop their cleaning skills and be confident in maintaining their own environment to ensure it was clean.

- The registered manager carried out checks in relation to cleanliness, infection prevention and control to ensure this was effective. This ensured risks from an acquired health infection were minimised.

Learning lessons when things go wrong

- The provider had a comprehensive system in place to learn from incidents. Records analysing incidents were detailed and lessons learnt were shared with people and staff. The registered manager and staff described a 'no blame' approach, where all incidents were seen as opportunities for everyone to learn and improve.
- Staff felt supported to report not just incidents but near-misses. The provider used this information to get a clear picture of the quality of care and carried out prompt and thorough investigations to establish what went wrong. The provider also reviewed incidents regularly to look for themes or patterns. This meant they could take action to reduce the likelihood of repeat occurrences.

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 the last inspection this key question was rated as Outstanding. At this inspection this key question has remained the same. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

- People had their needs comprehensively assessed before being offered a place at the service. People were fully involved in these holistic assessments, which included looking at people's mental and physical health needs, lifestyle choices and preferences, and goals for the future. External health professionals commented on the provider's thorough assessment and review process, saying they were, "Effective in meeting all the outcomes identified in the very detailed and ongoing assessments that were completed."
- People also worked with staff each day in a mini one-to-one session to quickly assess their own mood. The provider had developed a quick recording tool for this, referred to as the three questions conversation. People and staff used this information to help review what support was and was not working for the person. One person said they liked this tool because it was easy to use and allowed them to reflect on how each day had gone for them.
- People's care was designed taking into account the most up to date national best practice for mental health care. The provider had recently introduced personal behaviour support plans for people who felt this would be beneficial. These plans helped people to identify patterns of behaviours they wished to change. Together with staff, people then worked on ensuring they had the support they needed to manage their feelings in a more positive way.
- External healthcare professionals were also involved in supporting people during assessment for admission to the service, and regularly took part in care reviews once people had settled at the service. This multi-disciplinary approach with people at the centre ensured each person's care was tailored to their needs, wishes and ambitions for recovery and independence.

Staff support: induction, training, skills and experience

- People were supported by a diverse staff team with a wide mix of skills, including specialist nursing staff and technical instructors. People and relatives said staff were very skilled and well-trained. The technical instructors worked with people and other staff to create personalised support sessions that helped people meet their recovery goals.
- Staff described a thorough induction process and felt very supported by the registered manager and provider. Staff had regular checks on their skills and learning, and this helped staff demonstrate they could put their training and knowledge into practice consistently.
- The provider supported staff to develop bespoke training for each person's identified needs. For example, newly developed first aid training enabled one person to manage a minor injury themselves.
- All staff were encouraged and supported by the provider to access high quality training and learning opportunities. Feedback from staff last year had prompted the provider to develop more specialised training in mental health, which was based on NHS evidence-based best practice in mental health care. Staff said

the training was excellent and provided them with the skills and confidence to support people with a wide variety of mental and physical health needs.

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

- Staff were committed to working collaboratively with external health and social care professionals to achieve the best outcomes for people's recovery. Feedback from external health and social care professionals continually emphasised the excellent teamwork all staff at Thistle Hill Hall demonstrated when working together with people to improve their mental health care.
- One healthcare professional said, "[Person] has access to a psychologist, OT, qualified nurses and a visiting Psychiatrist despite having a community team care coordinating. I feel that having access to such a wide range of professionals means their needs can be responded to in a timelier way preventing deterioration where possible in someone's recovery."
- The registered manager took part in many local, national and international mental health projects in order to learn about and share best practices in mental health care. For example, they worked with the local authority to develop and deliver training to other care providers. The registered manager and staff also contributed to reviews on NICE guidance. The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care. This demonstrated the provider and staff team's commitment to continuously improving their skills in providing high quality mental health care.

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

- People told us staff were creative and enthusiastic when it came to supporting them to live healthier lives and access external healthcare services. For example, the provider had a gym on-site, which people said helped them improve their mood and fitness. People also had access to technology such as smart watches to help them improve their fitness and monitor their own health. One person said, "I never thought that walking and talking could be good for me – it doesn't feel like exercise but I always feel so much better after the trips." The support people received helped them feel empowered to take control of their own physical and mental wellbeing.
- The provider took innovative approaches to ensure people were supported to maintain their health. For example, the service had an on-site relaxation therapy facility, with staff who were trained to provide a range of treatments. Following feedback from people, the provider increased the available time for relaxation therapies, including aromatherapy and massages. People said the therapy sessions helped to reduce anxiety and were a really positive part of their coping strategies for symptoms.
- People had access to an expert team of specialist mental health professionals. This included a clinical forensic psychologist and consultant psychiatrist, who worked with each person and the staff team to provide a tailored approach to recovery. For example, one person had been supported to manage their symptoms to the extent that they were now able to go out more, and to begin to manage their physical health. Another person had worked on their coping strategies with support and was now looking at how to move to more independent living.

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

- People were supported to have a balanced diet with enough to eat and drink. Everyone was completely involved in every aspect of their diet. From shopping for ingredients, choosing meals, preparing, cooking, and tidying up afterwards. This holistic approach had given people skills, qualifications and a healthier lifestyle.
- People were offered the opportunity to take part in a weekly food 'theme' night. This was where people collectively chose a country, culture or religion whose food they wanted to learn about and try.
- Mealtimes were flexible, depending on whether people wanted to eat food that was prepared for them, or

whether they cooked their own meals. The provider had created two dining areas – one where people and staff could eat all together, and the other had separate booths where people could eat with more privacy. People told us they liked having these options, as it was nice to eat altogether, but also to have private space for meals.

- People were able to take part in short training sessions to learn about food hygiene healthy eating, and cooking skills. These sessions were part of each person's individual therapy programme and were designed to help them build skills and confidence. The new 'Gimme Five' cooking group provided people with the opportunity to learn how to cook healthy meals on a budget. One person described how they liked learning to cook more for themselves, as it was helping them towards their goal of more independent living.

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

- The provider had adapted the service environment to meet the needs of people who lived there. People could choose how they wanted their bedrooms and other personal space decorated and furnished.
- The service had clear signs around the building to help people orientate themselves. There were also adaptations for people with mobility needs. For example, handrails in bathrooms. The provider had also taken steps to ensure the garden areas of the service were suitable and safe for everyone living there.

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 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff were knowledgeable and passionate about ensuring people were supported to make as many decisions as possible about their own lives. The provider ensured the service met the requirements of the MCA and DoLS.
- Staff ensured people were as involved as possible where it was suspected they may not have capacity to make a particular decision at a specific time. Assessments of people's capacity were detailed and clearly showed how people had been supported to express their views and wishes. Staff used different methods to ensure people had the opportunity to understand information about their care and communicate their consent, including using plain language, easy-read guides and symbols. This ensured people were able to understand and effectively communicate their views.
- Where people were subject to restrictions in their care, the provider made sure these were less restrictive, and reviewed often to ensure they remained appropriate and proportionate for each person.
- Since the last inspection, the provider had joined the Restraint Reduction Network. The Network has a vision to reduce reliance on restrictive practices in care and make a real difference in people's lives. The network achieves this mission by sharing learning and developing quality standards and practical tools that support reduction. People worked with staff to understand what restrictive care practices were, and how they could be lessened. This resulted in an environment where people felt able to express their feelings without the fear of being subject to restrictive care, as they may have done in more secure care settings.

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 the last inspection this key question was rated as Outstanding. At this inspection this key question has remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- The service had a person-centred approach to providing holistic care that was tailored to people's individual needs. Care and support was designed by people, relatives, staff and external professionals collaboratively, and was based on combining people's needs and wishes for their recovery with nationally accepted best practice in mental health care. One staff member was very clear that, "It is always worthwhile to explore with people what they can do, rather than putting barriers in the way. Staff spend time with people listening to them and their wishes and fears and ambitions. People here are just like you and me, and they should have access to the same opportunities."
- People, relatives and external health professionals were consistently positive about the exceptional care provided by the staff team. One relative spoke about the positive impact staff had in the life of their family member at the service, describing how staff really took the time to get to know and build supportive caring relationships with people.
- We saw how equality and respecting people's diversity and individuality was embedded in the staff's approach to enabling people to live the lives they wanted. For example, staff had a deep understanding of how people wished to experience and identify with their sexuality and gender. Staff took a sensitive approach to understanding people's needs and wishes in this area and supported them to develop safe ways of expressing themselves.
- Staff clearly knew people well and understood when to offer support and reassurance. We saw lots of kind and thoughtful interactions between people and staff. For example, one person came to see a staff member to describe how they were feeling. They said they were agitated, and staff gave them time to express their feelings and explore what support they felt might help. The person visibly calmed and felt able to make a decision for themselves about how to manage their mental health.
- External healthcare professionals shared the consistent view that staff at the service cared very much about the people they supported. One said, "This service in my opinion has been incredibly caring...I have witnessed genuine caring towards the residents. The level of individually tailored support is to me at least very unusual and quite unique in the services I have been in contact with." Another professional said, "I admire the way they [the person] has been able to turn their lives around and [staff have supported them to] offer a quality of life that they could only have ever dreamed of."

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

- People told us they were fully involved in discussions and decisions about their care and support. One relative said, "I am fully listened to. Communication with staff is very good. They keep me well informed, and I can contact them anytime for anything." The relative described how staff shared information with them appropriately and with the consent of their family member.
- People were supported in a variety of ways to express their views and wishes. Staff worked with people to

identify the best way of doing this, which included the use of pictures, symbols and technology to support people to say what they wanted. This ensured people were encouraged to have the best opportunity to communicate in ways which worked for them.

- Ensuring consent to care and supporting people to make their own decisions was also a key part of the provider's approach. One staff member said, "Staff here are good at understanding people's rights and respecting the boundaries of what legislation can do. Staff are also good at walking the line between what they can legally do to protect people, but also where they [staff] have limits in terms of what they can impose on people and where people are free to make their own choices." From speaking with people, staff and reviewing other evidence at the service, we could see people were consistently at the centre of making decisions about their own care.

Respecting and promoting people's privacy, dignity and independence

- People's wellbeing, recovery and empowerment was at the centre of the staff team's ethos. The registered manager and provider supported staff to offer a range of therapeutic activities designed to help people reduce stress or anxiety and help them develop their own coping strategies to improve their mental health. For example, people said they wanted to take part in more social activities away from the service. The provider increased the amount of money available to people and staff to do this, and as a result people were able to go to a wider range of places. Feedback from people was that this had helped increase their confidence and improved their mood. One person said, "I'm not scared to go into the community now I've been doing this."
- Promoting independence was a key objective for people and staff. Each person's support plan was created with them to ensure they could work towards realistic goals as part of their journey to independent living. For example, one person wanted to be able to drive again. Working with staff, they were able to achieve this, and felt very proud of this because it gave them more opportunities to go out.
- A key part of staff promoting people's independence and building confidence was having daily conversations with people about how their day was going. People said this gave them space to reflect on how they were feeling and what they had achieved. Staff told us this deliberate conversation enabled people to talk about their short and long term goals. Feedback from people in this way then contributed to developing their support plans and helped people to identify for themselves what progress they were making.
- People's right to privacy was clearly respected. People were supported to spend private time by themselves or with family and friends. Information about people's care and support was stored securely, and people were able to say how they wanted information about themselves shared (or not) with family and friends.
- People were encouraged to use independent advocacy services to support them to play a full part in planning their care. Advocates are trained to support, enable and empower people to speak up and exercise their rights. People were being supported by independent advocates, and there was information around the service encouraging people to request an advocate if they wished.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. At the last inspection this key question was rated as Outstanding. At this inspection this key question has remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- The service was exceptionally person-centred and responsive to people's individual needs. People's individual and diverse needs were recognised throughout the assessment and care planning process. This included access to in-house clinical psychology support, where there was a focus on quality of life and promoting changes that lead to improvements in people's mental health.
- The provider recognised the stigma that can come with being diagnosed with mental illness and worked hard to reduce the risk of people being discriminated against. People took part in individual and group sessions about discrimination to help them recognise when this was happening and develop skills to overcome this. This meant people felt more empowered to recognise when they were not being treated fairly and gave them the confidence to take action.
- Staff received regular training in equality and recognising and overcoming discrimination. This led to a culture in the service where people felt included and accepted for who they were.
- Staff helped people to connect with their local religious or cultural communities if this was what people wanted. For example, one person requested regular in-house chaplaincy visits. The provider arranged for this to happen, and the person felt more connected to their faith as a result.
- External health professionals felt staff were very focussed on delivering person-centred care and were responsive to people's changing needs. One said, "I think the service is incredibly responsive not only for the person I have currently there but when completing other enquiries. The service has responded to the ever changing behaviours, to their likes and dislikes, needs and wants [of the person], provided as many varied options as possible to meet all their needs and encouraged them to be fully participant in all care."
- The provider was open-minded and innovative when it came to providing care to people. For example, the provider was taking part in a new trial of virtual-reality (VR) enabled therapy. This VR therapy is designed to offer graded exposure to situations that people want to learn to cope with. It provides a safe environment in which to practice new coping skills, and people were offered this with the support of the provider's therapy team.

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 strongly encouraged to continue with their favourite activities and hobbies and supported to develop new ones if this was what they wanted. People said staff supported them to feel confident going out to local amenities.
- Since the last inspection, the provider had created a monthly 'social fund' which enabled people to take part in more community-based activities. This had a really positive impact on people, allowing them to build confidence and reduce social anxiety.

- People were supported to participate in local education and employment opportunities. Evidence from people and staff showed attending college and doing voluntary work was very important for building people's self-esteem and sense of purpose. The provider had recently developed links with the local NHS Trust to enable people to do voluntary work there. One person who was starting college said they were, "Very excited about my future now – I might even be able to get a good job after this." Another person took part in the provider's Care Certificate training. This certificate is recommended for health and social care staff. Doing this training gave the person the knowledge to understand staff's role in supporting them, and they felt confident to challenge staff if they saw things not done well. This was empowering for the person and enabled them to have more control over the care and support they received.
- The clinical psychology team worked with people to manage their mental health and increase confidence in taking part in activities both at the service and in the local community. People spoke positively with us about the impact this had. For example, for several people, regular psychology sessions helped them to manage active symptoms of their diagnosis in ways that enabled them to reduce the negative impact on their daily lives. This meant they were more able to work towards goals they had set and take more control of their own lives.
- People and relatives spoke positively about the range of structured activities that were available. One relative said, "The staff give fantastic support. It's a really good place to practice independent living skills."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were supported by staff to develop their own communication profile. This was based on how each person preferred to communicate, and also included information on how staff should use language to positively support people. For example, one person used a timetable buddie board. This was designed with them to give a visual representation of daily activities and to help them monitor things like appointments and finances. Staff worked with the person each day to ensure the board reflected what the person was doing. This had a positive impact for the person, providing them with consistency, a sense of achievement as well confidence and control over their daily life.

Improving care quality in response to complaints or concerns

- People were encouraged to give feedback about their care in a variety of ways, both formally and informally. There were complaints boxes in the building for people to submit a written complaint and a weekly community meeting to give feedback. The daily three questions conversation between staff and each person also gave people a space to share concerns so staff could respond quickly.
- The provider had a clear system in place to record and respond to complaints and concerns. The policy was to respond quickly to any small concerns, so they did not become larger complaints, which we saw had happened. The registered manager saw complaints as an opportunity to improve care and shared learning with staff.
- The provider displayed "You said – We did" information at the service to show people what action was taken when they gave feedback. For example, people said they wanted a computer with internet access. The provider set up a computer in the art room for this, and also purchased a tablet so people could access the internet in their own rooms. People also said they wanted more support with saving and budgeting. Staff set up a weekly savings club to help people manage their money better. People said they now felt more in control of their money and were able to save and budget for things they wanted.

End of life care and support

- People were encouraged to think about how they wished to be cared for at the end of their lives. Although no-one at the service was currently receiving end of life care, the provider had systems in place to enable staff to ask people what they would like, and to ensure that the right medical and pastoral care would be provided.
- One person said they were scared of death and dying. Staff worked with the person to identify how they wanted to approach this, which resulted in the person developing a month where they explored what their life meant to them. Other people shared their favourite memories with the person. At the end of the month the person held an event to celebrate their life, and said, "God, that's brilliant. I didn't realise so many people would take the time to do this for me." Doing this gave the person confidence to create an end of life care plan with staff.

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 the last inspection this key question was rated as Outstanding. At this inspection this key question has remained the same. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- People and relatives were exceptionally positive about the service and how supportive the staff were. Another person said, "I'm really proud of what I've done here and how staff have helped me." A relative said, "I cannot thank the management and staff enough for the quality of care they have given to my [family member]. Also, the support Thistle Hill give to the families of their residents cannot be surpassed."
- Health and social care professionals were also consistently very positive about the quality of care provided by staff and the way the service was managed. One commented, "In all my dealings, the level of information known about individuals and their unique circumstances is quite astounding to me. This service is led by clear boundaries and expectations on staff to provide professional, safe and compassionate care." Another professional said, "The leadership of this service is exceptional. When I liaise with this service when the registered manager has not been around for any reason, other senior members of staff have been very supportive. My experience with the registered manager gives me an impression that they have the best interest of the clients at heart, is always prepared to work collaboratively and this has so far ensured smooth running of the care and support for people."
- The staff and management team at Thistle Hill Hall were dedicated, creative and determined to ensure people were at the heart of service. Staff were highly motivated and clearly took pride in the high-quality compassionate care they offered. Staff felt able to make suggestions for improving the quality of care, or to raise concerns. One staff member said they felt very well supported by the management team and felt all staff really understood and demonstrated the vision and values of the provider.
- Since the last inspection, the provider had continued to develop the service to meet people's needs and enable them to gain more independence. New projects included 'Think Safe Be Safe' sessions to raise awareness of personal safety and encourage people to protect themselves from everyday hazards. The provider had also introduced a new electronic care notes system. This enabled staff to quickly update information on people's care and identify when people were not taking part in offered activities so more appropriate support could be offered. The new system also freed up staff time so they could spend more time with the people they were supporting.

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

- People said staff and the registered manager were always available to discuss what was working or not working about their care. Staff told us there was a culture of transparency and openness at the service. The registered manager confirmed they had an 'open door' policy for anyone to come and talk with them. We

saw during the inspection this was the case, when the registered manager regularly made time to listen to everyone who came to them, no matter how small the issue. This demonstrated that people felt valued, and free to ask questions and share concerns about their care.

- The registered manager and provider demonstrated consistently excellent leadership qualities. The provider worked with the management team and staff to deliver a clear vision of the service, which was focussed on recovery and empowering people to live independent lives. Equality and respect were central to the way the service was structured, and people were fully involved in developing their own care and support.
- The provider continued to ensure there were effective governance systems in place. The management team undertook audits of all aspects of the service to review the quality of care, and identify areas where improvements were needed. This included a range of regular checks on the building environment, equipment, and fire safety systems. There was a plan arising from audits to show what action was required and who was going to do it. For example, anti-slip paint had been used on the secure garden area's fencing. This followed an recent incident where one person had managed to climb the fencing and put themselves at risk. Feedback from people at a regular residents' meeting showed they understood why this action was taken, and that it reduced the risk of someone being injured.
- The registered manager had a comprehensive understanding of their role in ensuring the service was managed well and met all relevant legislation.

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

- People were encouraged and empowered to be fully involved in their care. They were consistently involved in giving feedback and helping to shape the service. This was demonstrated through people's clear involvement in their care planning, individual and group activities and residents' meetings.
- Staff were very mindful of the different barriers people faced to inclusion. Part of people's initial assessment and ongoing reviews was focussed on breaking down barriers and respecting the differences that made each person unique. For example, where people said they had needs relating to their sexuality, disability or gender, staff worked with each person to ensure these needs were identified, valued and where necessary, people were supported to be treated equally.
- The service maintained excellent links with health and social care professionals and other organisations in the local community. The provider had worked with the NHS to provide a more integrated pathway of care for people coming to live at Thistle Hill Hall. Prior to this people often had to deal with a number of different professionals which made it difficult to build therapeutic relationships. The new approach reduced the number of external professionals involved in coordinating people's care, which led to people feeling able to build better relationships with the external professionals who supported them.
- People who used the service were supported to spend time in community places and encouraged to develop and maintain relationships there. People were also involved in supporting local charities and the community were welcomed into home for special events such as harvest festivals and summer fetes.
- Staff developed links with local colleges to ensure people could access training in ways that worked for them. When people said they wanted to make friends and network with the local community, staff arranged a variety of events and opportunities to enable people to do this. For example, one person was supported to contact a local NHS mental health unit, where they wanted to do voluntary work. The person told staff they now have a job they and their relatives are proud of.

Continuous learning and improving care; Working in partnership with others

- There was a strong emphasis on continuous improvement and development of the service. The management team undertook regular evaluation of the impact of their work to ensure they continued to give people the best outcomes possible. For example, staff showed us how their analysis of one person's

engagement records was used to show the person how they were improving. One said, "It's really important to gather good quality evidence to be able to show people as well as tell them that they are recovering."

- The registered manager was keen to keep up to date with the latest guidance and developments in mental and physical healthcare. This included working with the local authority and NHS to devise courses in providing quality care. The provider was also a stakeholder in NICE (National Institute for Health and Care Excellence). This enabled them to participate in new developments in mental health care, and to help shape national guidance and standards.
- The provider was also always looking out for new opportunities to enable people to build skills and confidence. A new 'stitch and fix' group helped people create, make or fix items, rather than discarding them. This had enabled people to learn how to mend clothing and make new clothes for themselves and others. The provider was in the process of developing new training around travel, with the goal of supporting people to become more confident in using different types of transport.