# Roefield Specialist Care Limited

# Thistle Manor

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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 |

# Summary of findings

## Overall summary

We carried out an inspection of Thistle Manor on 8 and 9 November 2016. The first day was unannounced.

Thistle Manor provides accommodation and nursing care for up to 33 people with mental ill health. The home is located in its own grounds on the outskirts of Clitheroe. The home is spilt into three units known as Woodlands, Meadows and Oaklands. There are separate lounges and dining rooms and a shared activity room and gym. All bedrooms are single with en-suite facilities. Staff are available to provide assistance and support 24 hours a day. At the time of the inspection there were 31 people accommodated in the home.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

At the last inspection on 3 September 2014, the service was found to be meeting the regulations applicable at that time.

Safeguarding adults' procedures were in place and staff understood how to protect people from abuse. Risks associated with people's care were identified, assessed and recorded. There was a whistle-blowing procedure available and staff said they would use it if they needed to. Safe staff recruitment procedures were in place which ensured only those staff suitable for the role were in post. People's medicines were managed appropriately and people received their medicines as prescribed by health care professionals.

Staff had completed an induction programme when they started work and they were up to date with the provider's mandatory training. The registered manager and staff understood the main principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and acted according to this legislation. There were appropriate arrangements in place to support people to have a varied and healthy diet. People had access to a GP and other health care professionals when they needed them.

Staff treated people in a respectful and dignified manner and people's privacy was respected. People living in the home had been consulted about their care needs and had been involved in the care planning process. We observed people were happy, comfortable and relaxed with staff. Care plans and risk assessments provided guidance for staff on how to meet people's needs and were reviewed regularly. People were encouraged to remain as independent as possible and supported to participate in a variety of daily activities.

Systems were in place to monitor the quality of the service provided and ensure people received safe and effective care. The registered manager took into account people's views about the quality of care provided through discussion, meetings and satisfaction surveys. The registered manager used the feedback to make on-going improvements to the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good

The service was safe.

People said they felt safe and staff were knowledgeable in recognising the signs of potential abuse and the action they needed to take.

There were sufficient numbers of skilled staff on duty to meet people's needs.

Recruitment procedures were in place and appropriate checks were undertaken before staff started work.

There were safe systems in place for the management and administration of people's medicines.

### Is the service effective?

Good

The service was effective.

Staff were appropriately supported to carry out their roles effectively through induction and relevant training.

The registered manager and staff understood the main provisions of the Mental Capacity Act 2005 and how it applied to people in their care.

People were provided with a varied and nutritious diet in line with their personal preferences. People's health and wellbeing was monitored and they were supported to access healthcare services when necessary.

### Is the service caring?

Good

The service was caring.

People were involved in decisions about their care and were given support in line with their preferences.

Staff knew people well and displayed kindness and respect when providing support.

Staff respected people's rights to privacy, dignity and independence.

## Is the service responsive?

Good

The service was responsive.

People's needs were assessed and support was planned and delivered in line with their individual care plan.

People had the opportunity to participate in a range of appropriate activities both inside and outside the home.

People had access to information about how to complain and were confident that any complaints would be listened to and acted upon.

## Is the service well-led?

Good

The service was well led.

The registered manager had developed positive working relationships with the staff team and people living in the home.

There were systems in place to monitor the quality of the service, which included regular audits and feedback from people living in the home. Appropriate action plans had been devised to address any shortfalls and areas of development.

# Thistle Manor

**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 was 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.

This inspection took place on 8 and 9 November 2016 and the first day was unannounced. The inspection was carried out by an adult social care inspector.

Before the inspection, we contacted the local authority contracting team for feedback and checked the information we held about the service and the provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home. We spoke with the registered manager, the deputy manager, five members of staff, the training co-ordinator, the information and systems manager and eight people living in the home.

We looked at a sample of records including three people's care plans and other associated documentation, three staff recruitment and induction records, staff rotas, training and supervision records, minutes from meetings, complaints records, medicines records, maintenance records and policies and procedures and audits.

Good

# Is the service safe?

## Our findings

People told us they felt safe with the service provided and the staff who supported them. One person commented, "The staff are very nice and friendly" and another person said, "The staff are kind and always treat me with respect." We observed that people were relaxed and comfortable in the presence of staff. Members of staff told us they had received appropriate training which helped to keep people safe and there were adequate staffing levels to meet people's needs.

The provider had taken suitable steps to ensure staff knew how to keep people safe and protect them from abuse. We found there was an appropriate policy and procedure in place and posters were displayed on each unit. The procedure was designed to ensure that any safeguarding concerns were dealt with openly and people were protected from possible harm. The registered manager was aware of her responsibility to report issues relating to safeguarding to the local authority and the Care Quality Commission.

The staff understood their role in safeguarding people from harm. They were able to describe the different types of abuse and actions they would take if they became aware of any incidents. All staff spoken with said they would report any incidences of actual or suspected harm and were confident the registered manager would act on their concerns. Staff were also aware they could take concerns to organisations outside the service if they felt they were not being dealt with. Staff said they had completed safeguarding training and records of training confirmed this. Staff told us they had also received additional training on how to keep people safe which included fire safety, infection control and health and safety.

The provider had a whistleblowing policy. Staff knew they had a responsibility to report poor practice and were aware of who to contact if they had concerns about the management or operation of the service.

We looked at how the service managed staffing levels and recruitment. People told us there were sufficient staff available to keep them safe and to help them when they needed assistance. One person told us, "They are always there for you and always willing to listen." The home had a rota which indicated which staff were on duty during the day and night. We noted this was updated and changed in response to staff absence. Records showed planned leave or sickness was covered by existing staff or bank staff. This ensured people were supported by staff who were familiar with their needs. Staff spoken with confirmed they had sufficient time to spend with people living in the home. During the inspection, we observed staff responded promptly to people's needs. The registered manager told us the staffing levels were flexible depending on people's needs, for instance wherever necessary, additional staff were placed on duty to support people with hospital appointments or other events. There were on call arrangements in place out of normal office hours.

We looked at the recruitment records of three members of staff and spoke with two members of staff about their recruitment experiences. The recruitment process included a written application form and a face to face interview. The applicants were asked a series of questions at the interview which were designed to assess their knowledge and suitability for the post. We noted the candidates' responses were recorded to support a fair process. We also noted written references and a DBS (Disclosure and Barring Service) check had been sought before staff commenced work in the home. A DBS check allows employers to check

whether the applicant has any convictions and whether they have been barred from working with vulnerable people. Staff spoken with also confirmed these checks were completed for them before they were able to start work in the home. We saw evidence to demonstrate the nurses' registration number with the Nursing and Midwifery Council was checked as part of pre-employment checks and on annual basis. The nurses' registration indicated their continued fitness to practice.

Risks to individuals and the service were assessed and managed. This helped to protect people's safety and rights to freedom and independence. We found individual risks had been assessed and recorded in people's care plans and management strategies had been drawn up to provide staff with guidance on how to manage risks in a consistent manner. Examples of risk assessments relating to personal care included mental and physical health, self-harm and medicine management. Records showed the risk assessments were reviewed and updated on a regular basis to ensure they reflected people's current needs and wishes. We noted general service level risks had also been carried out including the risks associated with the environment, manual handling, fire and the use of hazardous substances.

Following an accident or incident, a form was completed and details were added to a database. The registered manager investigated the circumstances of any incidents or accidents and made referrals as necessary. We noted there were comprehensive systems in place for analysing any trends or patterns, which were discussed at the monthly governance meetings. This meant any learning points could be disseminated to the staff team.

People were satisfied with the arrangements in place to manage their medicines. The level of assistance that people needed was recorded in their care plan alongside guidance on the management of any risks. Some people were working towards self administration of their medicines and there were appropriate risk assessments in place to support this process. Medicines were administered by qualified nurses and competency checks were carried out on an annual basis, which included a numerical test. The nurses and staff had access to a set of policies and procedures which were available in the medicines room on each unit.

As part of the inspection we checked the procedures and records for the storage, receipt, administration and disposal of medicines. We noted the medicine records were well presented and organised. The records seen were accurate and up to date. We found suitable arrangements in place for the management of controlled drugs. Controlled medicines are more liable to misuse and therefore need close monitoring. A random check of stocks corresponded accurately with the controlled drugs register.

The premises were appropriately maintained to keep people safe. We noted regular checks and audits had been completed in relation to fire, health and safety and infection control. The provider had arrangements in place for on-going maintenance and repairs to the building. We saw records to demonstrate equipment and electrical appliances and installations were serviced at regular intervals. Personal emergency evacuation plans (PEEPs) were in place for people using the service. This meant staff had clear guidance on how to support people to evacuate the premises in the event of an emergency. We also saw there were plans in place to respond to any emergencies that might arise and these were understood by staff. The registered manager had devised a business continuity plan. This set out emergency plans for the continuity of the service in the event of adverse events such as loss of power or severe weather.

Good

# Is the service effective?

## Our findings

People felt the staff had the right level of skills and knowledge to provide them with effective care and support. They were happy with the care they received and told us that it met their needs. One person said, "The staff are on my wavelength, they are not clinical in anyway" and another person commented, "The staff know and understand their job very well."

We looked at how the provider trained and supported their staff. We found all staff completed induction training when they commenced work in the home. This included an initial orientation induction, which included an introduction to the organisation's policies and procedures, the provider's mandatory training and where appropriate the Care Certificate. The Care Certificate sets out learning outcomes, competencies and standards of care that are expected of all new care workers. Staff newly recruited to the home were initially supernumerary to the rota and shadowed more experienced staff to enable them to learn and develop their role. We observed a new member of staff was shadowing during the inspection. They told us their induction programme was well organised and managed.

There was a rolling programme of training available for all staff dependant on their role, this included, safeguarding, fire safety, infection control, food hygiene, health and safety, mental health awareness, the Mental Capacity Act 2005 and the management of violence and aggression. Staff also completed a number of specialist training courses in line with the needs of people living in the home for instance diabetes, autism and epilepsy awareness courses. We saw the staff training records during the inspection and noted there was a robust system in place to ensure staff completed their training in a timely manner. The variety of training offered meant that staff were supported to have the correct knowledge to provide effective care to the people. All staff spoken with told us their training was beneficial to their role. The registered manager explained the provider had recently employed a training officer in order to further support the staff with their training.

Staff spoken with told us the management team carried out regular supervisions of their work practice. The supervision sessions covered all aspects of each member of staff's role and also provided an opportunity to discuss their training and development needs. Staff also had an annual appraisal of their work performance and were invited to attend meetings. Staff told us they could add to the agenda items for the meetings and were able discuss any issues relating to people's care and the operation of the home. We noted several staff attended the office for their annual appraisal during the inspection.

The Mental Capacity Act (MCA) 2005 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 2005. The application procedures for this in care homes are called the

Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found the provider had policies and procedures on the MCA and staff had received appropriate training. The registered manager and the staff spoken with had a good knowledge of the principles of the Act. They understood the importance of assessing whether a person had capacity to make a specific decision as well as the process they would follow if the person lacked capacity to make decisions. We noted all people had a mental capacity assessment and where any issues had been identified a best interest meeting had been held. For instance, a meeting had been held to agree the management of a person's finances.

Staff confirmed they asked consent from people before providing any care or support. One member of staff told us, "I always step back and ask people if they would like any help. I would never presume to take over as people should always have a choice." From looking at people's personal files, we saw people had signed to give their consent to their care being provided in line with their support plan, staff taking photographs and staff assisting with their medicines. People spoken with confirmed they were involved in all aspects of their care and support and were given the opportunity to attend review meetings.

The registered manager understood when an application for a DoLS should be made and how to submit one. At the time of the inspection, she had submitted two applications to the local authority for consideration and two applications had been authorised. A care plan was in place to support the conditions of the DoLS. This ensured that people were not unlawfully restricted.

We looked at how people living in the home were supported with eating and drinking. People told us they enjoyed the food and were provided with a choice of meals and drinks. One person told us, "The food is really nice. We always get two choices." The service operated a four weekly menu with alternatives available at all meal times. The chefs catered for special diets in line with people's needs and people were encouraged to maintain a healthy diet.

All meals were prepared daily from fresh ingredients. People also had access to the kitchen areas on each unit and were able to prepare their own drinks and snacks throughout the day. As part of their recovery programme people could opt to "shop and cook" their own food, which they prepared with staff assistance as appropriate. We noted risk assessments had been carried out to assess and identify people at risk of malnutrition and dehydration.

We observed lunchtime on the first day and noted the tables were set with tablecloths and condiments. The food looked well-presented and appetising. Staff sat at the table with people and ate the same food. The staff interacted with people in a pleasant and good humoured way and the atmosphere was relaxed and unhurried.

People told us they had access to a range of health care services. These included the GP, psychologist and psychiatrist. Where appropriate, people were given support to attend appointments and were given the option to speak to healthcare professionals in private. People's healthcare needs were considered within the care planning process and we saw written records to demonstrate staff were closely monitoring people's physical and mental health needs. This included a monthly record of people's weights. All people received an annual health check and referrals were made as necessary. From our discussions and a review of records we found the staff and registered manager had developed good links with other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care.

Good

# Is the service caring?

## Our findings

People told us the staff treated them with respect and kindness and were complimentary of the support they received. One person said, "The staff are very kind and always willing to help" and another person told us, "It's a good place, the staff are really respectful." Throughout our inspection, there was a relaxed and friendly atmosphere within the home. The registered manager and staff spoke warmly about people. They valued and respected them as individuals and praised their accomplishments. One member of staff told us, "I absolutely love my job. It's all about helping people to feel good about themselves and making sure people are treated as individuals."

We saw people were treated with respect and dignity. For example, staff addressed people with their preferred name and spoke in a kind and respectful way. In addition to responding to people's requests for support, staff spent time chatting with people and interacting socially. People appeared comfortable in the company of staff and had developed positive relationships with them. At lunch time we saw that staff sat and spoke with people.

People's bedroom doors were fitted with locks and people were given a key. We observed staff knocked on bedroom doors and waited for a response before entering. This meant people could maintain their privacy within their own room. People were supported to be comfortable in their surroundings. People told us they were happy with their bedrooms, which they were able to personalise with their own belongings and possessions. This helped to ensure and promote a sense of comfort and familiarity.

There was a keyworker system in place. This meant all people were linked to a named nurse who had responsibilities for overseeing aspects of their care and support. People also had an associate keyworker who was a member of the care staff.  People were familiar with their keyworkers and confirmed they spent time chatting to them. We saw from people's records that they had regular one to one sessions with staff. This enabled them to highlight any changes to their care and discuss any other pertinent issues. Staff spoken with were knowledgeable about people's individual needs and they explained how they consulted with people and involved them in making decisions about their care and daily lives.

The registered manager and staff were considerate of people's feelings and welfare. The staff we observed and spoke with understood the way people communicated which helped them to meet people's individual needs. People told us staff were always available to talk to and they felt staff were interested in their well-being. One person told us "They [the staff] take an interest in me and are always asking me how I am."

People were consulted about the care and support they needed and how they wished to receive it. We noted people were involved in developing and reviewing their care plans and their views were listened to and respected. One person told us, "I read and discuss my care plan and then change it if I want to. I can look at it anytime I like." The process of reviewing care plans helped people to express their views and be involved in decisions about their support. People were also able to express their views by means of daily conversations, one to one sessions, customer satisfaction surveys and residents meetings. The meetings gave people the opportunity to make shared decisions and be consulted about the operation of the home. We saw records

of the meetings during the inspection and noted a variety of topics had been discussed. People spoken with confirmed they could discuss any issues of their choice.

We observed staff supporting people in a manner that encouraged them to maintain and build their independence skills. For instance, people were supported to develop their life skills such as cooking and some people were supported to self-administer their own medicines. One person told us, "It's great here, I'm doing lots of new things like baking and cooking." The registered manager also explained one person who experienced low confidence and anxiety in social situations had been successfully supported to carry out voluntary work in the local community. Another person had been supported to regain their driving license and had now got a car.

People were given appropriate information about the service in the form of an admissions booklet. This presented an overview of the services and facilities available at the home and included information about advocacy services. At the time of inspection four people were in receipt of advocacy services. Advocacy is a process of supporting and enabling people to express their views and enable them to explore their choices and options.

People were supported to maintain relationships with their family and friends and could receive visitors whenever they wished.

Good

# Is the service responsive?

## Our findings

People made positive comments about the way staff responded to their needs and preferences. One person told us, "I like it here. The staff are there for you and are happy to help and listen" and another person commented, "This is the best place I've ever been. The staff definitely listen and do their best for us."

We looked at the arrangements in place to ensure people received care that had been appropriately assessed, planned and reviewed. We noted an assessment of needs was carried out before people moved into the home. This involved consultation with the person and where appropriate professionals involved in their care. People were able to visit the home and meet with staff and other people who used the service before making the decision to move in.

Following the pre admission assessment, consideration was given to whether the person's needs could be met in the home. On admission, an initial 72 hour care plan was developed which included information and guidance on the management of any risks associated with the person's care and treatment. Over the next 12 weeks care plans were developed around the "Mental Health Recovery Star." This was a tool that measured change and supported recovery by providing a map of people's progress. It focused on ten areas of life which were seen as critical to recovery. These included managing mental health, self-care, social networks, responsibilities, trust and hope and identity and self-esteem. People completed the star with the support of the nursing staff and used it as a way of plotting their progress and planning actions.

Each person's care and support was reviewed at regular MDT (Multi-disciplinary Team) meetings. All people were invited to attend their MDT meetings. This ensured people had the opportunity to discuss their progress and their views could be incorporated into their ongoing care plans. One person told us, "I find the MDT meetings interesting and supportive. They always take time to listen. I'm feeling so much better now."

The registered manager and staff were knowledgeable about people's needs and preferences. One person commented, "The staff are really caring. They know me well." Further to this, the registered manager agreed to consult people with a view to developing personal profiles. The profiles would be designed to provide an additional source of information for staff about what was important to people and how they wished to be supported.

The provider had systems in place to ensure they could respond quickly to people's changing needs. For example, a staff handover meeting was held at the start and end of each shift. We observed a meeting during the inspection and noted staff discussed people's well-being and any concerns they had. This helped to ensure staff were kept well informed about the care of people living in the home. Staff told us they read people's care plans on a regular basis and felt confident the information was accurate and up to date. Records were maintained of the contact people had with other services and any recommendations and guidance from healthcare professionals were included in people's care plans. We also noted staff completed daily care records which provided information about changing needs and any recurring difficulties. We saw the records were detailed and people's needs were described in respectful and sensitive terms.

From our discussions and observations we found there were many opportunities for involvement in activities both inside and outside the home. People spoken with were satisfied with the arrangements for activities and confirmed there was plenty of things to do to occupy their time. One person told us, "There is always something to do. I am never bored." People had completed activity planners based on their interests and abilities in order to give structure to their week. The service employed an activities team which included an occupational therapist. Activities included arts and crafts, gym, gardening, quizzes, bingo, play your cards right and board games. There was also a session held once a week to help people develop their literacy and numeracy skills. Activities outside the home included trips to places of interest such as Witton Park. In addition, three people were involved in voluntary work in the local community. People's achievements were celebrated and we noted people's art and craft work was displayed around the home.

Staff were encouraged to suggest activities and time was designated on the rota for them to try out their ideas. For instance, one member of staff told us how they facilitated beauty sessions for people wishing to join in. Information about forthcoming activities was displayed on boards in all units.

We looked at how the registered manager managed complaints. People told us they would feel confident talking to a member of staff or the registered manager if they had a concern or wished to raise a complaint. One person told us "The staff and [the registered manager] are very approachable. I can talk to them about anything." Staff spoken with said they knew what action to take should someone in their care want to make a complaint and were sure the registered manager would deal with any given situation in an appropriate manner. We noted the complaints procedure was incorporated in the admissions booklet and included the timeframe for a response and appropriate contact details.

We looked at the complaints records and found the registered manager had received two complaints over the last 12 months. We noted appropriate action had been taken to resolve the concerns in a timely manner. An audit was carried out of the complaints received to identify any themes and learning points in order to improve the service.

Good

# Is the service well-led?

## Our findings

The majority of people told us the home was well run and managed. One person told us, "I see [the registered manager] every day. She comes round to check we are all okay. She's very easy to talk to and she gets things sorted quickly."

The service was led by a manager who is registered with the Care Quality Commission. The registered manager had responsibility for the day to day operation of the service and was visible and active within the home. On our tour of the building with the registered manager we noted people were relaxed in her company and it was clear she had built a good rapport with them. During the inspection, we spoke with the registered manager about the daily operation of the home. She was able to answer all of our questions about the care provided showing that she had a good overview of service.

The registered manager told us she was committed to the on-going improvement of the home. At the time of the inspection, she described her achievements over the last 12 months as establishing a link with UCLAN (University of Central Lancashire) to facilitate student nursing placements, the professional development of the lead nurses by giving them turns to be the deputy manager and ensuring a Consultant Psychiatrist attended the MDT (Multi-Disciplinary Team) meetings. The registered manager also described her priorities over the next 12 months as the development of health passports to support people's healthcare needs, making arrangements for a weekly GP surgery at the home and the induction of a new nurse who specialised in diabetes. This demonstrated the registered manager had a good understanding of the service and planned to make improvements.

Staff spoken with described their roles and responsibilities and gave examples of the systems in place to support them in fulfilling their duties, for instance handover meetings, individual supervision and staff meetings. Staff spoken with were aware of the lines of responsibility and told us communication with the registered manager was good. They said they felt supported to carry out their roles in caring for people and felt confident to raise any concerns or discuss people's care. Staff were also aware of the lines of accountability and who to contact in the event of any emergency or concerns. If the registered manager was not present, there was always a nurse on duty with designated responsibilities.

The registered manager and management team used various ways to monitor the quality of the service. This included audits of the medicines systems, health and safety arrangements, the environment, incidents and accidents, staff training and staff supervisions, complaints and infection control. These checks were designed to ensure different aspects of the service were meeting the required standards. We noted the audits included action plans where any shortfalls had been identified and the actions were monitored and reviewed to ensure they were completed. A clinical audit of all care files was conducted every month to ensure individual care plans were up to date and people were receiving support in line with their plans.

All findings and feedback from the quality assurance processes were discussed at a monthly governance meeting. We saw minutes of the meetings during the inspection and noted a wide range of topics were discussed and actions were set for the next meeting.

People were regularly asked for their views on the service. This was achieved by means of meetings and a bi annual satisfaction surveys. We noted the last survey was distributed in October 2016. The results had been analysed in order to identify any trends and patterns and discussed at the governance meeting. However, we noted people's written comments had not been collated in order to address any suggestions for improvement. The registered manager assured us all comments would be checked and analysed following all future surveys.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding team. Our records showed that the registered manager had appropriately submitted notifications to CQC about incidents that affected people who used services. The registered manager was also aware of the requirements following the implementation of the Care Act 2014, for example the introduction of the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided.