National Schizophrenia Fellowship

Shipley Lodge

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Shipley Lodge is a care home with nursing, and provides nursing and personal care to 16 people with mental health needs. The building is a large, purpose-built bungalow. Shipley Lodge also has an adjoining flat where staff support people who are preparing to move to more independent living. At the time of our inspection 16 people were living at the service. At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

People were protected from the risk of abuse and avoidable harm. Risks associated with care were identified and assessed. Staff had clear guidance about how to meet people's individual needs. Care plans were regularly reviewed with people and updated to meet their changing needs and preferences. The systems for managing medicines were safe, and staff worked in cooperation with health and social care professionals to ensure that people received appropriate healthcare and treatment in a timely manner.

People were supported and cared for by sufficient staff who were suitably skilled, experienced and knowledgeable about people's needs. The provider took steps to ensure checks were undertaken to ensure that potential staff were suitable to work with people needing care. Staff received one-to-one supervision and had regular checks on their knowledge and skills. They also received training the provider felt necessary to meet the needs of people at the service.

People were supported to be involved in their care planning and delivery. The support people received was tailored to meet their individual needs, wishes and aspirations. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, and policies and systems in the service supported this practice.

Systems were in place to monitor the quality of the service provided and ensure people received safe and effective care. These included seeking and responding to feedback from people in relation to the standard of care. Regular checks were undertaken on all aspects of care provision and actions were taken to improve people's experience of care.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Shipley Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This was a comprehensive inspection, which took place on 4 and 5 July 2017, and the first day was unannounced.

The inspection visit was carried out by one inspector, a specialist advisor in mental health nursing, and an expert-by-experience. An expert-by-experience is a person who has personal experience of using this type of care service. The second day of our inspection was carried out by one inspector.

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

Before our inspection visit we reviewed the information we held about the service including notifications the provider sent us. A notification is information about important events which the service is required to send us by law. For example, notifications of serious injuries or allegations of abuse. We spoke with the local authority and health commissioning teams, and Healthwatch Derbyshire, who are an independent organisation that represents people using health and social care services. 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.

During the inspection we spoke with five people who used the service. We also received feedback from four health and social care professionals. We spoke with four staff and the manager. We looked at a range of records related to how the service was managed. These included three people's care records (including their medicine administration records), three staff recruitment and training files, and the provider's quality auditing system.

Good

Our findings

People felt safe living at Shipley Lodge, and were kept safe from the risk of potential abuse or harm. They felt confident to tell staff if they were concerned about anything. Staff understood risks associated with individual health conditions, and followed agreed risk assessments and plans of care to support people. Risk assessments and related care plans were designed with people to enable them to participate and develop confidence in daily activities. Staff knew how to identify if people were at risk of abuse and were confident to report concerns. They received training in safeguarding people from the risk of avoidable harm. The provider had a policy on safeguarding people from the risk of abuse, and staff followed this.

People's files contained information and contact details for relatives and other key people in their lives. Each person had a personal emergency evacuation plan (PEEP) which contained information on how to support each person to remain safe in the event of an emergency. Staff knew what to do in an emergency, and the provider had a business contingency plan in place. This ensured people would continue to be supported safely in the event of an emergency.

Staff told us, and records showed the provider undertook pre-employment checks, which helped to ensure prospective staff were suitable to work with people receiving care. This included obtaining employment and character references and disclosure and barring service (DBS) checks. A DBS check helps employers to see if a person is safe to care for people. All staff had a probationary period before being employed permanently. This meant people and their relatives could be reassured staff were of good character and were fit to carry out their work.

There were enough staff to provide the care and support people needed. People and staff confirmed that staffing levels were sufficient and our observations on inspection supported this. The provider regularly reviewed people's care and adjusted staffing levels to ensure people received the support they needed.

People's medicines were managed safely and in accordance with professional guidance. People felt staff supported them to manage their medicines safely. Staff told us and records showed they received training and had checks to ensure they managed medicines safely. The provider had up to date guidance for staff which was accessible and followed by staff who dealt with medicines. Staff took time to explain to people what their medicines were for, and checked that people were happy to take their medicines. This meant people received their medicines as prescribed.

Good

Our findings

People were supported by staff who were trained and experienced to provide their care. New staff undertook the Care Certificate as part of their induction. The Care Certificate is a set of nationally agreed care standards linked to values and behaviours that unregulated health and social care workers should adhere to. The provider had an induction for new staff including training and shadowing experienced colleagues. Staff told us they received an induction when they started work which they felt gave them the skills to be able to provide care for people.

Staff undertook training the provider considered essential, including safeguarding and supporting people with mental health needs. Staff told us and records showed they received refresher training to help them continue to meet people's needs. Staff had meetings with their supervisor to discuss their work performance, training and development. The provider also ensured staff skills and competency was to the standards they required through checks. For example, staff who supported people with medicines had checks to ensure they had the skills and knowledge to do this effectively. The provider ensured that staff maintained the level of skills and knowledge needed to support people in ways that worked for them.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA) 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). No-one at Shipley Lodge was subject to a DoLS authorisation. People confirmed that staff sought their consent before offering care and support, and we saw examples of this throughout the inspection. People's care was regularly reviewed with them to ensure that any restrictions in care were legal and in proportion to any risks. The provider ensured people had their rights upheld in respect of ensuring consent to care and treatment.

People said that they had plenty of choices of food, and had the option to have meals prepared for them. People had access to two domestic-style kitchens if they wished to prepare their own food and drink. One person described how staff supported them to cook food, and we saw evidence that confirmed staff were supporting them to develop and maintain their skills. This meant that people would be able to prepare food more independently and with confidence. There was a selection of food available, and staff supported people to make healthy food choices if they wanted this. This ensured that people had access to nutritious food and could choose when and where they wished to eat.

People told us they were supported to access health services when needed to maintain their well-being.

Care plans identified what people's health needs were and how staff should support them. Staff kept daily notes regarding any health concerns for people and action taken. Records confirmed that people were supported to attend a range of health and social care professionals, and that any actions arising from appointments were followed up. This enabled staff to monitor people's health and ensure they accessed health and social care services when required.

Good

Our findings

People were supported by staff who understood their needs and preferences. We saw staff support people in a calm and caring manner during our visit. When people indicated they wanted something, staff responded in a timely manner, and demonstrated respect in the way they spoke with people throughout the day. Staff spent time with people who appeared anxious or agitated. For example, one person who was anxious responded well when staff spent time with them.

People were involved in planning and reviewing their care and support. People told us, and records confirmed that they were supported to express their views and wishes about their daily lives. The provider's ethos was to support people to recover and maintain their mental well-being. This recovery-focussed approach meant people were as involved as possible in planning their support and setting goals for staff to assist them with. For example, several people were working towards managing their medicines independently. Evidence showed their plans for this were developed with staff at a pace that worked for them. People had access to advocacy services to support them to put forward their views and wishes about care. This meant people were encouraged to be actively involved in their care, and their independence was promoted.

People felt information about their care was kept confidential. People's records were stored securely. Staff understood how to keep information they had about people's care confidential, and knew when they should share information appropriately. We saw staff ensured that conversations about people's care took place in private, and staff were mindful of who they shared information with. This showed people's confidentiality was respected.

People said they were supported to maintain contact with their families and friends if they wished to, and there were no restrictions on people who wished to go out. This showed people's right to private and family lives were respected.

Good

Our findings

People told us about regular opportunities to talk about the quality of their care, the range of activities, or any other matters to do with the service. Evidence demonstrated staff spoke with people regularly on an individual basis and in groups about the service. Staff felt care plans contained enough information to be able to understand and support people's needs. People's care plans were person-centred, and included their views were about how they were supported, and goals and aspirations. For example, one person was being supported to manage their own medicine, and had an individual plan to enable staff to support them at their own pace, and increase their skills and independence. Another person was supported to plan, prepare and cook food that reflected their heritage and culture. The person told us it was important to them to do this, and feedback from other people and staff showed they valued and enjoyed the effort made to include them in mealtime experiences. This showed the provider had relevant information about people's diverse needs to enable staff to provide appropriate support.

People told us and evidence showed there were trips out and activities to suit people's preferences. For example, several people were planning a "spa day" with staff, and we saw this activity was planned around people's wishes. Staff said they always asked people if they wanted to join in any planned activities, or if they wanted alternative activities and records supported this. Forthcoming activities were advertised throughout the home. The provider offered a range of group and individual activities that met people's preferences.

People felt able to raise concerns and knew how to make a complaint, and felt they would be taken seriously. The provider had a complaints policy and procedure in place, which recorded the nature of the issue, what action was taken and who had responsibility for this. The complaints procedure was displayed in the home. The manager reviewed complaints on a regular basis to see whether there were any themes they needed to take action to improve. This meant the provider had a responsive system to resolve concerns and complaints.

Good

Our findings

People and relatives felt the service was managed well. Staff spoke positively about their work and the support they received from the registered manager and from each other. They felt confident to raise concerns or suggest improvements. Staff understood their roles and responsibilities, and demonstrated they were trained and supported to provide care that was in accordance with the provider's aims and objectives in providing the service.

The service did not have a registered manager at the time of our inspection visit. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. However, there was an experienced manager in post who was in the process of applying to register with us.

The manager understood their responsibilities and felt supported by the provider to deliver good care to people. They appropriately notified the Care Quality Commission of any significant events as they are legally required to do. They had also notified other relevant agencies of incidents and events when required. Feedback from service commissioners was positive with regards to how the service was managed.

The service had established effective links with local health and social care organisations and worked in partnership with other professionals to ensure people had the care and support they needed. Staff took appropriate and timely action to protect people and had ensured they received necessary care, support, or treatment from external health professionals. The manager monitored and reviewed accidents and incidents, which allowed them to identify trends and take appropriate action to minimise the risk of reoccurrence.

There were systems in place to monitor and review the quality of the service. There was an emphasis on continually looking for ways to improve the service for people, and also looking at learning from where care fell below the standards the provider expected. The manager and provider carried out regular checks of the quality and safety of people's care. Checks included monitoring of people's care and the service environment, how people felt about care and regularly seeking people's views about the service. They also investigated where care had fallen below the standards expected and took steps to improve people's care. The provider undertook essential monitoring, maintenance and upgrading of the home environment to ensure it was suitable and safe for people living there.