

National Schizophrenia Fellowship Shipleigh Lodge

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Shipley Lodge is a residential care home providing personal and nursing care to 16 people with mental health support needs. On the day of our inspection there were 14 people living there. The home is in a residential area with good access to community facilities.

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

The risks to people's health and wellbeing were assessed and action agreed with the person to try to reduce them. There were systems to learn from mistakes including the detailed analysis of accidents and incidents. People were supported by staff who understood how to protect them from avoidable harm. There were enough staff deployed to keep people safe in the home and when they chose to go out. People's medicines were well managed, and staff understood how to reduce the risk of the spread of infection.

Staff received training to enable them to do their jobs well. Assessment ensured people were supported to transition into the service well. People were supported to maintain a healthy diet and encouraged to participate in preparing new choices. Their health and welfare were managed with referrals to other professionals when required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There were kind and caring relationships between people and staff which were based on dignity and respect. People were central to decisions about the support they received and staff respected their wishes. People had care and support provided which met their preferences. Complaints were handled in line with the provider's complaints policy. People did not currently receive end of life care.

Staff enjoyed working at the service and felt respected and valued. The provider's quality assurance processes were effective in identifying potential risks to people's safety. There was a continued focus on learning, development and improvement.

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 good (published 22 July 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service remained exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Shipleigh Lodge

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 was completed by one inspector.

Service and service type

Shipleigh Lodge is a care home. People in care homes receive accommodation and personal care. 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

We used information we held about the home which included notifications that they sent us to plan this inspection. On this occasion the provider had not been asked to complete a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. However, we gave opportunities for them to update us throughout the inspection.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We also spoke with five members of staff including the registered manager, the deputy manager, support workers and a student on placement. We also spoke with one visiting professional.

We reviewed a range of records. These included five people's care records and several medication records. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and the service improvement plan.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were knowledgeable about safeguarding and could explain the processes to follow if they had concerns.
- One person told us, "I feel safe here and trust the staff."
- When safeguarding concerns were raised and investigated, action was taken to protect people from further potential harm.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were assessed, managed and regularly reviewed.
- Risk was managed in partnership with people, to agree safe boundaries while encouraging participation and engagement.
- Some people required closer monitoring to manage risk; for example, the risk of developing sore skin. There was clear guidance in place for staff and regular monitoring was recorded.
- Risks in the environment were all assessed and managed.

Using medicines safely

- Medicines systems were organised, and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- People were engaged in the management of their medicines and made decisions with staff about what medicines they took and how. Staff were knowledgeable about their choices and ensured they were given information in an accessible format to assist them to make these decisions.
- When people were prescribed medicines to take 'as required', there was guidance in place to support staff to know when this was needed.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong, and actions were taken to reduce the risk.
- A new approach to medicines management had been introduced after there were errors found during audits. Daily checks were now being completed to ensure records were correct and nursing staff were mentoring other staff in safe administration.
- Accidents and incidents were regularly reviewed and there were clear records of action taken with people to reduce the risk of repetition.

Preventing and controlling infection

- The home was very clean and there were arrangements to maintain this level of good hygiene throughout the week.

- Staff understood the importance of protective equipment in managing cross infection; for example, using gloves or aprons when required.

Staffing and recruitment

- There were enough staff to ensure that people's needs were met safely.
- Staff had plenty of time to spend with people throughout the day and to respond promptly when assistance was requested.
- There were staff vacancies and a recruitment plan in place to fill these. In the meantime casual staff had been recruited and there were regular agency staff who knew people well and were given time to read their care plans and guidance.
- The provider followed recruitment procedures which included police checks and taking references to ensure that new staff were safe to work with people.

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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and choices were met in line with national guidance and best practice.
- Their care plans contained detailed information to support specific diagnoses and there was also copies of guidance and resources available to people and staff.
- Some people had developed their own guidance which explained how their diagnosis affected them from a personal perspective.

Staff support: induction, training, skills and experience

- Staff had the skills and training to support people well. One person told us, "The staff are good at their jobs. They are friendly but don't get over-involved."
- New staff had detailed training and support before they started working with people independently. One member of staff told us, "I spent four weeks shadowing experienced staff and getting to know people. I now have a full itinerary of training courses organised which I will be completing soon."
- Other staff were provided with yearly refreshers or additional specific training when required. Nursing staff were supported to continue their clinical development in partnership with other providers. This ensured they had sufficient evidence to maintain their registration.
- Staff also had regular opportunities for support through supervision sessions.

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

- People were provided with food they enjoyed and could make choices about what they ate.
- A student social worker on placement at the home had implemented a project to revitalise the weekly menu. This involved speaking with people about their favourite foods, using photos and pictures for some people. New menus were being trialled and people were engaged in feeding back about their preferences as well as new suggestions.
- Some people were being supported with specialist diets or to manage their food intake to improve their health. Again, this was done in collaboration and with sensitivity.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- There were good relationships in place with other professionals to ensure that people received good person-centred support.
- People were encouraged to attend health appointments and be responsible for their wellbeing. At times, people chose not to do this, and we saw records of referrals to other professionals for support and guidance for the person around this to ensure they fully understood their decision; for example, to attend a dentist

when required.

- When people were transitioning between services there were careful plans in place with other agencies to ensure information was shared and moves happened at a pace to suit the individuals involved. For example, the plan for one person to move into the home spanned several weeks and they were gradually increasing the time spent there. Staff were attending meetings at the person's current home to ensure a consistent approach to supporting them.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- Staff had a good understanding of the MCA and could describe the process they would follow to ensure decisions were made in people's best interest if they were unable to do so.
- When required, assessments were completed with people to ascertain whether they had capacity for specific decisions.
- Nobody was living at the home under a DoLS.

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 good. At this inspection this key question remained the same. This meant people were well supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People had caring, kind, supportive relationships with the staff who supported them.
- People required differing levels of support throughout the day and staff were conscious of their choices and needs. They understood some people liked company and reassurance whilst others appreciated their own space.
- Staff recognised the home was going through a period of change with a renewed focus on recovery for people. They told us the managers were good at sharing the person-centred values underpinning these changes and they felt these were being embedded. New staff informed us values and motivation for working at the home were part of the recruitment process.

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

- All decisions and choices about care were made in consultation with people.
- Some people were less able to speak for themselves and they were supported to make important decisions through advocates. Advocates are professionals who are independent of the provider.
- Staff knew how people chose to communicate and planned to speak with them in their preferred way; for example, some people liked company and to talk about how they felt regularly where others preferred a meeting time arranged.

Respecting and promoting people's privacy, dignity and independence

- Dignity and privacy were upheld for people to ensure that their rights were respected. Staff spoke about people respectfully throughout the inspection visit and were cautious about confidentiality and ensuring any conversations with us were private.
- People's bedrooms were private spaces, and people were able to lock their rooms if they chose.
- People living at the home had different levels of support requirements and some lived independently, going out when they chose to. Other people required more staff assistance which was provided. For example, people were encouraged to choose and make some meals for themselves.

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 good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People were supported by staff who knew them very well and planned support to meet their preferences.
- Care plans were personalised and very detailed. They were regularly reviewed and updated and focussed on a holistic approach to support. People had set goals to aid their recovery which were regularly reviewed with them. One person told us, "It's a long road for me but I am going in the right direction."
- Staff told us they met regularly to discuss what support people required. One member of staff said, "There is a half hour handover meeting planned at the beginning of each shift which gives us the opportunity to check what people need."
- There was also a keyworker system. One member of staff explained how they supported the people they were keyworker for. This included organising activities and appointments.

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 chose how to spend their time. Some people led active lives and were out of the home a lot. Others spent time at home and were encouraged by staff to develop interests. One member of staff told us about some planning with people for days out.
- Some people had goals set to encourage them to go out more or participate in leisure activities as part of their recovery plan and staff worked towards these with them.
- Social interaction was encouraged at home through shared communal spaces and agreed leisure activities such as watching films together. However, one person told us they had gaming technology in their room and preferred not to spend time with others. Individual choice was respected.

Improving care quality in response to complaints or concerns

- Information about how to complain was shared in an accessible format in the home.
- All complaints and concerns raised by people living in the home were managed in line with the providers procedure. This meant people received a response to their concern and asked if they were satisfied with the outcome. For example, one person had raised a concern about their privacy not being respected and now the door was closed when they received their medicines.

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's communication needs were assessed, and it was clear how information should be shared with them.
- Information was shared in an accessible manner, using pictures and symbols to help explain it for some people. For example, some people had their care plans in an accessible format to help their awareness of their goals.

End of life care and support

- There was no one receiving end of life care and no one with life limiting conditions.

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 good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was an open culture with all staff we spoke with sharing values about good person-centred care. One professional we spoke with said, "The values here are sound and you can see they are with every member of staff. I am always welcomed and offered assistance."
- Staff told us they were able to ask for support and guidance from managers at any time. One said, "I can ask for help at any time; the registered manager is very knowledgeable but also welcomes feedback."
- Regular reviews and audits were completed to ensure the service was meeting standards and continually improving. For example, any incidents were reviewed by the registered manager to consider causes, outcomes and any changes which were needed either to care plans or staff training. These were reported to the provider who had a team with oversight of actions taken. They provided support to the registered manager and also asked for additional assurances at times.

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

- All staff understood their roles and responsibilities and there were clear lines of delegation. Senior staff explained their role and the leadership they provided. This included monitoring and checking records were completed for people.
- Staff felt valued and confident to speak up about anything that concerned them. They described a period of change in the past year which had led to renewed focus on the purpose of the service.
- The registered manager ensured that we received notifications about important events so that we could check that appropriate action had been taken. The previous inspection rating was displayed in line with requirements.

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

- There were regular opportunities for people who lived at the service to give feedback about the support they received. This included meetings which some people liked to attend.
- Staff felt supported through regular team meetings and supervision. Any additional support was considered in line with equality characteristics.

Working in partnership with others

- There were strong relationships with local health and social care professionals, education establishments and community groups.
- One professional told us, "I am confident working with the registered manager and organising this project, there has been a clear brief and support given throughout."