National Schizophrenia Fellowship

Thistley 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?	Requires Improvement

Summary of findings

Overall summary

The inspection visit took place on 19 December 2017 which was unannounced. This was a comprehensive inspection.

Thistley Lodge is a mental health nursing home, which provides care for up to eight people over two floors. At the time of our inspection there were five people living at Thistley Lodge. During our inspection visit, a person was spending the night at Thistley Lodge because they were planning to move there permanently from January 2018. This person wanted to make sure they enjoyed living there, before making a commitment. This increased the occupancy to six people during our visit.

People in care homes receive accommodation and nursing and/or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.
A requirement of the service's registration is that they have a registered manager. 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 and the associated Regulations about how the service is run. At the time of our inspection visit there was no registered manager in post. The registered manager had left the service in September 2017. Since then a manager has been in post, and in December 2017, they had applied to become the registered manager at the home.

At the last inspection in November 2016 the service was rated 'Good' overall. At this inspection we found the service remained 'Good' overall.

People and relatives were pleased and satisfied with the quality of care provided. People were encouraged to make their own decisions about how they lived their lives, such as receiving their care and support in line with their expressed wishes and goals.

People were supported to remain as independent as possible so they could live their lives as they wanted. People made choices about what they wanted to do for themselves, such as what to do, where to go and what to wear. People were encouraged to maintain important relationships with family and people built friendships with people at the provider's other home close by.

Care plans contained supportive information for staff to help them to provide the individual care people required. For people assessed as being at risk, care records included information so staff knew how to minimise risks to those in their care. Staff knew how to support people to minimise identified risks and staff knew what action to take if people did not follow their risk management plans.

Staff knew how to keep people safe from the risk of abuse. Staff and the clinical lead nurse understood what actions they needed to take if they had any concerns for people's wellbeing or safety. The provider

safeguarded some people's finances to reduce potential for financial loss

Staff understood people's individual needs and abilities which meant they provided care in a way that helped keep people safe. Staff received essential and regular training to meet people's needs, and effectively used their skills, knowledge and experience to support people.

People's care and support was provided by a caring and consistent staff team. People told us they felt safe living at Thistley Lodge because they got on well with each other and the staff team. People said it felt like a big family. Relatives were complimentary about the staff team and that they did what they could to help people promote their family members independence.

Staff worked within the principles of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity, staff's knowledge ensured people received consistent support so the right decisions and outcomes were made. Care records included the support people needed if they lacked capacity. Staff told us and we saw, they sought people's consent before they provided care and support.

People were supported and encouraged to hobbies and leisure interests to keep them active and to have fulfilling lives. People and staff worked together to achieve goals that people had set which helped promote their social skills and lifestyle choices.

Most people prepared their own meals and did their own food shopping. Staff supported people to ensure they maintained a balance diet.

People received support from other healthcare professionals and some people made their own health appointments. Some people took responsibility for their own medicines management while staff supported others. Regular checks and monitoring ensured medicines were given safely and as prescribed.

The manager was not available during our inspection visit. We looked at examples of audits and checks they completed that assured them and the provider, people received a safe, responsive and effective service. Some identified actions were not always recorded as completed, which made it difficult to know if improvements had been made. People's feedback was sought so they had an opportunity to feed into how the service was provided.

The provider had not submitted a Provider Information return (PIR) because of internal communication issues which have now been addressed to prevent this from happening in the future. The provider displayed a copy of the report, but had not displayed a rating poster. Immediately following our inspection visit this was rectified.

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 remained safe.	**Good**
Is the service effective? The service remained effective.	**Good**
Is the service caring? The service remained caring.	**Good**
Is the service responsive? The service remained responsive.	**Good**
Is the service well-led? The service was not always well led. The service did not have a registered manager which is a condition of their registration. The provider had not sent us their Provider Information Return before this inspection, and they had not displayed a rating poster. We looked at their systems and audits and found their quality assurance checks monitored the quality of the service people received and identified where improvements were required. However, further checks were required to ensure actions had been taken.	**Requires Improvement**

Thistley Lodge

Detailed findings

Background to this inspection

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

This inspection visit took place on 19 December 2017. It was a comprehensive unannounced inspection and was conducted by one inspector.

We reviewed the information we held about the service. This included information shared with us by the local authority commissioners. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority. We looked at the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

We sent the provider a provider information return (PIR). This is a form we asked the provider to send to us before we visited. The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We were unable to review this information as part of our inspection process because the provider was not able to access the document and complete it. The provider told us they had improved their internal systems so future PIRs would be completed and returned to us in time for the inspection.

To help us understand people's experiences of the service, we spent time during the inspection visit talking with people in the communal areas of the home, or their own room when invited. This was to see how people spent their time, how staff involved them in making decisions about their care, how staff provided their care and what they thought about the service they received.

We spoke with four people who lived at Thistley Lodge and one visiting relative. We spoke with the clinical lead nurse and a care staff member. Following the inspection visit, we spoke with the provider's Head of Services who explained to us the current position regarding the management of Thistley Lodge.

We looked at two people's care records and other records including quality assurance checks, daily notes for people, medicines and finance checks.

Good

Is the service safe?

Our findings

At this inspection, we found the same level of protection from abuse, harm and risks as at the previous inspection and safe staffing levels continued to support people. The rating continues to be Good.

Everyone we spoke with told us they felt safe living at Thistley Lodge. One person said, "I feel safe because we are one big happy family." People said the staff who supported them were approachable and they had no concerns asking any staff member for assistance.

Staff told us they had safeguarding training and understood the signs that could indicate a person was at risk of harm or abuse. Staff had confidence to challenge poor practice and to share any concerns with the manager, CQC or the police if needed. Where a safeguarding concern or incident had been identified, the manager had taken action to report this to the relevant organisations who have responsibility for investigating safeguarding issues. They also informed us by submitting a statutory notification and the outcome of those investigations.

Risk assessments and care plans identified where people were at potential risk, the likelihood of the risk occurring, and if it did occur, the actions that should be taken. People's care plans were regularly reviewed and their risk assessment scores were updated when their needs and abilities changed. For example, one person had recently fallen at night and as a result, now had limited mobility. As a result, staffing levels at night had been increased to a 'waking night staff' to ensure they remained safe at night. This was done to reduce the potential risk of this person falling again.

Staff understood the risks associated with the type of care and support people needed, especially people who needed support promoting their daily living skills, personal care and social involvement. For example, some people enjoyed going out on their own and meeting friends. Agreed risk assessments recorded what time staff should expect people back. Staff said most of the time, people adhered to this, but on occasions went past agreed return times. Protocols meant staff contacted Police and local searches were completed. Notifications sent to us by the provider demonstrated that staff consistently followed the protocols when people did not return as expected. Staff referred the incidents to the relevant authorities, undertook searches of the local area and contacted people's friends.

For other risks, a staff member said, "We help people prepare meals and hot drinks." They said people enjoyed cooking so they supported and supervised people to do this safely. Staff understood the balance between allowing people to take positive risks and keeping them safe. However, we saw one person who smoked was not always observed as described in their care plan. The clinical lead nurse said staff usually did observe the person, but they would remind staff of their responsibility to do this.

Safe systems ensured people's money was kept safe and secure. Staff told us and we saw, checks were made twice daily to count and ensure people's money was correct and locked away. We were told of one example recently where money had gone missing. The provider reimbursed the money so the person was not out of pocket. Staff said now, "The checks and double staff signatures help ensure the money is right

throughout the day."

There was sufficient experienced staff to meet people's needs. People told us there were enough staff to care for them. A clinical lead nurse said there were usually three staff on duty, but today they were one short. They said this was not an issue. People were still able to do activities they had planned and one person who wanted to go out, was encouraged to, but chose to go out a different day.

People received their medicines as prescribed, from trained and competent staff. Systems ensured medicines were ordered, stored and administered safely. Medicines Administration Records (MARs) were used to record when people had taken their medicines and daily counts by trained staff made sure medicines were given as prescribed. MARs were completed correctly and for some people who had medicines on an 'as and when' basis, protocols included when to administer, the reasons and safe dosage limits.

Staff understood infection control measures and how to reduce the risk of cross infection. A staff member explained when they used personnel protective equipment (PPE) and the reasons why. During our inspection visit a staff member cleaned communal floor areas. They explained they used a colour coded mop system in line with current infection control guidance. They said this helped reduced risks of cross contamination, as well as wearing their PPE.

Maintenance and safety checks had been completed for all areas of the service. These included safety checks of the home environment, infection control risks and water safety. Records confirmed these checks were up to date. In addition, there was regular testing of fire safety equipment and fire alarms so people and staff knew what to do in the event of a fire. People who used the service had Personal Emergency Evacuation Plans (PEEPs). These are for people requiring special provision to ensure staff and the emergency services know what assistance they need to ensure their safety in the event of an emergency.

The clinical lead nurse said accidents and incidents were reviewed to see if patterns or trends emerged. They said they did not have many incidents, such as people falling. A person, who had recently fallen and suffered an injury, was due to an accident, not any underlying reasons.

Good

Is the service effective?

Our findings

At this inspection visit we found people continued to receive care and support from trained and experienced staff and from staff who provided people choices in line with their wishes. The rating continues to be Good. One person said staff were, "Very effective in suggesting new things and helping me get what I want." This person said staff were effective in helping them, "To cook, look after themselves and to help them improve their skills."

The person who visited the home and was staying overnight, the clinical lead nurse said they were in the process of putting together this person's care plan so staff knew how to support them. The clinical lead nurse said this person had visited before, and prior to this, was assessed to ensure the home and staff could meet their needs and aspirations. The clinical lead nurse said the pre- assessment process was very important so they knew how a person new to the home, would 'fit in' with others. Part of the pre-assessment was for people to spend a night so they could see if they would like it, but also how it affected the existing people in the home.

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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). As we found at our previous inspection, the service continued working within the principles of the MCA. No one at the home had a DoLS because everyone had capacity and was free to leave and return to the home as they pleased, in line with agreed risk assessments. Some people at the home were treated under community health orders and the provider followed guidance in terms of regular reviews and appointments to ensure people's mental health well being was maintained.

Staff understood the MCA and how to support people using the principles of the Act. The clinical lead nurse said everyone had capacity for most decisions, although one person lacked capacity for their finances. This person had an appointee, but there was no information to show the process for keeping their money safe was in their best interests. The clinical lead nurse agreed to follow this up, but was aware it had been completed.

We saw staff offered people choice and staff said it was important to continually promote choice as people's decision making varied. Staff asked people what they wanted to do, if they wanted to go out, what to eat and drink or whether they needed any help with any activities they had planned during the week. Some people had agreed to limits on alcohol consumption or staff keeping their cigarettes. Staff said, "They consented and were happy for staff to do this." Staff said this helped people manage their intake without it adversely affecting their health and wellbeing.

Staff said their training equipped them to meet people's needs. One staff member said, "We get extra training….I did training in drugs and alcohol which was interesting." They said this training gave them a better understanding of supporting people with past addictions and how they could help them now. Staff confirmed they received training in subjects including safeguarding, mental health, moving and handling,

medicines, food hygiene and infection control.

No one living at the home had risks associated with eating and drinking. Staff told us they knew people's individual requirements, likes and dislikes and made sure people received their food, drink and support in a way that continued to meet their needs. Staff advised people to have a balanced diet. People did their own food shopping, so were able to choose what they wanted to eat. During our visit, staff cooked lunch for a person who had arrived to live at the home that day. They were given a choice and chose an omelette. After they had eaten they said, "It was lovely, very nice...I think I will like it here."

People were supported and encouraged to prepare and cook their own food. Shopping lists were put together based on what people chose to eat that week. Staff said a variety of snacks and drinks were available so people could help themselves whenever they wanted outside of mealtimes.

People told us they had access to and used services of other healthcare professionals. During our visit a psychologist saw one person to discuss their support needs. . Where possible, people were encouraged to maintain responsibility for their own healthcare. One person told us, "I go every four weeks to see the doctor for my blood tests without fail. I collect my own medicines and I make my own appointments." Staff understood how to manage people's specific healthcare needs and knew when to seek professional advice and support so people's health and welfare was maintained. The clinical lead nurse said it helped people having a nurse at the home who could discuss clinical concerns with other health professionals.

People's bedrooms were located over two floors. People could lock their own rooms and had a key to the front door so they could come and go as they wished. The manager's office was a focal point for people to sit down and have a chat with staff and each other. The kitchen was accessible to everyone and people had a communal lounge area to watch television or to access the computer. A garden area was available for people to use. Some people who smoked, used this area as the home operated a no smoking policy. People's rooms were decorated and furnished to their own choice and people said Thistley Lodge 'was home'.

Good

Is the service caring?

Our findings

At this inspection, we found people were as happy living at Thistley Lodge as they had been during our previous inspection, because they felt staff cared about them. The rating continues to be Good.

People and a relative were complimentary of the support from staff. One person said of staff, "They are kind, peaceful, friendly and lovely." A visiting relative told us, "They (staff) are really good, the staff are very good and helpful to [name]." They told us they were welcome to visit without restriction and were very much involved in their relative's life. We saw staff interactions with people at the home were respectful, kind and positive. Staff were patient, waiting for people to respond to their questions. Staff spoke gently to people and cared how they were feeling, especially if they were of low mood. Staff responded to people's needs quickly, such as when people asked staff to help them.

During our inspection visit, staff introduced the new person to the home to the others, one by one and with minimal fuss. The new person and others in the home began chatting and telling jokes with each other. Staff let them get to know each other so new friendships could begin to form. Staff said this person had visited previously so people and staff had already been introduced. Staff said they were getting the person's room prepared to how they wanted it. The person requested a number of pillows and the staff member said, "That's fine."

Staff told us they knew people well and responded to their wishes and preferences in a caring way. For example, we saw staff asking people in the lounge what they wanted to do, especially as one person was undecided whether to go to the bank or not. Staff reassured the person saying, "You can go whenever you want, we can go now, tomorrow or later…it's up to you." The person made up their mind and staff supported their choice.

Staff respected and maintained people's right to dignity and privacy. Staff told us personal care was only carried out in private rooms for those who needed it. Staff told us, when providing personal care, they always kept people informed of what they were going to do so people felt involved and knew what was happening. They ensured the doors were closed and curtains drawn so people did not feel vulnerable when receiving personal care.

People's views and choices about their care and support needs were respected and followed. People told us care staff knew and understood their personal background, preferences and how they wanted their care delivered. Care plans were focussed more on achieving personal goals than supporting care needs. For example, one person told us staff were supporting them to pass the second part of their motorbike test. They were also supported to improve their social and communication skills because another goal was to move into sheltered or shared housing. This person said, "Staff help me with my life skills because I want to move into a shared house one day." This person said staff were good at supporting them and they felt staff cared about them enough to ensure they achieved their ambition.

During our visit we saw other people spent time doing things they wanted to do, such as watching television,

sleeping or listening to music in their rooms. Some people enjoyed playing musical instruments in their room. One person said they helped another person to learn to play the drums. People understood this had potential to disrupt others peace and quiet so arrangements ensured everyone's wishes and needs were considered. People were encouraged to maintain important relationships with family and people built friendships with people at the provider's other home near by. Later in the week, people from Thistley Lodge were going to the providers nearest other home to meet friends there for a Christmas party. People told us they were looking forward to the celebrations.

One person was supported by an advocate service to manage their financial affairs. The provider promoted the services of advocates by making information about advocacy services available in the communal lounge area.

Good

Is the service responsive?

Our findings

At this inspection, we found staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating continues to be Good.

Staff were responsive to people's support for help. One person chose to limit their walking, but staff recognised this could be a disadvantage, as well as limiting their mobility. Staff encouraged the person to set goals in their care plan to walk for certain periods of time and distances. Staff said the person began walking to the shops and this has benefitted their overall health and had supported them with more independence. Staff told us they were quick to respond to people who needed prompting to maintain their personal care. Staff said they reminded and encouraged people to keep clean and stressed the importance of this. People said staff helped remind them and they understood staff did this for their benefit.

Care plans included information about people's goals and objectives to help promote their daily life skills and social engagement. Care plans were up to date, although the reviews were not always completed in line with the clinical nurse's timescale. However, the clinical lead nurse was confident care plans accurately reflected the support people needed.

People told us the care they received was respectful of the decisions they chose to make. People told us they had regular input into their care decisions which influenced the support they received. Comments people made were, "Staff have talked about the care that I need" and, "I have a care plan and I get involved when it needs to be reviewed." Staff said when care records were reviewed, it was important for people to be involved. Staff told us people were always asked and encouraged where possible, to sign and agree to any changes in their care.

Staff were knowledgeable about the people they supported and knew in detail, what worked well for them. Staff said they knew about people because the home was small and they got to know everyone well. Staff had worked at the service for a number of years and people living at the home had built up trust with staff.

Staff said they had a handover at each shift change which meant essential information was passed on to them so they knew how people were feeling. A staff member said this was useful so they could prioritise who was going out and who had appointments, so they could ensure they were ready. Staff said they worked well together and communication was good.

People were supported and encouraged to follow their own hobbies and leisure interests to keep them active and to have fulfilling lives. One person told us, "I go fishing, I go out on my motorbike." Another person said they enjoyed playing the drums, another person said they liked going out to the shops, sometimes with staff or on their own. People were supported with their hobbies and interests, such as staffing the home safely to support those in the home, whilst others went out. Some people liked to watch television or listen to music in their own rooms if they wanted time on their own.

People's individual communication needs were assessed and guidance for staff explained how they should

support the person to understand information. People at the home did not have any sensory losses, but could find some written information difficult to understand. The provider displayed leaflets for people to share their feedback about the service. The leaflets contained pictorial references so people could choose a face that described their emotion, such as happy or sad. When staff spoke with people, they speak clearly and looked at them face to face.

No one at the time of our inspection visit received end of life care. The clinical lead nurse said the service could provide end of life care if it was people's wish to stay at Thistley Lodge. The clinical lead nurse said they would have discussions with people and the GP, as well considering other health care providers such as MacMillan nurses or district nurses. The clinical lead nurse was confident they and the staff had the skills and experience to support people at end of life

People knew how to make a complaint if they were not happy, but people and a relative were pleased with the service. One person said, "I would talk with [name] but everyone here is so nice." In 2017, there had been three complaints and where necessary, appropriate investigations had been completed. All complaints were closed and due to the nature of the complaints, there was nothing the provider could have done to prevent these from happening.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection we rated this area as Good. This was because there was a registered manager in post and there were systems to monitor and audit the quality and safety of the service. People felt confident with the management and staff knew what was required of them to provide a good service.

At this inspection we found some areas for improvements were required to ensure the provider fulfilled their regulatory requirements. For example, the home should have a registered manager in post. At the time of this inspection there was no registered manager. The previous registered manager left Thistley Lodge in September 2017. The home had been managed temporarily by a manager from one of the provider's other homes and they had now been appointed permanently to Thistley Lodge from 8 December 2017. The manager was in the process of registering with us. The provider told us they wanted a robust and experienced manager because of the complexity of the people they supported and cared for. They felt this was why they needed a skilled manager and was pleased this manager had accepted the post.

Prior to the inspection visit, it is a requirement for the provider to submit to us a PIR. This provides us with information about what the provider does well and any identified improvements they plan to achieve in the next 12 months. The provider had not returned this to us as required. The provider's head of services told us their internal systems and processes meant that when a registered manager left their organisation, the PIR, if not completed, was unable to be retrieved, completed and sent to us. They told us they had since taken steps to prevent this from happening in future and said they would share this learning across all of their services.

It is a legal requirement for the provider to display a 'ratings poster'. The regulation says that providers must 'conspicuously' and 'legibly' display their CQC rating at their premises. A copy of the report showing the ratings was displayed, however a ratings poster was not displayed as required by our regulations. Following our inspection visit, the clinical lead nurse confirmed a rating poster was now displayed for people and visitors to see. Prior to our inspection visit we checked the provider's website and found they had displayed their rating there, and there was a link to the report for the home on our CQC website.

People told us they found the staff, nurses and managers approachable and everyone we spoke with, said they enjoyed living at the home. People said they found the staff listened to their concerns and helped them to reduce any potential stressful situations. One person told us they wanted to give gifts to staff for Christmas, but was told it was not appropriate. They explained they wanted to do this to say thank you for the support they had received. At the person's request, we found a telephone number for the provider where people could share their thoughts and concerns. The person said, "Thank you I will call them and they can tell me." People said they were comfortable raising any issues.

People were involved in attending regular meetings to share any concerns, ideas or to offer feedback. The last meeting in December 2017 discussed shopping, cleaning, hygiene and activities. People had volunteered to help put up Christmas decorations which showed they took an active part in the day to day life of the home. These meetings recorded a compliment, "Staff are excellent in what they do and friendly

and cheerful."

Staff understood their roles and responsibilities and what was expected of them. Staff told us their main responsibility was to support people to achieve their personal goals. The provider's values and purposes was described on their website as, 'We believe a better life is possible for millions of people affected by mental illness'. Staff worked in support of these values because they took enjoyment from supporting people and wanted to help people develop their mental wellbeing and independence.

The provider completed a range of audits such as health and safety checks, infection control audits and medication audits to ensure people continued to receive a safe service. Where issues were identified, actions were taken. For example we saw a 'registered services unannounced audit' (not dated). This recorded 11improvement actions and three had been completed by 7 September 2017. The audit scored a 'Pass'. The clinical lead nurse said they were confident the remaining actions had been completed, but the action plan did not record this. One action we were told had been completed was for 'the service to conduct stakeholder surveys'. The clinical lead nurse when asked, was not sure if this was completed, or able to give us the results. An out of date contingency plan was shown as having been updated on 7 September 2017, but we were not given a copy as it could not be located. Another action signed as completed was 'assessing client's ability to smoke safely'. Staff told us when a person smoked, staff would observe them as recorded in the care plan. However, there were occasions when we saw this person smoking, with no staff observing to ensure they remained safe. We told the clinical lead nurse that actions need to be signed off and monitored to ensure improvements were sustained.

People's personal and sensitive information was managed appropriately. Records were kept securely in the staff office, so that only those staff who needed it could access those records. This meant people could be assured their records were kept confidential.

The provider understood their legal responsibility for submitting statutory notifications to the CQC, such as incidents that affected the service or people who used the service.