

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?

Good 

Overall summary

This inspection took place on 19 November 2015 was unannounced.

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 six people living at Thistley Lodge.

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 2008 and associated Regulations about how the service is run. A registered manager was in post.

All of the people we spoke with told us they felt well cared for and felt safe living at Thistley Lodge. People told us staff were respectful and kind towards them and staff were caring to people throughout our visit. Staff protected people's privacy and dignity when they provided care to people and asked people for their consent, before any care or support was provided.

Staff received training and support to ensure they could safely and effectively meet the individual needs of people

Summary of findings

living in the home. Staff told us the training they received gave them the skills to support people, especially those who could sometimes display behaviours that could cause concern to staff and others.

Care plans contained accurate and relevant information for staff to help them provide the individual care and treatment people required, however some risk assessments required further improvement to ensure staff continued to support people's changing needs. Examples of care records reflected people's wishes in how they wanted their care delivered and how people needed to be supported to maintain and promote their independence. We found people received care and support from staff who had the knowledge and expertise to care for them.

People told us they received their medicines when required. Staff were trained to administer medicines and had been assessed as competent which meant people received their medicines from suitably trained, qualified and experienced staff. Some people self-medicated and staff made sure these people had taken their medicines as prescribed and were stored securely.

Staff understood they needed to respect people's choice and decisions. Assessments had been made and reviewed to determine people's capacity to make certain decisions. Where people did not have capacity, decisions had been taken in 'their best interest' with the involvement of family and appropriate health care professionals.

The provider was meeting their requirements set out in the Deprivation of Liberty Safeguards (DoLS). At the time of this inspection, no applications had been authorised under DoLS for people's freedoms and liberties to be restricted. However some people at the home had restrictions under the Mental Health Act and staff, with people's co-operation, ensured these restrictions were adhered to.

Regular checks were completed by the registered manager and provider to identify and improve the quality of service people received. These checks and audits helped ensure actions had been taken that led to improvements. People told us they were pleased with the service they received and had regular opportunities to raise any concerns or ideas they had that improved the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People received care from sufficient numbers of staff and staffing levels were determined according to people's individual needs. Where people's needs had been assessed and where risks had been identified, risk assessments advised staff how to manage these safely. Staff were aware of safeguarding procedures and knew what action to take if they suspected abuse. People received their medicines from staff at the required times.

Good



Is the service effective?

The service was effective.

People received support from staff who were competent and trained to meet their needs. People had capacity to make their own decisions and they were involved in deciding the levels of support they needed. People were supported by staff to ensure they had a balanced and nutritious diet. Staff made sure people received timely support from other health care professionals when needed.

Good



Is the service caring?

The service was caring.

People were treated as individuals and were supported with kindness, respect and dignity. Staff were patient, understanding and attentive to people's individual needs. Staff had a good understanding of people's preferences, how they wanted their care delivered and how they wanted to spend their time.

Good



Is the service responsive?

The service was responsive.

People were involved in care planning reviews which helped make sure the support people received met their needs. Staff had relevant information which helped them to respond to people's individual needs and abilities. There was a system that responded to people's concerns and complaints although no one at the service had raised any formal complaints.

Good



Is the service well-led?

The service was well led.

People and staff found the registered manager approachable and felt any concerns, ideas or suggestions were listened to. Staff felt supported in their roles and there was an open and honest culture. People were able to share their views about the service through regular meetings and quality surveys, and were able to shape and influence the service they received on an individual basis.

Good



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 took place on 19 November 2015 and was unannounced. The inspection team consisted of one inspector.

We reviewed the information we held about the service. We also looked at the statutory notifications the registered

manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We also spoke with the local authority who had no additional information to share with us.

We spoke with four people living at the home to get their experiences of what it was like to live at Thistley Lodge. We spoke with the registered manager, a service manager for nursing, a clinical lead nurse and two care staff. We looked at two people's care records and other records including quality assurance checks, medicines, complaints and incident and accident records. We observed how the staff worked and how care and support was provided to people living in the home.

Is the service safe?

Our findings

We spoke with four people who told us they received their care when needed and staff were available to help them when required. People told us they felt safe. One person said Thistley Lodge was, “Homely and I feel safe, I can lock my door but I choose not to.” People told us they had their own key to their room and a key to the front door so they could go out when they wanted. Another person said, “It’s alright here, I like it. Everyone is friendly, we all get on.”

All the staff we spoke with knew and understood their responsibilities to keep people safe and protect them from harm. They were aware of the different signs of abuse and who to report their concerns to. One staff member told us, “I would report it to safeguarding teams (local authority), CQC and managers.” All the staff told us they had not seen anything that gave them concern. Staff told us they recognised signs or different behaviours that may indicate people were unhappy and said they would speak with people to find out why, in case people felt unsafe or worried. The registered manager understood their responsibilities to notify us and they explained the actions they would take if staff or they suspected abuse. The registered manager said, “I would consider calling the Police, tell you (CQC) and make sure the person was safe and removed from any harm.” They also told us they would take, “Disciplinary action” against staff who had put people at risk of harm.

Risk assessments and care plans identified where people were at potential risk, the likelihood of the risk occurring, the severity of the risk and if it did occur, the actions that should be taken to minimise the potential risk. Records showed people were involved in assessing and managing their own risks which were included in their care plans. Staff understood the risks associated with the type of care and support people needed, especially people who needed support promoting their social skills and involvement. One staff member said, “We support people to cook, clean, go out but we keep within their comfort zone.” They also said, “It’s about encouraging positive risk taking.” From speaking with staff we found staff knew how to keep people safe. However we found some risk assessments to manage people’s behaviours or people who self-medicated were not detailed enough. We spoke

with the registered manager about this and they assured us these assessments would be reviewed to ensure staff had the necessary information to be able to continue to meet people’s needs safely.

People told us there were enough staff to meet their needs. One person told us, “I think there is enough. Staff help me when I need it.” This person told us, “Staff have time to help me with my computer skills and to help me cook.” Other people said whenever they needed support in the home or out in the community, staff were able to help, often at short notice.

Staff felt there were enough staff on duty to support people to meet their individual needs and keep them safe. One staff member said, “People do get safe care here and they are looked after by confident staff.” The registered manager told us staffing levels were based on the needs of people living in the home. They said staffing levels could be increased if necessary, for example, if someone’s needs changed unexpectedly, and they needed additional support. The registered manager told us staff advised them when people’s needs had changed to ensure staffing levels continued to meet people’s needs. The registered manager told us they reviewed the staff allocation and had made a recent improvement. They said, “People did not need nursing support at night, so we used the additional resource to cover days which meant there were more staff in the day to support people”. They said, “This means we can take people out more into the community to develop their social skills.”

People told us they received their medicines at the right time and as prescribed. One person told us, “I always get my medicines.” People received their medicines from trained staff. The clinical lead told us they regularly checked staff’s competence to make sure people’s medicines were managed safely. We were told new staff were checked three times in a short period to make sure they administered people’s medicines safely. We spoke with a new staff member who told us they had been checked to ensure they administered medicines correctly. This staff member said, “I have been observed four times. Having someone do this gives you confidence and they are there to help.”

Some people told us they kept their own medicines in their rooms, while other people told us their medicine was kept safe by staff in the home. Where medicines were kept in the person’s own room, staff made regular checks to ensure

Is the service safe?

medicines were taken as prescribed. We saw people had signed their consent for staff to regularly check their medication stocks to ensure medication was taken according to the prescription, and for medication administration records (MARs) to be held.

The three MARs we looked at were signed and up to date, with no gaps in recording. Regular stock checks were

completed but we found these did not always accurately record stock balances of medicines. We spoke with the clinical lead about this and they agreed to recheck their records to ensure records accurately reflected the medicine stock balance.

Is the service effective?

Our findings

People were complimentary about the staff and they told us staff knew how to care for them that helped promote their independence and how they lived their lives. All of the people we spoke with said they were pleased with the support they received. One person told us, “I get help from staff to cook and I do cooking seven days a week. I do it for myself and I cook for other people, I like that.” Another person said they were able to go out every day and said, “I go out when I need to see my friends. I like it here, the staff are very helpful.”

Staff told us they felt they had the skills, training and support to carry out their role effectively. Staff said they completed an induction which involved shadowing experienced staff members before they provided care on their own. One staff member told us, “I shadowed staff for a while then once I felt able, I supported on my own. Residents (people living at the home) introduced themselves to me which was nice.”

Staff said the training enabled them to ensure people’s health and safety needs were met. They told us they could request additional training in their one to one supervision meetings and at staff meetings. One staff member told us they had completed all of their training but said if they wanted additional training, this could be provided. Staff told us they were able to maintain their professional development and professional registration.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible to comply with the Deprivation of Liberty Safeguards (DoLS). At this inspection we found people had capacity to make their own decisions, however some people were treated under the Mental Health Act and had their liberties restricted through this act, The registered manager understood the

requirements of the Deprivation of Liberty Safeguards (DoLS) to ensure people’s freedoms were effectively supported and protected. The registered manager understood when and how to apply for a DoLS authorisation.

Staff received training in the Mental Capacity Act 2005 (MCA) and understood the importance of seeking people’s consent before they provided any care. We saw that, in line with the requirements of MCA, staff presumed capacity unless they had reason to believe otherwise, and that they tried to encourage people to be as independent as possible. People we spoke with told us staff helped them to be independent, which included making their own day to day decisions.

People told us they enjoyed the food and were given choices on what they wanted to eat. People were supported to cook their own food and shopping lists were put together based on what people wanted to eat. Staff supported people where required to make sure people had a nutritious and balanced diet. A variety of snacks and drinks were available so people could help themselves whenever they wanted.

No one living at the home had risks associated with eating and drinking. Staff told us if people were identified at risk, they completed food and fluid charts and people were weighed regularly to make sure their health and wellbeing was supported. Staff told us they knew people’s individual requirements and made sure people received their food, drink and support in a way that continued to meet their needs.

People told us they had access to and used services of other healthcare professionals. One person we spoke with told us, “I go to the doctor every month for blood tests and I collect my own medicines.” Records confirmed people received care and treatment from other health care professionals such as their GP and clinical psychologists. 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.

Is the service caring?

Our findings

People we spoke with were happy living at Thistley Lodge and were satisfied with the care and support they received from staff. One person said, “We socialise here and have a good laugh.” This person also said, “I get lots of good advice, I am very independent and I like being responsible for myself.” Other people we spoke with said staff and people living at the home had positive relationships with each other.

People told us care staff knew and understood their personal history, likes, dislikes and how they wanted their care delivered. Staff offered people choices about how and where they spent their time and what they wanted to do. For example one person told us staff were supporting them to take their motorbike test. This person said they spent one hour a day studying for the test, “And staff ask me a lot of questions which helps. This will help me be really independent.” We spoke with staff who said they helped this person by holding a ‘mock test’ to help build up their confidence to pass the test. All the staff we spoke with were proud of what this person had achieved. During our visit we saw other people spent time doing things they wanted to do, such as watching television or listening to music in their rooms. We were told two people played musical instruments in their room but agreements were in place that they played between certain times of the day. People told us these agreements were respected and everyone’s wishes were taken into consideration.

All of the staff we spoke with said they enjoyed working at the home and supporting people, especially people who had mental health needs. One staff member told us, “I always wanted to work in mental health, it is good to make people realise they can do more for themselves.” Other staff shared this philosophy of what it was to be caring, which focussed on being respectful, supportive and helping people increase their levels of independence. One member of staff said, “We don’t pressure people to go out, we are not on a schedule. We go at people’s pace.” This staff member said the caring attitudes of staff meant, “This is a home, not a service and people are not institutionalised.”

All of the staff told us their responsibilities were to be here for people and to support them in a way they preferred. All of the staff said, “We encourage independence”. This

approach was echoed by the registered manager, who explained that they and the provider encouraged and promoted support based on respecting people’s individual needs and abilities.

We spent time in the communal areas observing the interaction between people and the staff who provided care and support. Staff were friendly and respectful and people appeared relaxed in the company of staff. For example, one person constantly walked around the home and on occasions for no obvious reason, became visibly upset. Staff provided constant reassurance to this person, asking them how they were, telling them everything was okay, and distracting them by offering them their favourite drink. We saw this person became less anxious and upset and happily went off with staff to get a drink and to sit down in the lounge.

During our visit we observed good team work and staff communicated well with each other, describing how people were feeling and what levels of individual support they needed. Staff said the information was communicated to each other throughout the day and we saw evidence this happened on a frequent basis. This constant exchange of information made sure people received the right care at the right time.

Staff we spoke with had a good understanding and knowledge of the importance of respecting people’s privacy and dignity and we saw staff spoke to people quietly and discreetly. When people needed help with personal care, staff supported people without delay. Staff told us how they protected people’s privacy and dignity when they helped them with personal care, such as showering. A staff member said, “We lock the door and although they can do things themselves, we stay with them and prompt them to make sure all the soap is washed off.” A staff member said they did this for one person who had developed a skin condition and the ‘prompting’ ensured their condition was not made any worse. Staff understood when to support people to maintain their health and wellbeing and balance this with protecting people’s decisions for their privacy to be respected.

During our visit, we saw staff knocked on people’s doors and waited to be asked before they entered people’s rooms. We spoke with staff and asked them what they did to protect people’s privacy and dignity. Staff said keeping people’s ‘sensitive’ records out of sight and not discussing people’s health needs helped protect people’s rights to

Is the service caring?

privacy and dignified care. One staff member explained how they promoted people's privacy and dignity when they were out in the community. This staff member recognised how they and people may be perceived in the local community. They said, "I don't make it obvious that the

relationship is different when we are out, I let them make their own decisions." This staff member said this was important to them because they did not want people to treat them and especially those living at Thistley Lodge, differently.

Is the service responsive?

Our findings

People told us staff's attitudes and approach helped them live their lives in the way they preferred. For example, one person told us staff were helping to support them to become as independent as possible and improving their social and domestic skills so, "I can get my own place." This person said staff had helped them build up confidence so they were able to go out on their own, cook, clean and look after themselves.

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 from staff. 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.

We looked at two people's care files and found care records and assessments contained detailed and relevant information. Staff told us the care plans provided them with necessary information to meet people's needs, such as what people liked and how people wanted their care delivered. Care plans were goal orientated, meaning that it was clear what the person wanted to achieve and what plans were in place to support them. For example, one person wanted to increase their confidence in using public transport. Records showed the levels of support this person needed and the actions staff were required to take to help this person achieve their goal safely and responsibly. Staff understood how goal focused care and support benefitted people. One staff member said, "If you help them build a living skill they can be a contributing member of society."

From talking with staff we found staff had a good understanding about people's needs and how they supported them to meet their needs. Staff said they were updated about people's needs from a handover at the start of each shift. They said this information helped them to be more responsive to meet people's immediate needs, especially if people's moods or behaviours had changed.

People told us they enjoyed pursuing their own hobbies and interests and people said they were a variety of activities to keep them occupied. Some people enjoyed listening to music in their room, playing musical instruments, cooking, visiting the local town or visiting their friends for social occasions. Staff supported people to go shopping and to help them purchase day to day items such as toiletries and personal belongings. One person said they spent time rehearsing for a test on the computer and staff spent time with them helping them to study. One staff member said, "We hope [person] passes, they have spent so much time rehearsing the questions." People spent time in the garden area and enjoyed sitting outside when the weather allowed. A number of people smoked and the provider had a shelter that meant people could smoke and be sheltered from the elements. Some people used this as an opportunity to talk with others. One person told us, "I went to Blackpool" and they enjoyed the trip. We asked them what they enjoyed about this trip and they said, "I loved the fish and chips." Part of people's care planning supported their independence and staff recognised helping people to do this, was an activity in itself that stimulated people's involvement and improved their social skills and abilities.

People had an opportunity to talk about any issues or concerns they wanted to raise by attendance at regular meetings. People who used the service told us they had not made any complaints about the service they received. People said if they were unhappy about anything they would let the staff know or, "Speak with the manager." Information displayed within the home informed people and visitors about the process for making a complaint. Staff told us if anyone raised a concern, they would try and resolve the person's concerns before it escalated. Staff said they would refer it to the registered manager if they could not resolve it themselves.

We looked at how written complaints were managed by the provider. The registered manager told us the home had not received any written complaints this year. The registered manager told us they held regular meetings with people and if concerns were raised, they were resolved before they became a written complaint.

Is the service well-led?

Our findings

People felt confident to approach the registered manager and staff team. All of the people we spoke with said they enjoyed living at the home. One person said, "I get the help I need. I am independent and staff help me." They also told us the support and approach from staff meant their, "Skills were improving because of the help I get." People said they found the staff team listened to any concerns they had and took action to reduce any potential anxieties. People said they felt comfortable raising any issues and the open culture within the home allowed for this.

The registered manager said they had an open door policy. They said, "The office used to be locked, but now it's open and people come and go." During our visit we saw people constantly going into the office to talk with staff and the registered manager. The registered manager said, "It's a nicer environment and less like an institution." We asked the registered manager what they thought was a success at the home from a management perspective. They told us because of the work they and the staff team had put in, "It used to be like a them and us. Now it is not." The registered manager explained, "To me, people with mental illness should be the same as us, we all have values and rights." They also said, "I was mistaken for [person living at the home] which I thought was great." The registered manager said this was a good example of how everyone at Thistley Lodge, "Were equals."

Staff understood their own responsibilities within the home such as managing staff, administration, updating care records and health and safety. Staff we spoke with had a clear understanding of what was expected of them. The registered manager said this was important because it helped ensure staff's time was spent supporting people and tasks were not duplicated.

Staff told us their key aims were to support people to achieve their personal goals. Staff said this was made easy because they felt supported and motivated by the registered manager and each other. One staff member told us, "We have no pressure, we go at people's pace." For example, this staff member told us about one person who had anxieties about leaving their room and felt socially isolated. They said, "Because of how we (staff) work with each other, care is more personalised, one to one." They said, "This helps, people are not institutionalised." Staff told us because of the provider's philosophy of care, this

person was able to go out on their own and feel comfortable in people's presence. One staff member said, "This is a real success story." All the staff spoke positively about working as a team and how they enjoyed working for the provider and supporting people at the home.

Staff told us they shared their views at staff meetings and supervision meetings which gave them regular opportunities to raise any issues or suggestions. Staff said they were able to voice their opinions and were confident any ideas for improvements would be listened to.

The provider had systems that ensured people's voice was heard. For example, people told us they were involved in making suggestions at the home, such as attending regular meetings. People said their ideas were listened to and acted upon. For example, improvements were being made to pet accommodation in the garden area because of what a person suggested. People's views were also sought by completing a quality survey. We saw survey results from June 2015 and for each question, people gave positive scores in areas such as, "Staff treat me with respect, staff listen to me, staff help me to achieve my goals" and "Have taken an active role in how the service is run." The registered manager said they were pleased with the results and if any negative comments were made, these would be followed up.

The registered manager had systems to monitor and audit the quality and safety of the service. Audits showed incidents and accidents had been recorded and where appropriate, people received the support they needed. The registered manager told us they analysed incidents for any emerging patterns and took measures to reduce the potential of further incidents. The registered manager said the low number of incidents and accidents did not identify any concerns to them, but would take action where required. The registered manager said the provider also analysed them to make sure no patterns emerged. This analysis made sure necessary measures could be taken to help keep people safe.

The registered manager completed a range of audits such as health and safety checks and medication audits to ensure people continued to receive a safe service. Where issues were identified, actions were taken. For example, increased medication checks ensured stock balances were regularly checked to reduce errors.

Is the service well-led?

The provider and registered manager monitored and audited the quality and safety of the service provided. Records showed that unannounced manager's visits had been undertaken to check that the homes were run safely and effectively. Where issues were identified, actions were recommended and a record was kept of when and how these were to be completed and by whom.

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. People could be assured their records were kept confidential.

The registered manager understood their legal responsibility for submitting statutory notifications to the CQC, such as incidents that affected the service or people who used the service. During our inspection we found some potential safeguarding incidents that we should have been notified of. We were satisfied the provider had referred this to the local authority, but reminded the registered manager we also needed to be informed. The registered manager assured us this would happen in the future.