

Debdale Specialist Care Limited

Thistle Hill Hall

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Outstanding 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This inspection took place on 9 and 10 February 7 and was unannounced. Thistle Hill Hall is run by Debdale Specialist Care Limited. The service is registered to provide accommodation for 23 people. There were 19 people living at the home on the day of our visit.

Thistle Hill Hall provides high quality accommodation, personal care and nursing to adults with support needs relating to their mental health. People who use the service have access to a rehabilitation programme to support their recovery and promote their independence. The service is based around each person's individual needs and is therefore not time limited. The home provides five self-contained flats and 18 single bedrooms, over two floors. There are three communal lounges, a dining room, activities room, gym and a large garden.

The service had a registered manager in place at the time of our inspection. 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.

We found that Thistle Hill Hall was a truly innovative and inspiring home which put people at the heart of service.

People who used the service felt safe in the service and the community. People were, as far as possible, empowered and enabled to take responsibility for their own safety. There were systems and processes in place to minimise the risk of abuse and staff were very clear about their role in safeguarding people from harm. There was a culture of transparency and people were encouraged to whistle blow on poor practice.

Risk associated with people's care and support were managed safely whilst promoting independence. The management team explored and invested in innovative solutions to ensure people's safety. There were effective, organised systems in place for the safe handling of medicines. The staff team were committed to enabling people gain independence in managing their own medicines.

The team at Thistle Hill Hall were passionate about maximising people's capacity to make decisions and choices in their lives. People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005. The principles of the Deprivation of Liberty Safeguards were understood and applied correctly and the team were committed to ensuring that people were supported in the least restrictive way possible.

People received effective healthcare support from a range of internal and external healthcare professionals and staff used innovative ways of promoting people's mental and physical wellbeing. People were supported to eat and drink enough, they were encouraged to make choices about food and drink and provide feedback. A creative approach was taken to building people's independence and skill with

cooking.

People were supported by a team of staff who were highly skilled in meeting people's needs and who received on-going training and development opportunities to enable them to deliver the most effective service.

The service had a person centred culture focussed on the promotion of people's rights to make choices and live a fulfilled life as independently as possible and this resulted in people being valued and treated as individuals. People received a personalised service which was responsive to their individual needs and there was an emphasis on people's identity and diverse needs and their recovery and rehabilitation from the moment they moved into the service.

People were supported by exceptionally caring staff that knew them well and understood how to support them to maximise their potential and attain their goals. People's progress was monitored and celebrated. Staff were constantly looking for opportunities that would help people grow, gain confidence and live a fulfilled life. People were supported and encouraged with their goals of moving back into the community. People's rights to privacy and dignity were valued and respected.

The team at Thistle Hill Hall placed a strong emphasis on enhancing people's lives and facilitating their recovery through the provision of meaningful, outcome focused activities and opportunities. The service was committed to building strong links with the community.

People were listened to and there were systems in place to obtain people's views about their care. People were encouraged to provide feedback on the service and felt they could raise concerns. Complaints were taken seriously, investigated and responded to compassionately.

The registered manager was inspiring and dedicated to providing care which met the highest of standards. They strived for excellence through consultation, they were passionate and dedicated to providing an outstanding service to people.

A clear vision for the promotion of mental and physical well-being was embedded throughout the home and there was a strong commitment to deliver a high standard of personalised care. There was a culture of continuous learning, development and improvement at Thistle Hill Hall and creative solutions were developed in response to adverse events.

Robust and frequent quality assurance processes ensured the safety and quality of the service. Practice was evidence based and regular evaluations took place to ensure that the service had a positive impact on the lives of the people living at the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Outstanding 

The service was exceptionally safe.

People who used the service felt safe in the service and the community. There were systems and processes in place to minimise the risk of abuse and staff were very clear about their role in safeguarding people from harm.

Risk associated with people's care and support were managed safely whilst promoting independence. The management team explored and invested in innovative solutions to ensure people's safety.

There was a culture of transparency and learning from mistakes. Creative solutions were developed in response to adverse events.

There were effective, organised systems in place for the safe handling of medicines. The team were committed to enabling people gain independence in managing their own medicines.

Is the service effective?

Outstanding 

The service was extremely effective.

People were supported by a team of staff who were skilled in meeting people's needs and received on-going training and development to enable them to deliver the most effective service.

People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005. The principles of the Deprivation of Liberty Safeguards were understood and applied correctly and people were supported in the least restrictive way possible.

People received ongoing healthcare support from a range of internal and external healthcare professionals and staff used innovative way of promoting people's mental and physical wellbeing.

People were supported to eat and drink enough, they were

encouraged to make choices about food and drink and provide feedback. A creative approach was taken to building people's independence and skill with cooking.

Is the service caring?

Outstanding 

The service was exceptionally caring.

People were listened to and there were systems in place to obtain people's views about their care. Positive relationships existed between people who used the service, their relatives and staff.

People were encouraged and supported by staff to be as independent as possible to live the life they chose. People's rights to privacy and dignity were valued and respected.

The service had a person centred culture focused on the promotion of people's rights to make choices and live a fulfilled life as independently as possible and this resulted in people being valued and treated as individuals.

Is the service responsive?

Outstanding 

The service was very responsive.

People received a personalised service which was responsive to their individual needs and there was an emphasis on person's identity and their recovery and rehabilitation from the moment they moved into the service.

The team at Thistle Hill Hall placed a strong emphasis on enhancing people's lives and facilitating their recovery through the provision of meaningful, outcome focused activities and opportunities. The service was committed to building strong links with the community

People were encouraged to provide feedback on the service and felt they could raise concerns. Complaints were taken seriously, investigated and responded to compassionately.

Is the service well-led?

Outstanding 

The service was exceptionally well led.

A clear vision for the promotion of mental and physical well-being was embedded throughout the home and there was a strong commitment to deliver a high standard of personalised care.

The culture of the organisation was open, there were a range of methods people who used the service and staff to be included in the development of the service and to express their views.

Robust and frequent quality assurance processes ensured the safety and quality of the service.

Thistle Hill Hall

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.

We inspected the service on 9 and 10 February 2017. The inspection was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. Before the inspection, the provider completed 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. We also contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During the visit we spoke with four people who used the service, we also received feedback from the relatives of two people. We spoke with three care staff, the activities coordinator, the occupational therapist, two nurses, maintenance and catering staff, the assistant manager and the registered manager. We also spoke with a health and social care professional who regularly visited the service.

To help us assess how people's care needs were being met we reviewed four people's care records and other information, for example their risk assessments. We also looked medicines records, staff recruitment and training records, as well as a range of records relating to the running of the service including audits carried out by the management team.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

People felt safe living at Thistle Hill Hall. One person who used the service told us, "Staff make me feel safe and they sit with me make me feel better when I am having a bad day." Another person told us, "I feel safe around the home and staff keep me safe when other people are feeling unwell and they are shouting." A third person commented, "The staff keep me safe, they sit with me and reassure me, this means a lot."

People were supported to develop the skills and confidence they needed to grow in independence and maintain their own safety. Safeguarding and personal safety awareness sessions were held for people who used the service as part of the rehabilitation programme. During one of the sessions it was identified by someone who used the service that they could not always remember how to contact the service when they were out and this made them feel unsafe. As a result of this the management team developed 'contact cards' for all the people who lived at the service and they reported this made them feel safer when out on their own.

People's safety was a priority for staff. People were kept safe from the potential risk of abuse because staff had the appropriate knowledge and understanding of safeguarding policies and procedures. Every member of the staff team from manager to housekeeping staff had received safeguarding training. Staff were very clear about their role in safeguarding, had knowledge of the systems in place to protect people from abuse and were confident in reporting any concerns. The service's approach to keeping people safe was reflected in feedback from a community health professional, who commented, 'My experience is that there is transparency in the service they provide. (If there are) any safeguarding issues they promptly make me aware and provide details of investigation and outcome'.

Staff were exceptional in enabling people to achieve a fulfilling life whilst keeping them as safe as possible. Risks had been thoroughly assessed and actions had been taken to reduce them whilst minimising the restrictions placed on people so that they could do things that they enjoyed. For example, one person liked to smoke but their increasing physical needs made this unsafe. As their needs changed, staff worked with them to find new solutions including physical aids. With this ongoing support, they were able to continue doing something that was important to them in the safest possible way. Another person was at risk of leaving the service unescorted and putting themselves and others at risk. We reviewed this person's support plan and found that it contained detailed yet clear information about how to minimise the likelihood of this occurring without unnecessarily restricting the person's freedom. This balanced approach enabled the person to remain as independent as possible whilst ensuring the safety of them and others.

The staff team had successfully enabled one person to gain the skills to manage risks in their life and they had recently moved on to live in the community. The person had used the service for a number of years and had initially faced a multitude of risks in their life including self-harm and neglect, exploitation, alcohol misuse and financial abuse. With the support of staff team the person had steadily grown in confidence and skill. Upon leaving the service the person was able to assertively manage risks in their life, manage their personal care and medication and had also rebuilt relationships with their family. The registered manager told us, "[Person] left Thistle able to attend to their daily living needs independently."

The management team were proactive in exploring new technology and creative solutions to help manage the risks present in people's lives in the least restrictive way possible. For example, one person who used the service had a history of frequent falls. Many traditional approaches to managing falls were not effective for this person so the management team researched alternative solutions and invested in equipment which ensured the person's safety but also gave them the feeling of freedom that was important to them. We reviewed incident records and found that since this had been in place there had been a dramatic reduction in the frequency of falls.

The management team took a comprehensive approach to the analysis of accidents, incidents and near misses and had developed creative solutions to reduce the risk of recurrence. Accident and incident records were very detailed and lessons learnt were recorded for each incident. Of particular note were the imaginative solutions which had been put in place as a result of incidents. For example, records showed that one person frequently put themselves at risk of discrimination and harm when they were out in the community. As a direct result of learning from this the management team had developed an awareness course to give people the skills to anticipate their own needs when out in the community. The registered manager told us that this had significantly reduced the risk of harm and discrimination whilst maintaining their independence.

People's safety had been considered in the design of the environment. For example controls had been installed on electrical kitchen appliances in the independent living flats so that staff could intervene to turn off the equipment to ensure people's safety should they become agitated and attempt to harm themselves. Each member of staff carried an alarm which they could use to summon support in the event of a crisis. This ensured that staff could be responsive to incidents within the service and safeguard people who used the service from harm.

There were enough staff available to meet people's needs, respond to requests for support and keep people safe. The registered manager told us staffing levels were "dynamic" and records showed that staffing requirements were monitored and adjusted in response to changes in people's mental and physical health needs. For example, the registered manager described how they had recently increased their staffing levels to accompany a person who used the service to a potentially anxiety-provoking appointment. This had minimised the negative impact of this event on the person's mental health and wellbeing. This approach was also used to inform changes across the service. Following an accident and incident analysis management team identified the need for additional staff at night and had consequently made permanent changes to the rota. This had ensured staff were available to meet people's needs and had resulted in a reduction in incidents.

There were effective recruitment practices in place and the registered manager was passionate about ensuring that staff with the right skills, attitude and values were employed at the service. The registered manager stated that when recruiting new staff an essential part of the process was finding out about their values, they told us, "I want people who will speak out and challenge." As people had expressed anxiety about being involved in conducting interviews, they were enabled to be involved in the recruitment process by designing interview questions during the weekly community meetings. Safe recruitment practices were followed. The necessary steps had been taken to ensure people were protected from staff that may not be fit and safe to support them. Records showed that the registration of nurses employed by the service was checked regularly to ensure that they were still fit to practice.

People received their medicines on time and as prescribed. One person told us, "The nurses are really good to me here, they make sure I get my medication on time although I don't have to take that much now."

Medicines were well organised and stored safely and medicine records were completed accurately. There were protocols in place to guide staff when people were prescribed medicines on an 'as and when required' basis.

Staff were trained in the safe administration of medicines and had their competency assessed on a regular basis. Audits of medicines were carried out regularly and these were effective in identifying issues. Records showed that nursing staff were proactive in identifying medicines errors and they told us that this was because the management were supportive rather than punitive.

The staff team were motivated to work with people to help them become as independent as possible in managing their medicines. There was a flexible, staged approach to this, which enabled the staff team to take account of people's individual and sometimes fluctuating support needs. The assistant manager told us, "It's about us being realistic and personalised in our approach (and) recognising individual achievements. We enable people to take therapeutic risks with the safety measures and checks in place." Medication risk assessments were in place which detailed the person's ability self-manage their medicines and any support needed. The staff team were proactive in anticipating people needs in this area, for example, the registered manager described how they reduced the amount of medication stored in one person's rooms prior to a significant life event. This ensured that the person's medicines were still managed safely during periods of anxiety and also enabled them to retain their feeling of independence.

The team at Thistle Hill Hall were committed to managing people's behaviours without the overuse of medicines. Records showed that staff were effective in supporting, reassuring and managing people's behaviour, reducing the need for medicines. The registered manager also told us the service had a good track record of 'weaning' people off high doses of powerful medicines. For example one person who used the service wanted the dose of their medicine reduced as this was having an impact on their wellbeing. The staff team worked with the person and health professionals to enable a reduction in the prescribed dosage. This resulted in the person complying with their medicines and they reported that it made them feel valued, listened to and 'part of' their care and treatment.

Is the service effective?

Our findings

Innovative approaches were taken to promote people's physical and mental health. During our visits we saw posters advertising 'Fitness February', an inclusive project involving people who used the service and staff in collectively walking the 'coast to coast' distance. One person routinely walked around the garden of the service when agitated, staff took this opportunity to encourage them to take part in the project. This had a positive impact on the person's wellbeing, who reported a sense of contribution and purpose.

The provider had recently installed a gym and a number of people had started using this regularly to improve both their mental and physical wellbeing. One person had identified a goal of improving their fitness and had used the gym frequently. This had also given them the opportunity to release feelings of tension and had consequently led to improved relationships with staff.

The staff team had a range of varied skills to ensure that a holistic approach was taken to people's health and wellbeing. The provider employed a diverse nursing team including mental health, general and learning disability nurses who took the lead in their specialist areas. This had a positive impact on people who used the service. For example, the general nurse had used their expertise to suggest an alternative approach to managing risks associated with a person's health needs. This had resulted in a new treatment which had increased the person's independence whilst reducing the risk.

People who used the service had access to expert support and therapy. The provider had invested in support from specialist mental health professionals including a clinical forensic psychologist and consultant psychiatrist. Input from this team had aided people's recovery journey. For example, one person who used the service had historically chosen not to engage with therapy, however due to the perseverance and skill of the team they were working with the therapists to develop coping strategies. This had improved their ability to manage their own emotions and lifted their mood.

Staff were extremely experienced in meeting people's needs to reduce hospital admissions. One person had, prior to moving into Thistle Hill Hall two years ago, been recalled to inpatient care every two to three weeks due to relapses in their mental health. Since moving in to the home they had only been recalled to inpatient care once. An external health professional told us that they attributed this to the skill of staff, the provision of assertive support and onsite therapy.

People and their relatives told us that they received effective support with their health. Staff worked with other healthcare services to monitor people's physical and mental health and sought advice from external professionals when their health needs changed. Where people had health conditions there were comprehensive care plans in place and staff had training from specialist health professionals in relation to these.

Two healthcare professionals told us they had excellent links with the service. One healthcare professional said, "They provide a proactive and reactive service to meet the ever changing needs of the patients they work with. They have requested assessments from various professionals for one of my patients with [health

condition] to make sure that their needs are effectively addressed." Another commented, "Many of the people have complex physical health needs which are closely monitored and responded to with great care."

People and their relatives told us they trusted the staff and felt they were well trained. We received feedback from a social care professional who commented, "The staff team are extremely skilled and have consistently demonstrated an ability to engage people in a meaningful way which has had a significant impact upon both quality of life and the need for acute hospital admissions." Another professional commented, "The staff group has been developed over time to be a functioning team of people focused on individual rehabilitation delivery, rather than a group of individual specialists."

All new staff were provided with an effective induction period when starting work at the home. We spoke with two recently recruited nurses who told us that their induction had been "fantastic" and had provided them with the skills and knowledge they needed. New staff had completed or were in the process of completing the Care Certificate. The Care Certificate is a nationally recognised set of standards for staff working in health and social care to equip them with the knowledge and skills to provide safe, compassionate care and support.

People were supported by staff who were trained and given opportunities to develop and achieve qualifications. Records showed that a wide range of training was provided and staff also had training relating to the specific needs of people who used the service. Training was tailored to the individual needs of the people who used the service. For example the first aid training had a specific emphasis on choking and epilepsy as these areas reflected the needs of the current group of people living at the home. The training programme was based upon a recognition of the unique relationships that people who used the service developed with staff. Consequently staff, such as those in catering and domestic roles, also had access to training relating to people's support needs. A member of the catering team told us, "I get all kinds of training, things you wouldn't expect in my role, but I have really enjoyed those bits."

The skills of the staff team were recognised and valued. A number of staff were allocated 'Champion' roles which meant they had an enhanced level of knowledge in specific areas such as, infection control, dignity and equality and diversity. This had led to improvements in the service. For example a nurse was lead for infection control and records showed that their work had led to improvements in infection control practices.

People were supported by staff who had regular supervision and support. Supervision was based around themes which provided a forum for staff to further develop their knowledge. Staff told us they felt supported and said they could request additional supervisions if they needed to. The provider also invested in the ongoing professional development of specialist staff, for example the occupational therapist had supervision from an external expert.

People living at Thistle Hill Hall also had access to training. Training included topics such as medication awareness, dignity and personal safety. This enabled people to learn a range of skills necessary for independent living. One person had attended numeracy sessions at Thistle Hill Hall, the content of which was directly linked to their voluntary job. This had increased their knowledge and confidence, and they spoke with pride and sense of achievement about being able to handle money in their new job. In addition to this two people who used the service had recently completed the Care Certificate, this had not only empowered them to challenge staff practices but had also been instrumental in them securing voluntary roles and further education opportunities.

People were supported to make decisions and direct their own lives. People we spoke with told us they were

supported to make choices, they were provided with information to enable informed choice and we saw staff respected people's decisions.

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.

The team at Thistle Hill Hall were passionate about maximising people's capacity to make decisions and had a good knowledge of the MCA. Mental capacity assessments involved the person and others, as appropriate, and took factors such as the person's mental state and time of day into account to ensure that the person was at their best. For example there had been concerns about one person's capacity to manage their finances. The staff team worked closely with them and external professionals to assess capacity and develop clear guidance on how best to involve the person in decisions. This enabled the person to retain control and independence whilst also ensuring their safety.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The management and staff team had a very good understanding of DoLS and had made applications where appropriate to ensure that people were not being deprived of their liberty unlawfully. Support plans contained specific information about to restrictions placed upon people and as far as possible people were informed about DoLS. The management team were committed to ensuring that people were supported in the least restrictive way possible. One person who had a DoLS in place, had, with the support of the staff team, grown in skill and independence since being at the service. The registered manager was planning to apply to remove the DoLS whilst continuing to work closely with the person to ensure their safety. This flexible and enabling approach enabled the person to grow and develop.

People were protected from the use of avoidable restraint. The registered manager explained that physical intervention was rare as staff were skilled in de-escalation and distraction techniques. Support plans and risk assessments were in place related to people's behaviour and these detailed the circumstances under which physical intervention may be required. Staff we spoke with had a good understanding of how to minimise the need for restrictive physical interventions.

People were positive about the food and dining experiences at Thistle Hill Hall. Everyone we spoke with said the meals were very good. One person commented "The food and the menus are really good and have some good choices." A second person said, "The food is delicious I do get plenty and food is always hot."

The registered manager placed a strong emphasis on the therapeutic value of meal times. To ensure that mealtimes were a positive, inclusive experience the provider funded staff meals with the expectation that staff shared mealtimes with people who used the service. We observed a meal time and found that this approach fostered a feeling of equality between staff and people who used the service. People were provided with a choice of high quality, home cooked foods and there was a relaxed and sociable atmosphere. Healthy choices were promoted and this was balanced with recognition of people's history and took into account how likely the person would be to sustain this independently.

The team at Thistle Hill Hall had taken a creative approach to building people's skills in relation to food preparation and safety. Daily 'shop and cook' sessions provided people who used the service with money to purchase food in order to prepare a meal. This enabled people to gain skills in planning, budgeting, food preparation, food safety and personal hygiene. One person had grown in skill and confidence as a result of this and during our visit the person had successfully prepared their own lunch, a big achievement for them.

People who used the service were encouraged to make choices about and give feedback on the food served. To enable people to make informed choices and build skills for independent living information about food, such as allergens and nutritional content, was displayed in the dining area. There was a feedback book available in the dining room to encourage people to share their thoughts and ideas. The majority of the feedback was very positive.

People's nutritional needs were assessed regularly. Where people had risks associated with eating and drinking there was clear guidance in their support plans, advice had been sought from external health professionals and staff had a good knowledge of how to support people safely. One person who used the service was at risk of choking. The advice of a speech and language therapist had been incorporated into a clear support plan and staff had a good knowledge of this.

Is the service caring?

Our findings

The service had a person centred culture focused on the promotion of people's rights to make choices and live a fulfilled life as independently as possible. People were exceptionally well cared for and were consistently positive about the staff team. One person said, "Staff know me really well and know when I am having a bad day or feeling unwell. Staff respect me and care for my needs really well." Another person told us, "Staff are kind and respect me, they care for my every day needs."

The caring approach of the service was also reflected in comments from people's relatives. The relative of one person told us, "Thistle Hill Hall is a wonderful service provider and has changed my [relation]'s life beyond what words can express." The staff team had also received numerous written compliments about the work they did. One person's relative had written, '(Thank you for) the truly excellent care you have given to [relation]. Their quality of life and wellbeing is down to all the staff to whom I will always be grateful.'

Professionals who visited the home regularly commented on the approach of the staff team. One professional told us "I visit weekly and despite this being an older building that as had to be adapted, compared with purpose built units, the standard of individual care delivery is of the highest regard, pointing out to me that it is about how you deliver care that matters, not where you deliver it." Another professional commented, "The staff are very helpful and approachable on every visit I make. I feel they are a unique service and provide great care to my patients."

Staff knew people well, and people appeared relaxed in their company. We observed kind and respectful interactions where people were given time to express themselves fully. Staff were responsive to requests for support and reassurance. For example, one person became distressed and was seeking support from a staff member who was due to finish their shift. The staff member made time for the person and stayed beyond their shift to reassure them. This had a noticeable positive impact on the person's mood.

Staff and the management team went the extra mile to make people feel happy and valued. We spoke with one person who proudly showed us some make up that had been bought for them by the registered manager when they were feeling down. The registered manager had an understanding how important the person's personal appearance was to them and told us they had seized the opportunity to cheer the person up and boost their self-esteem.

The staff and management team had a good understanding of what mattered to people and had been creative in overcoming obstacles in the pursuit of this. For instance one person who used the service who was a huge sports fan, however the restrictions of the sports ground environment caused the them to become highly anxious and put them and others at risk. Instead, the team incorporated the person's passion for sports and shopping and supported the person to attend the sports ground memorabilia shop regularly to buy items of interest, as well as watching matches on TV. This thoughtful support meant they were able to do something that was important to them in the safest possible way.

The concept of recovery and wellbeing was central to the service. People had access to a range to

restorative therapies to support and enhance their mental wellbeing and aid their recovery. The provider employed a restorative therapist and in addition a member of care staff was trained as a therapy assistant to enable the service to be responsive to people's needs. One person often became agitated and unsettled at night, the therapy assistant was able to intervene to offer the person massages at nights which calmed the person and reduced their distress. The team had also introduced beauty and grooming sessions to enhance people's well-being and promote their individual identity. These sessions were well attended and the registered manager told us they had seen evidence of improved self-esteem in people who attended the sessions.

The team at Thistle Hill Hall were proactive in supporting people through difficult periods in their life. There was a process in place to enable people to identify salient dates and events and this was used to anticipate people needs and adapt support accordingly. As a result of this process one person had identified a specific date that was associated with bereavement, additional staff were deployed during this period to enable the person to access support and reassurance.

People were supported to be as independent as possible and this was central to every aspect of the service provided at Thistle Hill Hall. The management and staff team shared a vision of recovery and we were struck by how this guided a culture of purposeful support and activity. The service had successfully supported people to grow in confidence and independence. For example one person had not visited their family at Christmas without support for over 20 years. As a result of the support and perseverance of the staff team they spent Christmas 2016 with their family unescorted. This person's relative expressed their gratitude in a card that read, 'You are restoring our hope that [person] will achieve things in their life that we all take for granted.'

The vision of recovery was also evident in the design of the service. Five self-contained flats were dedicated to building people's independence whilst still in the supportive environment of the home. One person who lived in one of these flats was clearly on their journey to independence. With the support of the staff team they had quickly progressed from having all their meals in the main dining room to using their own kitchen. On the day of our visit staff talked proudly about the person who had prepared their own meal. The provider had another service locally which was intended as a step down from Thistle Hill Hall and enabled people to make a smoother transition to the community. The occupational therapist told us that two people who had previously lived at Thistle Hill Hall had moved on to this service.

Reflection and learning from experience was seen as an important aspect of people's recovery journey and was central to the ethos of the service. The management team were passionate about enabling people to express themselves and had explored innovative ways of enabling people to do so. A project had recently been introduced to enhance communication and reflection. This was a set of simple questions that staff asked people on a daily basis; Are you OK? Have you had a good day? Is there anything I can do to help you? These intentional conversations had enabled people to express short and long term needs ranging from 'I'd like a cigarette,' to 'I want to move back into the community.' People were also invited to complete a weekly reflective diary. This enabled people to spend structured time with staff discussing the highs and lows of the previous week and identifying any goals for the coming week. For example, one person had identified that they wished to make contact with their family, records showed that staff had supported the person to do this.

The staff team encouraged people to record and celebrate their achievements. For example a 'positivity jar' was available for people to record positive experiences these were to be used in an end of year reflective session to celebrate people's achievements.

People were encouraged to maintain control over their lives and daily activities. People had access to an advocate if they wished to use one. Advocates are trained professionals who support, enable and empower people to speak up. The registered manager told us that a number of people who used the service were being supported by an advocate at the time of our inspection. We also observed that there was information about advocacy displayed in communal areas of the service.

People were supported to maintain relationships with their families and friends and the value of relationships in people's recovery was recognised and nurtured. The registered manager told us about an initiative launched for January 2017 to give people free phone calls, which was aimed at enabling people to better maintain relationships with family and friends and reduce social isolation. This had enabled people who would otherwise be unable to afford to contact their family keep in touch.

People were free to have visitors but were encouraged people to spend time in the community with their families and friends. The staff team had worked with one person to help them maintain a strong relationship with their spouse for instance providing prompts and reminders about anniversaries and birthdays and supporting weekly 'dates'. The person's spouse had expressed gratitude for the way the service had respected and supported their marriage.

Enduring relationships had developed between people who used the service. We spoke with one person who told us that they had become close friends with someone, who until recently, had also lived at Thistle Hill Hall. They had been supported to keep in touch and met up weekly in the community. People were also given support to manage complex relationships in their lives. For example one person was provided with one to one support when contacting their family in order to help them maintain the relationship and reduce their distress.

People were treated with dignity and their right to privacy was respected. Staff attended a dignity workshop and this information was also shared with people who used the service to empower them to have high expectations for the service they received and to enable them to challenge practice. Staff had a good understanding of how to ensure people were safe whilst respecting their privacy. People's needs for privacy had been considered in the design of the service. People had large bedrooms and also had access to a range communal areas, some sociable and busy and others quieter and more private. The provider had plans to further develop the service, to provide additional space for privacy, rest, relaxation and family time.

The staff team were thoughtful in their approach to supporting people in sexual relationships and mindful of the potential impact on others. One person had expressed the desire to spend private time with their partner. The staff team worked with them to reach a solution which ensured their right to privacy was upheld and minimised the impact on others living at the home.

People were given the opportunity to discuss their wishes and preferences in relation to care at the end of their lives. A personalised approach was taken to this, taking into account the person's physical health and the potential impact of discussions about end of life care on people's mental health and recovery. Where appropriate staff had supported people to think about their wishes for end of life care and this was compassionately recorded in people's support plans. The staff team had worked with one person who had a progressive condition to enable them to develop a plan for the end of their life. This detailed what was important to the person, their treatment choices and their wishes for after their death. The registered manager told us "We felt it important [person] was given the opportunity to consider their wishes for the end of their life whilst they had the capacity to do so, so that when the time comes we can refer to their preferences and ensure they are fulfilled."

Is the service responsive?

Our findings

People's diverse needs were recognised and supported. The team were mindful of the stigma associated with mental ill health and the potential for discrimination based upon this. They had developed an equality and diversity workshop for people who used the service, to provide people with the skills to recognise if they were being treated unfairly and the strategies to handle this. Staff were provided with training in equality and diversity and there were nominated champions whose role was to promote inclusion and acceptance of people's differences.

Innovative adjustments and adaptations were made to accommodate people's needs and to remove barriers to inclusion. One person, who had a visual impairment, had been supported to access specialist IT training to work towards their goal of employment. The team had also been proactive in exploring assistive technologies to enable the person to have as much control as possible in managing their medication. This had led to the person feeling empowered and in control of their support.

People's religious and spiritual needs were recognised and embraced. One person's religious beliefs had been identified in an assessment conducted prior to them moving into the service, information related to this was circulated to staff and the registered manager had made contact with community representatives of this religion. This ensured that the person was supported to continue to practice their religion by staff who had an understanding of this. Themed nights had been introduced celebrate different cultures, these were planned and hosted by people who used the service. These nights had been particularly important to one person who came from a different culture to others and who rarely participated in activities. They had shared their culture on a theme night and the registered manager described them as 'beaming with pride'. This led to the person feeling included and involved.

People told us that they felt involved in decisions relating to their care. One person told us, "Staff always sit with me and ask me what my interests are." Another person commented, "I make my own decisions I have been able to choose what church I would like to visit every Sunday. I decide what I want to wear each day and what food I choose from the menu."

People received care which was in line with their needs and preferences. There was a robust referrals and admissions process in place to ensure that people could be appropriately supported by the service. When people moved in a three month plan was developed in partnership with the person to manage the transition and help them settle in to the service. Longer term support plans were also developed with the person and these were detailed, personalised and up to date. Staff had an in-depth knowledge of people's preferences and support needs. One healthcare professional commented on the quality of plans saying, "Written care plans and risk assessments are extremely comprehensive."

The service was flexible and responsive to people's individual needs. Staffing levels enabled people to access support as and when they needed and routines were adaptable to suit the needs of people who used the service. For example staff had identified that one person was not at their best in the mornings and this was having a detrimental impact on their involvement in activities.

Consequently changes were made to the timing of some planned activities and this increased their involvement and participation.

Changes were made to the service to take account of people's changing needs. For example the admission criteria had been extended to enable an older person to continue living at service instead of having to move into services for older adults. The registered manager told us that this stability had a positive impact on the person in terms of their mental health and wellbeing.

The staff team were focused on enabling people to lead as full a life as possible. The rehabilitation and activities programme was led by the occupational therapist, who was supported by a team of activities coordinators. The team had a passion for seeing people grow and develop. There was an overall programme of activities which ran seven days a week including evenings. This included in house and community activities and also encompassed taught workshops such as nurse led sessions on managing physical health. In addition, each person had a personalised activity plan which included a mix of vocational, social and daily living activities such. Feedback on activities and opportunities was positive, one person commented, 'I like dropping in and out of sessions, I like having the freedom to do this. I don't always say much but I like to listen.'

The occupational therapist told us, "Activities are responsive to people's needs and interests and we try to work with people to find out what is really important to them." One person who used the service had expressed an interest in construction work, however the team quickly learnt that what really mattered to the person was a sense of belonging and purpose. Consequently the person chose not be involved in the actual work but relished wearing a uniform and spending time with the maintenance and construction team at the service. This thoughtful support enabled the person to do something which as important to them and gave them a sense of purpose.

Activities were purposeful and outcome based. For example a number of people who used the service had recently taken part in an activity to make a bath bomb. As a result of careful consideration of involvement, impact and outcomes, a seemingly simple activity had resulted in people developing skills in areas such as planning, team work, independent travel and budgeting. One person was known to neglect their own personal care need and as a direct result of the activity, chose to bathe using the bath bomb.

The service used the recovery star to plan, map and review people's progress. The recovery star is an outcomes measure which enables people using services to measure their own recovery and progress. One person had used this as a way of exploring their relationship with their partner. This had resulted in this relationship growing stronger and had an impact in other areas of their life. For example, a result of their motivation to meet their partner in the community their confidence in using public transport had grown.

People were supported to pursue education and employment opportunities. A number of people attended local colleges and two people had been supported to gain voluntary employment. One person had been through a long journey of mental health crisis and recovery. The team supported them through this and as a result the person had identified goals of getting a job and making new friends. The staff team worked with the person to build their skills and confidence and with this support and encouragement, they had found a voluntary job. This person told us proudly about their new job said they were excited about meeting new friends as a result.

There were strong links with the community and people were encouraged to make a contribution. For example staff and people who used the service had been involved in collecting items for the local food bank. People were supported to deliver the donations to the food bank themselves. The occupational therapist

told us that people had reported this made them feel that they had helped others and made a contribution to their community.

A thoughtful approach was taken to overcoming barriers to inclusion. A current project focused on facilitating social inclusion had been developed as a result of feedback from people who used the service. People had shared that they did feel 'different' when being accompanied by staff in the community. As a result, the registered manager was in the process of working with staff to trial dropping staff uniform when supporting people to go out in the community to increase people's feelings of acceptance and belonging.

People who used the service were given with the opportunity to provide feedback about their experiences of the service in a number of ways. Complaints and suggestion boxes were available in communal areas and people were encouraged to give feedback at weekly community meetings. People also had the opportunity to share feedback in their reflective diaries and the 'three questions' that staff asked daily. In addition, people were involved in the evaluation of specific events and activity programmes, this feedback was then used to enhance future activities.

The management team were responsive to people's feedback and used this to develop and improve the service. For example, people who used the service said that they would like more contact with animals. Consequently the management team had given staff the opportunity to bring their pets to the service. The registered manager told us that one person who struggled to communicate their feelings communicated more freely with in the presence of the animals and other people spent hours with the animals and reported that it improved their wellbeing.

People could be assured that complaints would be taken seriously and acted upon. People who used the service told us that they knew how to make a complaint and would feel comfortable doing so. One person told us, "They have a complaints procedure and this is always discussed in the group weekly meetings." Another person said, "I know how to make a complaint but I haven't had to make one yet, I am happy with everything." Staff we spoke with knew how to respond to complaints and understood their responsibility to report concerns to the manager.

Complaints were investigated sensitively taking account of people's mental health. The registered manager was mindful of people's state of mind when they made complaints and used this to inform their response. One person was known to make complaints when their mental health deteriorated. The registered manager had learnt that when they recovered they were embarrassed about the things they had said when unwell. In order to preserve the person's dignity, the registered manager had an agreement with the person that they would respond verbally but that no written record would be kept. Another person made frequent complaints when unwell, and records showed that compassionate responses were composed to each complaint.

A number of people who used the service were subject to community treatment orders under the Mental Health Act (1983) which meant that they may be required to attend in-patient care for treatment should their mental health deteriorate. The management team recognised the importance of reducing, as far as possible, the stress associated with the transition in to in-patient care. To try and reduce people's fear and anxiety the team had worked with the local hospital to enable people to have positive experiences of the inpatient unit. Photos and records showed people getting involved in events at the unit, such as selling homemade items at the Christmas fayre. This meant that people were familiar with staff and the environment and facilitated a smoother transition between services.

Is the service well-led?

Our findings

People we spoke with gave exceptionally positive feedback about the service provided at Thistle Hill Hall. One person who used the service commented, "Being here offers me shelter from the storm. I have broadened out a lot since being here." The relative of one person who used the service said, "Thistle Hill Hall is a wonderful service provider and has changed my [relation]'s life beyond what words can express." Another relative commented, "I do feel extremely fortunate that my [relation] is being cared for here. It is a remarkable and rare find." A third relative used the words, "Excellent, outstanding, remarkable" to describe the service.

Feedback from community based professionals was equally exceptional. One professional told us, "I personally hold the processes, care and communication systems they deliver, as the benchmark which all my other providers should aspire too." Another professional commented, "I have consistently found the care that it is provided to service users, who have complex mental health needs and challenging behaviours, to be of an exceptional standard."

Community based health and social care professionals were extremely positive about the leadership at Thistle Hill Hall. One professional told us, "The senior management team provide strong leadership and have clear vision for the service." Another professional told us, "Thistle Hill Hall are a responsive service, they offer timely assessments feedback and provide reports as requested in a timely manner. I feel this is filtered down from management to all staff. This brings stability and consistency in the care they provide."

The management team at Thistle Hill Hall were passionate, creative and dedicated. The registered manager was supported by a skilled multidisciplinary team including an assistant manager, senior nurses, occupational therapist, psychologist and psychiatrist. The registered manager was a visible presence in the service, operating an 'open door' policy, their office was in the heart of the service and both staff and people who used the service popped in throughout our visit. Staff and the management felt safe and comfortable to challenge each other's practice and staff were actively encouraged to share any concerns that they had about the service.

The registered manager had developed close relationships with people who used the service, and people commented positively about her. One person told us, "If I had any worries I could go to the managers office where I am always welcomed and asked in. I would feel very comfortable doing this." Another person told us, "The manger always takes time out to listen to what I have to say and will help me." During our visit the registered manager took time to chat with and reassure people demonstrating her compassion and in depth knowledge of each person.

Staff we spoke with were very positive about working at Thistle Hill Hall. One member of staff told us, "I love the job, I honestly couldn't ask for better. It's a job for life for me." The occupational therapist told us, "Coming here is refreshing, people (staff) care, they want people to improve and move forward." Staff also told us they felt supported and valued by their managers and the provider, they used words including "Brilliant", "Helpful" and "Passionate" to describe the management team. One member of staff told us, "It's a

great place to work, the manager's door is always open, I couldn't want for more support."

Staff had a good understanding of what was expected of them in their role. Staff received training about what was expected of them and clear allocation of staff duties ensured that shifts were well organised and that staff understood what was expected of them each day. We observed all designations of staff working well as a team, communication was efficient and resulted in people receiving care and support which met their preferences and need.

There was a culture of openness and transparency and the management team actively encouraged staff to whistle blow on poor practice. The registered manager told us that they encouraged staff to be clear that they should feel able to report anyone, including the manager themselves and ensured they know how to do this. This approach was echoed by staff that we spoke with, one of whom told us, "I would not hesitate to whistle blow." The registered manager told us of a recent incident where four staff had independently reported the same concerns to them which demonstrated that staff felt empowered and comfortable to challenge the practice of others

The management team had worked with people who used the service and staff to develop a clear vision for Thistle Hill Hall. This was focused on recovery to ensure that people were supported and enabled to reach their full potential. Information about the vision was displayed in communal areas and sessions were held for people who used the service to learn about and contribute to it. This vision of recovery was evident in all aspects of the service, for example, activities were focused upon the goal of supporting and enabling people's recovery and ensuring they had the skills they needed to move on to become more independent.

The organisational vision underpinned the development of new initiatives. For example, plans were underway to develop a restorative therapy suite and a family suite. The impact upon the wellbeing and recovery of people who used the service was central to this work and plans made explicit both the short and longer term outcomes, such as reducing anxiety, tension and maintenance of family relationships.

Strong links with the community were fundamental to the ethos of the service and seen as essential to enable people to successfully reach their goals of increased independence. People who used the service were supported to spend time in community places and were encouraged to develop and maintain relationships in the community. People were also involved supporting local charities and the community were welcomed into home for special events such as harvest festivals and summer fetes. The management team were mindful to source food and other products from local suppliers and they had recently had a local busker perform at the service. A social care professional commented, "Lots of emphasis is placed upon social inclusion within the local community."

There were clear mechanisms in place to ensure that feedback from people who used the service informed future developments. The registered manager collated feedback from people and worked with the leadership team to resolve issues and act upon suggestions. For example, people had said that they wanted more social activities and as a result the provider had invested in a monthly social fund which had been used to finance additional activities including afternoon-tea on the River Trent, a trip to the seaside, picnics in local parks and a Christmas meal at a local restaurant.

Staff were also given the opportunity to provide feedback about the service. Staff attended regular meetings and the provider conducted an annual staff survey. Results of the most recent survey showed this was an effective method for staff to share concerns and ideas. Action was taken in response to issues raised, for instance a number of staff identified that shift patterns could be improved, records showed that the rota had been amended based upon this feedback.

The provider was passionate about delivering a high quality service and provided resources for development. A community based professional commented, "Significant investment has been made to provide excellent resources to facilitate service users' engagement in a wealth of opportunities for meaningful occupation." The management team told us that the provider welcomed and encouraged innovation and new ideas. For instance the provider had recently invested in the new gym and activities room at the service and also was working together with the senior management team to develop a learning and development academy to support the development and progression of staff. Monthly governance meetings were held to ensure that the senior leadership team and provider had a good knowledge of the service.

There was a culture of continuous learning, development and improvement at Thistle Hill Hall. The management team evaluated the impact of their work regularly and formal evaluations were conducted on larger scale projects to ensure that they had a positive impact on people who used the service. For example, the occupational therapist was in the process of conducting research into the impact of the new gym and activities room on the wellbeing and recovery of people who used the service. They told us, "I'm doing the study to make sure the extension has had a positive impact on people and if not we will be looking at why not and what we can do to improve it."

There were organised, effective systems in place to monitor and improve the quality of the service. The management team conducted a comprehensive programme of regular audits covering areas such as support plans, complaints, infection control and fire safety. These audits were effective in identifying areas for improvement and where issues had been identified actions had been recorded and signed as having been completed. For example an audit conducted in January 2017 had identified a number of actions in relation to a specific support plan. We reviewed this support plan and found that these actions had been completed and the support plan was accurate and up to date.

The management team endeavoured to explore innovative solutions to traditional problems and this had a positive impact across the service. For instance lessons learnt from individual incidents often led to service wide improvements. A personal awareness course had been developed as the result of a physical altercation between two people who used the service. This did not single out or blame anyone for the incident and also benefitted others who used the service. Records showed this had reduced the incidence of misunderstandings which were sometimes the cause of altercations.

There was a commitment to exploring best practice and new projects were evidence based. Extensive research was conducted prior to the implementation of new projects, for example an initiative to give people free phone calls, was based on research from the NHS and a recent campaign to reduce loneliness in people who have mental health needs. The registered manager kept up to date with best practice through regular attendance at events and local networks and also read journals and research papers to develop their knowledge. Feedback from a specialist health professional confirmed this, they told us, "They have a culture of learning from good practice."

The high quality of the service provided at Thistle Hill Hall had been recognised by partner organisations and professionals. We spoke with a visiting specialist health professional who commented on the quality of reports produced by the nursing team at the service. They told us, "The tribunal has often commented on the high quality of reports produced by Thistle Hill Hall, it's like they have done my job for me." They went on to speak about the services' good reputation across Nottinghamshire saying, "They take lots of referrals from [another local authority], that's quite unusual for a service like this." This good practice had also been recognised by other agencies, for example local authority had been in touch, following a recent audit, to ask if they could share the good practice around medicines management with other providers.

