

Roefield Specialist Care Limited

Thistle Manor

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Thistle Manor is a residential care home providing personal and nursing care for up to 33 people with mental ill health aged 18 and over. The accommodation is provided in three separate units, including flats offering scope for greater independence. At the time of the inspection 28 people were using the service.

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

People told us they felt safe at the service. Staff had received training on positively responding to people and safeguarding. We observed people were relaxed and content in the company of staff and managers. Staff were aware of the signs and indicators of abuse and they knew what to do if they had any concerns. Recruitment practices made sure appropriate checks were carried out before staff started work, some improvements were needed with records and these were put right. There were enough suitable staff available to provide care and support; staffing arrangements were kept under review.

Health and safety was promoted, this included maintenance of the premises, servicing and checking systems. We found some matters in need of attention, they were proactively rectified during the inspection. Risks to people's individual well-being were being assessed and managed. Staff followed some good processes to manage people's medicines safely. Some improvements were needed; however, the registered manager took timely action to progress these matters.

Arrangements were in place to gather information on people's backgrounds, their needs, abilities and preferences before they used the service. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems at the service supported this practice.

People were encouraged to lead healthy lifestyles. They were supported with their healthcare needs, medical appointments and planning their recovery. People were offered a variety of meals and drinks; healthy eating was promoted and monitored. Individual needs and choices were known and catered for. There was a good standard of décor and furnishings to provide for people's individual needs, comfort and wellbeing. Adaptations had been made to meet people's needs. The provider offered staff a programme of training, development and supervision.

People made positive comments about the staff and managers. We observed staff interacting with people in a kind, pleasant and friendly manner. Staff knew people well and were respectful of their choices and preferred routines. People's privacy and dignity was respected. People were supported to develop their skills and gain confidence.

People received personalised care and support. Innovative technology had been developed to plan, deliver, monitor and review people's care. There were opportunities for people to engage in a wide range of community based and in-house activities. People were supported to have contact with families and friends.

Processes were in place to support people with making complaints. Some complaints records were unclear. The registered manager confirmed to us, the action taken to make improvements.

Thistle Manor had a welcoming, friendly and inclusive atmosphere. People were treated as partners in managing their individual support. Management and leadership arrangements supported the effective day to day running of the service. The provider used a range of systems and technology, to regularly monitor and improve the service. There were processes to consult with people who used the service and others, to assess and monitor the quality of their experiences and make improvements.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 30 November 2016).

Why we inspected

This was a planned inspection based on the previous rating.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Thistle Manor

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector, an assistant inspector, a specialist advisor 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.

Service and service type

Thistle Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service about their experience of the care and support they received. We spoke with fourteen members of staff including the, registered manager, deputy managers, nurses, support workers, maintenance team, training manager, human resources manager, information systems manager and the chef manager.

We reviewed a range of records. This included eight people's care plans and other care related records. We looked at two staff files in relation to recruitment and staff supervision and training records. We also reviewed a variety of records relating to the management of the service, including complaints, meeting records, maintenance checks and quality assurance processes.

After the inspection

We received confirmation from the registered manager of the actions taken to make improvements and plan for progress.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

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

Systems and processes to safeguard people from the risk of abuse

- The provider had systems to protect people from abuse, neglect and discrimination. Individual safeguarding matters were assessed, recorded and reviewed in people's risk management plans.
- We observed people were relaxed and content in the company of staff and managers. Staff supported people safely and respected their individual needs. People told us they felt safe, they said, "I can do what I want here, I get on with the staff, I think it's a lovely place" and "I'm quite happy with everything here."
- Staff were aware of safeguarding and protection matters. They described what action they would take if they witnessed or suspected any abusive practice. They had received training on adults at risk and positively supporting people's behaviours.

Staffing and recruitment

- Staff recruitment procedures continued to protect people who used the service. The registered manager followed disciplinary procedures to manage unsafe and ineffective staff conduct.
- The provider completed recruitment checks to ensure staff were of good character. However, recording systems were not always clear in showing all checks were achieved. The registered manager took timely action to improve the recruitment process during the inspection.
- There were sufficient numbers of staff to support people to stay safe and meet their needs. Staff spoken with said the staffing ratios were good and enabled them to provide safe, effective care. The registered manager explained staffing levels and skill mix were kept under review. Rotas showed staff were deployed in response to the numbers, needs and lifestyles of the people accommodated.

Using medicines safely

- People were supported with the proper and safe use of medicines. They had individual risk assessments and support plans to deliver a person-centred approach. One person told us, "Self-medicating is something I'm working towards, it's in my care plan."
- There were some matters requiring attention including, unsuitable storage of medicines for disposal and promoting person-centred approaches. We discussed these matters with the registered manager who took immediate action to make improvements. We were assured medicine audits would be updated to ensure continued progress.
- Staff providing support with medicines had completed training and their competence had been assessed. Medicine management policies and procedures were accessible to staff. Regular checks and audits of medicine management practices were completed.

Assessing risk, safety monitoring and management

- People's individual wellbeing and safety was risk assessed and support plans guided staff on minimising risks in a person-centred way. Staff were aware of people's individual risk assessments. They described how they kept people safe and supported positive risk taking.
- The provider had processes in place to maintain a safe environment for people, visitors and staff. The provider had arrangements to check and maintain the service, fittings and equipment. Including gas safety, electrical wiring and fire extinguishers. Fire drills and fire equipment tests had been carried out. We noted some matters in need of attention, including checks on window restrictors and risks around hot water. These matters were rectified during the inspection.
- People's personal information and staff records were stored securely, they were only accessible to authorised staff. There were back-up protocols for electronic records, which were password protected and accessible on a need to know basis.
- The provider had contingency plans to keep people safe in the event of failures of utility services and equipment.

Preventing and controlling infection

- People were protected by the prevention and control of infection. Staff used personal protective equipment when needed, including disposable gloves and aprons. They had accessed training on infection control and food hygiene.
- All the areas we saw were clean and hygienic. Suitable laundry facilities were provided. There were cleaning staff and checking systems to maintain hygiene standards.

Learning lessons when things go wrong

- The provider followed processes to monitor incidents, share outcomes and develop the service, to help prevent similar incidents and reduce risks to people.
- The registered manager and staff fulfilled their responsibility to report and record, accidents and incidents. The electronic care planning system eased the monitoring of incidents, the analysis of trends and actions for improvement.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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

- The provider had processes to ensure people's needs were assessed with their involvement. The registered manager explained how people's needs and abilities were initially assessed. This involved meeting with the person and gathering information from them and others involved with their care and support.
- Care records included copies of initial assessments and information from health and social care professionals. The provider used recognised evidence-based assessment tools, including those relating to mental health and social functioning, nutrition and skin integrity.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). 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.

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 had the appropriate legal authority and were being met.

- People's capacity to make specific decisions had been assessed. Their ability to make their own choices and any support needed was positively highlighted in their care plans. Most records reviewed, showed people had consented to their care and treatment.
- Staff understood the importance of gaining consent, promoting people's rights and supporting their choices. We observed they were enabling and reassuring when supporting people to make decisions. One staff member said, "We always involve people and get their agreement."
- The registered manager described how people had been supported in the least restrictive way, and in their best interest. They had appropriately applied for DoLS authorisations through local authorities in accordance with the MCA code of practice. Conditions on authorisations were met.

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

- The provider had a model of care that was recovery-focused. Nurses supported people to review and measure their own mental health recovery and share responsibility in setting goals for their future progress.
- On-going healthcare was identified, monitored and reviewed in the care plan process. Progress was ongoing to more effectively respond to oral healthcare. The service liaised with healthcare professionals, as necessary to respond to people's needs.
- The provider had contracted the services of healthcare professionals including, various therapists and a psychiatrist. There was an onsite clinic which was run in conjunction with the local GP surgery.
- People had opportunities and support for physical exercise, including walking, swimming and local gym membership. We discussed utilising the care planning process to focus more specifically on exercises and health and wellbeing.
- The provider used 'health passports' as necessary for sharing information about people's physical health. Arrangements were in place to support people in a person-centred way when they left the service.

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

- Staff supported people to eat and drink enough to maintain a balanced diet. People's specific nutritional needs and choices were assessed and catered for. Staff monitored people's food and fluid input as needed. Healthcare professionals, including dietitians, were liaised with as necessary.
- People were mostly happy with the catering arrangements at the service. They told us they had choices, some explained how they were enabled to cook for themselves. They said, "The food is lovely" and "Sometimes I do some cooking. I make a list of what I need to make a meal, go shopping with staff, come back and cook just for myself."
- The menu was planned to include known favourites and healthy options. Meals and menus were discussed regularly at resident meetings. Catering staff regularly engaged with people for their feedback on the quality and variety of meals.

Adapting service, design, decoration to meet people's needs

- The provider had adapted the premises as needed, to promote people's independence, rights, privacy and choices. There were kitchenettes, laundry facilities, meeting rooms and a well-equipped art room. People had access to extensive outside areas, including vegetable gardens, summer house and enclosed decking.
- We observed people were relaxed and comfortable in the service. There was a very good standard of furnishings and decoration. People had been supported to personalise their own rooms and make shared decisions about furnishings, colour schemes and outside areas.

Staff support: induction, training, skills and experience

- The provider ensured staff had the skills, knowledge and experience to deliver effective care and support. They had regular one to one supervision meetings and an annual appraisal. There were induction programmes for new staff.
- Staff said they were supported with learning and development. There was ongoing training to help ensure they understood people's needs and were able to provide effective support.
- Qualified nursing staff were supported to continue their professional development, some were linked with a local university mentorship programme. Support workers had, or were enabled to achieve, nationally recognised qualifications in health and social care. An in-house academy training forum utilised the sharing of skills and knowledge between qualified staff and support workers.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with respect, compassion and kindness, they were given emotional support when needed. One person told us, "Most of the staff are good, they listen and they do what they can to help." We observed respectful and sensitive interactions between people using the service and staff. Staff were understanding and considerate when responding to people's needs and providing support.
- Staff and managers knew people well. They were aware of people's individual needs and preferences and the importance of respecting their human rights, equality and diversity. Care records included a 'pen picture' of people's, preferred name, likes and dislikes, background history, relationships, religion, interests and hobbies. The service had a staff equality and diversity 'champion' and associated policies. This was to promote best practice around equality and human rights.

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

- The service supported people to make choices in their daily lives. Staff had time to talk with and listen to people. We observed staff offering choices, enabling people to make their own decisions and responding to their preferences. Records showed people had one to one time with staff.
- People had been involved and consulted about the content of their care plans and with ongoing reviews, most people had signed in agreement with them. The majority of care records were written in a person-centred way and the registered manager had plans to improve record keeping.
- The service held resident's meetings for group discussion and making shared decisions and people had been involved with the recruitment of new staff. The provider had produced a guide, describing services and accommodation available. Details of local advocacy services were available. Advocates can speak up for people and provide support with making decisions.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was upheld and their independence promoted. They had the privacy of a single bedroom with en-suite facilities, lockable doors and drawers. People said, "Staff always knock before they come in my room" and "Staff knock and shout they don't just walk in."
- Managers and staff enabled and motivated people to do as much as possible for themselves. Some people told us how they managed their own food budget, shopped and cooked. Most had responsibilities for domestic chores, one person explained, "I put my washing in a basket. I change my bedding every so often." People accommodated in the 'flats' had achieved greater independence, reflective of their progress and recovery.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question remained good. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care and support that was responsive to their needs and choices. Technology was used effectively to respond to people's needs. The service had designed and introduced, their own person-centred care planning software. Electronic care plans had been developed, to plan, deliver and evaluate people's support in response to their individual needs and preferences. We found the system easy to use.
- People's care and support was reviewed at regular Multi-disciplinary Team (MDT) meetings. They were invited to attend their MDT reviews, to discuss their progress and share their views.
- Staff had ongoing access to people's care plans. There were regular staff 'hand over' discussion meetings to communicate and share relevant information.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service understood and had responded to the AIS. People's sensory and communication needs were included in the assessment and care planning process. Staff communicated and engaged with people, using ways best suited to their individual needs and preferences.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Positive relationships were supported and encouraged as appropriate. Visiting times were flexible. People told us they were supported to keep in contact with their families and maintain links with people in the community. One person said, "I can come and go as I please, as long as I tell them where I'm going."
- The provider had a system to link people with a named nurse and keyworker. This aimed to provide a more personal, coordinated service and develop beneficial working relationships.
- The provider's focus on rehabilitation and recovery, offered people opportunities for skill development, confidence building and positive wellbeing. People told us about the range of community and in-house activities available to them. Such as, gardening, bowling, arts and crafts, cinema, outings to places of interest, church attendance and voluntary work.
- Managers and staff described specific examples of the progress individuals had made, resulting from the service being responsive and developing ways of working with them. This was supported in statistical records of people successfully moving on from the service.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listed to and acted upon to make improvements. The provider's complaints procedure was on display in the service. This included directions on making a complaint and how it would be dealt with. An easy read version of the procedure was available.
- The complaints recording process was in need of development. Although we could see complaints had been received and dealt with, some records did not show a clear audit trail of how the concerns were investigated, managed and resolved. Following our visit, the registered manager confirmed the action taken to make improvements. This included, developing recording systems and complaints management processes.

End of life care and support

- The service did not usually provide end of life care. However, the registered manager described how the service would plan for people's individual needs as appropriate. Action was also progressing to sensitively explore and confirm with people, their individual end of life preferences in response to their cultural and spiritual needs.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

- Thistle Manor had a welcoming, friendly, relaxed and inclusive atmosphere. We observed people were treated as partners in managing their individual support and the wider shared living experience. One person told us, "This is the best place I've ever been to."
- Staff also interacted with each other respectfully, in a professional, courteous and friendly manner. They told us, "It's really good here. It's nice to see people [who use the service] progress with their physical and mental health and self-motivation" and "It's really good management. Staff morale has continued to improve."
- The provider hosted an annual open day and summer fair, to promote a positive identity in the local community and reduce the stigma often associated with mental health services. People who used the service were involved with the design and management of the day. They were encouraged and supported to run stalls or events of their choice, to raise money for local charities or causes.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager understood and acted upon their duty of candour responsibilities by promoting a culture of openness and honesty.
- The registered manager was proactive in their response to the inspection process. They described how they promoted an 'open door policy' and a 'no blame culture' to promote an ethos of openness, integrity and ongoing progression.

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

- Management arrangements provided effective leadership and direction. The provider had a comprehensive on-site management team, to guide, monitor and support the service.
- Job descriptions and contracts of employment outlined management and staff's roles, responsibilities and duty of care. Policies and procedures provided guidance and direction on aspects of care and support provision.
- The service's care philosophy was reflected within written material and the 'vision and value' statements displayed around the premises. Staff expressed a practical understanding of their role to provide effective support. Staff 'champions' had designated responsibilities for key areas of care and support.

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

- People were consulted on their experiences of the service and could influence improvements. The service held regular resident's meetings, to involve people in discussions and making shared decisions.
- The provider carried out an annual quality assurance survey with people and staff. The results of previous surveys had been collated and shared. The responses were acted upon and used to influence forward planning. The registered manager had introduced exit interviews, to consult with people about their experiences when they left the service.
- Staff meetings were held; various work practice topics had been raised and discussed. Staff said they could voice their opinions and make suggestions for improvement.

Continuous learning and improving care

- Managers and staff used various governance systems to regularly audit processes and practices, including the prevention of infection, accidents, staff training, health and safety, refurbishment and medicine management. Information technology systems were used effectively, to monitor and improve the quality of the service provided. Although we found some matters for development, we were assured and confident progress would be made.
- The provider had arrangements for regular quality monitoring visits. Any shortfalls were identified and reported, to ensure there were timely improvements. An overall development plan provided direction and oversight of the service.

Working in partnership with others

- The service worked well with other agencies and community resources. This included the police, health and social care professionals, neighbourhood groups, local businesses, charities, churches and leisure services.