

Thistle Lodge Specialist Care Limited

# Thistle Lodge Robins Wood Road

## Inspection report

20 Robins Wood Road  
Nottingham  
NG8 3LD

Tel: 01156487586

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20 December 2022  
18 January 2023

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

Thistle Lodge is a specialist residential care home providing personal and nursing care to up to 7 people. The service provides support to people with a learning disability, autistic people and people with mental health support needs. People using the service had their own self-contained apartment, with specially adapted facilities that met their individual needs, within one building. At the time of our inspection there were 5 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

Engagement with external professionals was not always timely and the managers review of incidents did not always identify issues that required further follow up to meet people's holistic care needs.

Staff provided support to people which ensured they maintained good health. Medication was managed safely and people were supported to access support from health professionals.

People were supported by staff who had been safely recruited and were trained to be able to effectively support people.

Incidents requiring the use of physical intervention were managed safely. People, and their staff team, had access to appropriate equipment to support them effectively.

Right Care:

Systems were in place to provide management oversight. However, managers and staff were not always clear about their role in relation to the effective use of these systems, so issues that could impact people's care were not always identified.

Staff were respectful and supported people in a way that demonstrated they valued people's differences and equality needs. This was reflected in person-centred care plans and risk assessments.

People were supported to communicate using accessible information, and their diverse needs and choices

were respected because they were receiving regular support from consistent staff.

People were supported by friendly and caring staff so people received compassionate care, staff respected their choices and treated them with dignity.

#### Right Culture:

People were not always empowered to live inclusive lives that enabled them to achieve positive outcomes.

Staff were appropriately trained for their role and received support from the management team so people received support from staff that understood how best to support them.

The provider was open, honest and responsive in relation to feedback during the inspection and committed to make improvements based on this to improve people's quality of life.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

This service was registered with us on 18 February 2022 and this is the first inspection.

#### Why we inspected

The inspection was prompted in part due to concerns received about people's living conditions, support and use of restrictive practice. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report. The provider took immediate action to address concerns implementing further medicines stock count checks, a restructure of how the service is managed and improved oversight and auditing systems and processes.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Thistle Lodge Robins Wood Road

## 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by 2 inspectors.

#### Service and service type

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

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post for one month and had submitted an application to register. At the time of reporting the application had

been approved.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service provides care and support to people with complex needs and we wanted to ensure that our visit was as unintrusive as possible and did not cause people distress.

Inspection activity started on 15 November 2022 and ended on 15 February 2023. We visited the service on 20 December 2022 and 18 January 2023.

#### What we did before the inspection

We reviewed information we held about the service. We sought feedback from the local authority commissioning, contracting and safeguarding teams as well as the integrated care board, and social workers involved in the care of people who use the service. We used information gathered as part of monitoring activity that took place on 15 November 2022 to help plan the inspection and inform our judgements. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 2 people and 2 relatives about their experience of the care provided and received written feedback from 2 people who were using the service during the time of inspection. We spoke with 12 staff members. This included the cook, a member of the domestic staff, 2 care staff, 2 team leaders, the psychologist and psychology assistant, the manager, 2 directors and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 3 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including staff training information, and policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- Staff were recruited safely but some checks were not always completed.
- We reviewed 3 staff files to ensure safe recruitment processes were being followed. The necessary documents were in place, but we found gaps in employment had not been fully explored. This meant the provider did not always follow a thorough recruitment process. The provider responded immediately, and the gaps were reviewed and addressed by the human resources team.
- Staff files contained suitable references and proof of identity. All staff had an up to date Disclosure and Barring Service (DBS) check. Disclosure and Barring Service checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider had enough staff to safely meet people's needs. There were agency staff working at the service, but they were familiar with people and had worked at the service previously.
- Staff were appropriately trained for their role. One staff member told us, "I feel I have the right support and training to do the job, I will approach [director] if there is training I want, and it is organised."

### Using medicines safely

- Medicines were stored safely and administered as prescribed, by trained staff.
- Medicines were administered as required but the stock checks were not always accurate because the provider had relied on the electronic system rather than completing a physical check.
- Care plans contained clear information about people's medicines, including 'as required' medicines and symptoms that could indicate the need to administer a particular 'as required' medicine.

### Learning lessons when things go wrong

- Internal review and audits were not always completed effectively to support learning and improvement at the service.
- We reviewed a record of an incident which indicated the inappropriate use of restraint methods which had not been identified by the manager. We found examples of where the manager had failed to thoroughly review incidents to support improvements at the service.
- The provider recognised that the managers review had not been completed robustly and followed up on this immediately. They were very responsive to feedback during the inspection and keen to act on this to make improvements.
- Incidents were reviewed by the multi-disciplinary team to look for ways of improving the care people received. Findings were used to inform measures to prevent incidents reoccurring. This also informed

updates in people's care plans and risk assessments.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to safeguard people from the risk of abuse.
- Staff received training on safeguarding, they felt confident they would recognise signs of abuse, and could raise concerns with the management team. One staff member told us, "I would report concerns to [director] but if I felt they weren't taking the appropriate steps I would contact the local authority safeguarding team as well."

Assessing risk, safety monitoring and management

- Risks were assessed, management strategies were in place and risk was monitored.
- We reviewed care plans which identified risks to the person, potential risk to staff, triggers to distress behaviours and how to safely support the person were in place.
- The provider had worked with external professionals, as well as their internal team, to ensure the environment was safe and met people's needs.
- All staff were provided with a pager and personal alarm. We saw several examples of a rapid response providing support to staff when an alarm had been triggered.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The service was open to visitors and the provider's approach aligned with government guidance. Hand sanitiser was readily available to visitors and information displayed regarding infection prevention control including hand washing guidance.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff working with other agencies to provide consistent, effective, timely care

- The provider worked with other agencies to provide people with effective care but engagement was inconsistent and not always timely.
- Feedback and information reviewed at inspection was mixed regarding the provider working with other agencies, sharing information and engaging with other professionals effectively.
- One person's relative told us they did not feel an appointment had been arranged in a timely manner. This was also reflected by a safeguarding officer who had advised the provider to contact professionals in a timely manner and follow referrals up. The provider told us the appointment had been followed up on and that planned improvements included learning from feedback about communication to make it more effective, and timely, with all stakeholders.
- We spoke with 1 person's social worker who told us communication was timely, regular, and supported collaborative working practices. "We are all welcomed and encouraged to drop in at any time and have had training with the staff team delivered by external organisations."
- We reviewed information that evidenced contact with a person's GP, contact with the local authority commissioning team and social workers.

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

- People's needs and choices were assessed and care was delivered in line with standards, guidance and within the appropriate legislative framework.
- We saw that people's care plans were reviewed and updated as required.
- Staff were aware of individuals choice and preferences and this was included in their care plan.

Staff support: induction, training, skills and experience

- Staff were appropriately trained, inducted and provided with support by the management team and professionals within the multi-disciplinary team.
- Staff told us they received emotional support and the opportunity to talk with the psychologist or psychology assistant after any incident.
- Training was planned for each staff member, according to their role, and time scales for completion were set. We saw evidence of training specific to people's needs, staff also confirmed they had received training in learning disability and autism.

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

- People had support to eat balanced meals and access to snacks and drinks. Some people cooked their

own meals with support from staff. The cook also prepared meals daily and was aware of people's dietary needs and preferences.

- We saw that there were options of different meals daily and the cook told us, "We provide a choice but, if someone wants something different, I will buy the ingredients to make it."
- The provider wasn't currently supporting anyone at risk of malnutrition and dehydration but care plans reflected any specific guidance about health care needs. Staff were knowledgeable about people's health care needs.

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

- The service was adapted and decorated to meet people's needs and preferences and create a safe living environment.
- The provider worked with local authority commissioners and an occupational therapist to create an environment that would provide people with the opportunity to live in their own flats. In addition, the setting provided safe and secure accommodation which could be adjusted to suit different people and changing needs.
- We saw 1 person's flat had soft, sensory lighting and overhead lighting was not being used, which was the person's preference.
- The director told us, "We have given consideration to the decor and impact on people as well as lighting. People have chosen colours for walls if they wanted to." We also saw people's art displayed and that one person liked to draw on their walls which the provider was happy for them to do and the wall was regularly re-painted.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to live healthier lives and access healthcare and support services.
- We spoke with 1 person who told us they had support from staff with healthy eating and they had lost weight .
- Information on people's health needs were recorded in their care plans.
- We reviewed 1 person's care plan regarding support with diabetes which included details on barriers to them having regular blood tests and how this was managed with input from the GP.

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 MCA 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.

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.

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was working in line with the principles of the MCA, legal authorisations were in place as people were deprived of their liberty. Care plans reflected restrictions in place and referenced using least

restrictive practice when staff provided care and support to people.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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 well treated and their equality and diversity was respected.
- We observed people were spoken to warmly and respectfully. One staff member said, "Staff are so caring here, they really want to care for and support service users."
- Equality and diversity was considered which was reflected in people's care plans. Care plans referenced people's previous life experiences, family, culture and religion. One person had been supported to explore their spirituality and staff told us, "[Name] asked to go to the [place of worship] and staff took him."

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

- People were supported to express their views and be involved in making decisions about their care as well as being supported to do this through an independent advocate.
- Not everyone using the service wished to speak directly with us. The assistant psychologist created a document suited to the each person's needs so that they could provide their feedback in writing if they wished to.
- One person told us they had a meeting with the manager to discuss an item that they wished to purchase. They felt this item would support them to pursue one of their interests. The person told us "If I want to make changes to my care I talk to staff and they change it."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected and their independence promoted.
- We spoke with the director who explained consideration had been given to the design of the building to ensure people's privacy and dignity was respected. Window film covered people's windows that did not want curtains and thought had been given to the placement of viewing panels to make this less intrusive.
- When we spoke with people, staff were respectful, allowed them to speak for themselves, and promoted their independence.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- Care was person-centred, supported people to have choice and met their needs and preferences.
- People were offered choice in a way that was meaningful to them including choice of activities and meals.
- Care plan's guided staff in a way that supported the delivery of personalised care.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider followed the Accessible Information Standard and ensured that people had information made available to them in a format that they understood.
- People's communication needs were detailed in their care plan and there was clear information for staff to support their understanding of people's communication including body language and sounds.
- We observed information provided for people in a format that they preferred and understood, including information about the inspection itself in an easy read format.

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

- People were supported to maintain relationships, follow their interests and take part in activities relevant to them whilst maintaining their safety.
- We saw 1 person had a pet and they told us they were getting another one to keep them company.
- People had scheduled activities they had chosen but sometimes activities did not go ahead dependent on how the person was feeling that day.
- Relatives told us that they visited freely and 1 person told us they were supported to visit their family regularly.

Improving care quality in response to complaints or concerns

- The provider made improvements to the service in response to compliments and complaints.
- Concerns shared with the provider which had been received by the CQC were appropriately responded to and planned changes in response to the concerns were shared.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider supported people to achieve good outcomes. However, the care and support offered to 1 person was not always provided in a way that empowered them. This was because they were not always given the opportunity to build on, or develop, their skills to allow them to be more independent.
- The director told us they were moving to using a new tool which would help people to identify goals and see their achievements in a visual format and that a programme of activities was being introduced for people to access.
- Feedback from 1 person's social worker included details of a recent meeting with the person's family. They told us relatives had praised staff for the speed of action taken to meet their relative's needs along with their commitment to doing the best for them.

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

- Managers and staff were not always clear about their roles and responsibilities but did understand quality performance, risks and regulatory requirements.
- Changes in management had led to a lack of clarity in the remit of different members of the management team. Whilst there had been no impact on people this did present a risk in relation to appropriate actions being taken, for example, follow up after incidents. A new manager had been recruited and was being inducted.
- The nominated individual advised they had considered the challenges presented by changes in management and having a new manager in post. They told us that they had committed to engaging an experienced practitioner to support the new manager and establish a positive culture with people having clarity about their role and responsibilities.

Working in partnership with others

- The provider did not always consistently work effectively in partnership with others.
- Feedback from families and other professionals was mixed with some people feeling communication was poor. They told us they didn't have a lot of input into their relatives care; other relatives felt communication was good and the provider worked in partnership with them.
- A recent investigation by an external professional had identified the need for more timely engagement with external professionals was required. However, we saw evidence of communication with professionals and family which indicated the provider did work in partnership with others.

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 had a clear understanding of their duty of candour and were open and honest when things had gone wrong.
- Appropriate notifications were made to local authority and the CQC as required, and family were contacted about incidents involving their relative.

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

- The provider engaged and involved people using the service, public and staff considering their equality characteristics.
- One staff member told us, "I always know I can go to [director], they want to hear our opinions and know about any way they can aid and improve the service."
- People, and their relatives, were encouraged to provide feedback and this was facilitated using communication methods that met their needs.

Continuous learning and improving care

- The provider had adopted a way of working that supported continuous learning and improvement of care.
- Incidents were analysed and discussed within the team to identify ways to improve the care people experienced. We observed that this way of working was supported by the services multi-disciplinary team.