Debdale Specialist Care Limited

Thistle Hill Hall

Inspection report

Debdale Lane
Mansfield Woodhouse, Mansfield,
NG19 7EZ
Tel: 01623 655100
Website: www.debdalecare.co.uk

Date of inspection visit: 28 and 29 October 2014
Date of publication: 02/03/2015

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

Overall summary

This inspection took place on 28 and 29 October 2014. Thistle Hill Hall provides a mental health rehabilitation service for up to 18 adults aged 18-65 years old. On the day of our inspection 18 people were using the service.

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 and associated Regulations about how the service is run.

We last inspected Thistle Hill Hall in November 2013. At that inspection we found the service was meeting all the essential standards that we assessed.

People were encouraged to talk about how they could keep themselves safe. Staff took appropriate action to minimise the risks to people's safety. The provider had not assessed the number of staff that were needed on duty at any given time to ensure people were safe from harm anywhere in the building. We have made a recommendation about the staffing levels.

Summary of findings

Medicines were managed safely and people received their medication in an individual manner that best suited their needs. People were supported to manage their own medicines as this would help with their rehabilitation programme.

Staff received training and support to ensure they had the knowledge and skills to provide safe and appropriate care and support.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The DoLS is part of the MCA, which is in place to protect people who lack capacity to make certain decisions because of illness or disability. DOLS protects the rights of people by ensuring that if there are restrictions on their freedom these are assessed by professionals who are trained to decide if the restriction is needed. We found this legislation was being used correctly to protect people who were not able to make their own decisions about the care they received. We also found staff were aware of the principles within the MCA and had not deprived people of liberty without applying for the required authorisation.

People were involved in planning the weekly menu and mealtimes were made into social occasions. People had sufficient food and drink to maintain their health and were informed of the importance of a healthy diet. People were supported with their healthcare needs and these were reviewed regularly.

We observed people being treated with dignity and respect and enjoy interacting with staff. Staff took the time to understand what support people required and listened to their views.

People were supported to develop skills that would enable them to live independently. People knew how to raise any complaint of concerns they had and these were considered and responded to.

People who used the service and staff were encouraged to express their views on how the service was run. There were systems in place to monitor the quality of the service but when shortfalls were identified these were not always acted upon.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not always safe.

Staff may not be available to respond to unexpected or changing circumstances.

People were provided with information and guidance on how to keep safe. Staff had followed the correct procedures where someone was identified at being at risk of harm or abuse.

People's medication was managed safely and they were supported to be involved in administering their medication.

Requires Improvement

Is the service effective?
The service was effective.

People were cared for by a skilled staff group who had the knowledge and skills they required.

Staff supported people to make decisions they were able to and give their consent to their care and support. People who lacked capacity were protected under the Mental Capacity Act 2005.

Good

Is the service caring?
The service was caring.

People were cared for and valued because staff were helpful and knew how to respond to them individually.

People's differences were recognised and acknowledged and they were able to express their opinions and have their views heard.

Good

Is the service responsive?
The service was responsive.

People had opportunities to further their education and develop basic living skills to develop their independence.

People spoke out if they had any concerns and any complaints were dealt with appropriately.

Good

Is the service well-led?
The service was not always well led.

People received a service that was not being closely monitored because issues identified were not always followed up.

People who used the service and staff were able to put forward views on how the service was run.

Requires Improvement

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 28 and 29 October 2014. This was an unannounced inspection. The inspection team consisted of one inspector, a specialist advisor who has experience of working with people with mental health difficulties 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. We also contacted commissioners (who fund the care for some people) of the service and social and healthcare professionals who visited the service and asked them for their views. 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.

During the visit we spoke with eight people who lived at the service, seven members of care staff and the clinical team leader. We spoke with various members of the management team including the general manager, the registered manager the nominated individual and the company director. We observed the care and support that was provided in communal areas. We looked at the care records of ten people who used the service, three staff files, as well as a range of records relating to the running of the service including audits carried out by the registered manager and provider.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe using the service and were able to give examples of how and why this was so. They said they knew who to speak to if they ever felt bullied or intimidated. Some people told us about difficulties they had faced, which they had told staff about who had taken action to resolve these.

People were involved in discussions about their safety in the weekly community meetings they were encouraged to attend. Action was taken where people were considered to be at risk of abuse, which included discussing risks with professionals from other agencies. A person told us some staff from the local authority were coming to talk to them about risks of abuse they faced when they were out in the local community.

Staff had developed their awareness of how to recognise when a person was at risk of harm or abuse through training and experience of working with people. This had prepared staff to follow the correct procedures to ensure people were kept safe from risks they posed to themselves and others. The clinical team leader said, "Due to the nature of our work safeguarding is such a massive thing for us." The company director stated that they would take whatever action was needed to ensure the safety of people who used the service, as this was their priority and they gave an example of when they had done so.

The provider had notified us when they had needed to take any action to ensure people were not at risk of harm and staff had worked with the local authority to implement plans to keep people safe. The registered manager told us how they had discussed with the local authority risks presented by one person to themselves and others. They had then jointly prepared a plan to ensure the safety of this person and other people using the service. Staff were fully aware of the plan and we saw this being followed throughout our inspection.

People were aware that restrictions may be placed on them for their own safety. Some people were able to leave the service on their own, and other people needed to be accompanied for their safety or the safety of others. People who were able to leave the service were expected to provide their anticipated return time. If the person was late in returning staff would monitor the situation based on their knowledge of the person, and if necessary would follow the missing person's policy.

Staff told us there were occasions when they carried out a search of people's rooms for safety reasons, if they suspected someone had an item which could cause them harm. The most common reason being someone had not complied with the smoking policy. The registered manager told us they always asked the person for their consent before carrying out a search of their room and asked them to be present. The registered manager told us it was written in their room search policy that if the person did not give their consent and they had sufficient concern they would still go ahead with the search, although this situation had not ever occurred.

Staff were trained to identify and reduce any risks people may face. A serious incident had taken place at the service in March 2014. A staff member told us how they had found their training had "Kicked in" to enable them to respond immediately. The clinical team leader told us they had reviewed their risk assessment procedures following the incident so they would highlight the level of risk people could face.

Where risks were identified to people's safety action was taken to prevent people from being harmed. Examples of this included the upstairs kitchen, where people who used the service could learn cooking skills, was kept locked when no staff were present because kitchen knives were kept there.

The manager told us they had recruited some new staff recently to replace some other staff who had left the service. The manager said they carried out the required recruitment checks when appointing any new staff to ensure they were suitable to work with people who used the service. We looked at a sample of three staff recruitment files and found the required information was collected and the necessary checks were carried out. There was also evidence to confirm people's identity and show they were physically and mentally fit to carry out the duties required.

Some people needed to have staff with them at all times when they left their rooms to promote safety for everyone, and we saw this support was provided. However we saw that at key times, such as lunchtime, there were no staff

Requires Improvement

Is the service safe?

present in other communal areas. These were still being used by people who did not go to the dining room or who had already finished their meal, so staff would not be able to respond promptly if an incident took place.

The number of staff on duty each day shift had recently been increased, but there was no detailed analysis prepared to show what staffing level was required to meet people's needs. The registered manager told us further discussions were taking place about the staffing levels and they had agreed to increase the night time staffing levels. Staff told us they had been "Struggling" before the increase was made and felt this could have been made sooner. Some staff felt there were now sufficient staff on duty but other staff did not. The lack of an analysis of staffing levels meant it could not be shown what consideration was given to the layout of the building, which spread out over a large area, when assessing the staffing levels, and how staff were deployed to ensure areas where risks may arise were kept under observation.

We saw staffing levels were adjusted to ensure there were staff available to support people to attend planned appointments. They were also adjusted so staff were available to support people to follow their hobbies and interests. The clinical team leader told us some of the commitments to people such as providing individual supervision, "Takes a lot of our resources, but we do it. It requires strong time management."

We recommend that the service seek advice and guidance on how to ensure there are always enough competent staff on duty who have the right mix of skills to make sure that practice is safe and they can respond to unforeseen events.

One of the aims of the service was to support people to be able to manage their own medicines to help with their rehabilitation. There were different levels of support available to enable people to take as much responsibility as they were able to. People's ability to manage their own medicines was assessed and people were supported at this level. We saw that one person had an electronic aid which supported them to manage their own medication independently. We observed medicines being administered and saw this was done safely and promoted people's independence.

A recently admitted person had refused to take one of their tablets for several days. They had told staff the reason for this, but the pharmacist had not been contacted to see what alternatives could be provided. The clinical team leader told us they would liaise more with the pharmacist in future when people had issues with their medication.

Good

Is the service effective?

Our findings

People we spoke with told us they felt staff had received enough training to meet their needs. Staff had regular training opportunities. A recently started member of staff told us they had received a good induction which had prepared them for working to support rehabilitation. Staff told us they had the support they needed to carry out their duties and provide people who used the service with the care and support they needed.

Staff told us they could request additional training and were supported in undertaking this. A staff member told us they were looking for some particular courses that would provide staff with the training and support they need for a potential new person coming to use the service. One staff member told us a distance learning course they had completed had been "Fantastic." Staff training and supervision records showed staff received regular training and support.

We found people were given the time they needed to make decisions they were able to. Staff were able to demonstrate their knowledge and understanding of the Mental Capacity Act 2005 (MCA) and we saw that the provider applied the principles of this legislation. Staff described how they supported people to make decisions, including about how they spent their day.

The multi-disciplinary team (MDT) considered whether any restrictions were needed to ensure people's safety and how these should be applied legally. Applications were made for a DoLS where it was felt someone may be having their liberty deprived as part of the care and support they received. We saw that applications had been made for two people in line with the DoLS legislation.

We saw people had sufficient to eat and they told us they enjoyed their meals. One person said their meal was, "Tasty." People were provided with a choice of meal, which they chose for the week ahead in the weekly community meeting. A person who used the service said, "They offer three choices and juice is provided. Supper at night can be toast or sandwiches or pieces of fruit."

People were able to prepare their own meals, snacks and drinks in one of the service user kitchens. We saw one person making a hot drink and another was cooking themselves breakfast. One person said, "I cook every day of the week. Staff really enjoy my cooking".

People were provided with information to eat a healthy diet, but this was not always supported in practice. People had taken part in a nutrition workshop and produced a poster about healthy eating. This had included comments from people about what they had learnt. One person had commented, "It helped me realise how much sugar goes into the foods I eat."

Staff told us they felt people had a varied diet and they encouraged healthy eating. We saw staff, including ancillary staff, and people who used the service sat together at lunchtime, which made the mealtime into a social occasion.

People were supported to access healthcare services. A person who used the service said, "Staff will make appointments for the GP or hospital appointments". Another person said, "They have psychologist service available on site."

There were multi-disciplinary team meetings held each week where people's health care and general welfare was discussed on a rolling basis. This meant each person was discussed approximately once a month. These meetings included a consultant, psychologist, councillor, activities officer, nurse and a member of the management team. People were involved in these meetings.

Staff told us some people would attend healthcare appointments independently and others needed staff support to do so. There were various leaflets available in an information area about physical and mental health services that were available in the local community that people could access.

Good

Is the service caring?

Our findings

We observed staff took the time needed to listen to people and spoke to them in a respectful manner. On several occasions we saw staff stop what they were doing to listen to a person and then provide them with an appropriate response. A person who used the service said, “Staff here look after me very well.” They said when they had been feeling low in mood, “Staff were very brilliant and very understanding.”

People praised staff to us and told us they were really helpful. During our observations we identified staff knew how to respond to people in an appropriate way. One person who was unsettled became more relaxed as a staff member calmly told them to breathe deeply and talk slowly. Another person who was trying to hit a staff member responded positively when the staff member encouraged the person to, “Tell me what you want,” and the person stopped and communicated with the staff member. Staff told us how different people who used the service formed bonds with different staff who they related to.

Staff told us they recognised different characteristics of diversity within the people who used the service. This included supporting people with their religious views and expressing their sexuality. A staff member told us they made available any information people may need on relationships. Another staff member said, “I like to be able to meet the needs of everyone and motivate them. Help them to be where they want to be. That is the part of the job I enjoy.”

People who used the service told us they were able to express their opinions and we saw people did so. One person had told staff their room was not suitable for their needs and had been able to move to another one. They said, “They even let me choose what colour I wanted the room and made it very comfortable for me”.

We had discussions with the registered manager and some of staff we spoke with how more practical support and use of technology could be used to involve people in their care. For example one person had an electronic aid to help them take their medication.

We found people were involved in planning their care and they had signed their care plans to show they were involved in preparing these. People were able to have their own copy of their care plans to keep if they wished to do so.

Staff told us people were offered advocacy services to help express their views and concerns, and promote their rights and responsibilities. The manager told us how they were seeking an advocate for one person to provide them with support in a current situation. There was information available on the role of advocacy services and how these could be contacted.

We saw people’s dignity and privacy were respected and the staff helped people maintain their independence. People who used the service had made a dignity tree in one of the communal areas where they had posted issues that were important to them in respecting and promoting their dignity. People were supported to maintain relationships they had formed prior to using the service and were able to see visitors in private.

There were some staff who had completed training to enable them to take on the role of dignity champions. Staff told us the dignity champions organised events to promote and discuss dignity issues. This had included organising a dignity day where people who used the service and staff had looked at ways people’s dignity could be promoted.

Good

Is the service responsive?

Our findings

Each person was able to choose their daily routine and the type of activities they took part in. We saw one person involved in an activity that was preparing them for their future goal. A person said, “If I ever need help with anything staff are very helpful.” Another person told us about their future plans and said they said they had been, “Given the information I need to sort things out.”

People told us they had opportunities to further their education and improve their literacy and numeracy skills. A person said, “They have a literacy teacher come in three times a week.” People we spoke with told us they were encouraged by staff to maintain hobbies and interests, with regular activities taking place indoors and outdoors. One person said, “If you’re bored all you have to do is ask staff and they’ll have a game with you”. People who were able to enjoyed visiting the local community. People were asked to feedback on how they found any organised activity to ensure these were meeting their needs.

Staff said there were various learning sessions organised to help people develop basic living skills, as well as opportunities to follow any recreational interest. A person said, “Two ladies come in every Wednesday to do gardening with us. If the weather is not very good we do other activities. I like my gardening”. There were also activities designed to promote people’s physical fitness and wellbeing. The manager told us four people had progressed to the point where they were now following moving on plans to prepare them for moving into the community to live.

People had organised care files that were up to date so staff would be aware of any changes made to people’s care and treatment. We saw the care plans were written specifically about each person so their individual needs were known. Risk assessments were focused on the individual concerned and how to protect them at all times from anything that could cause them anxiety or a change in behaviour.

People were able to raise any concerns, and any complaints made were responded to appropriately. Most people we spoke with told us they could always talk to someone if they had a problem. A person said, “You get one to one when you need it.”

There were discussions held in the weekly community meetings on how people could raise any concerns or complaints. They were told they could approach any member of staff or go directly to one of the management team. There was also a system for people to leave a written complaint in a locked box if they preferred, which were checked daily.

The clinical team leader told us about a complaint they had dealt with recently. We saw this had been recorded in the complaints log and the response given to the person. We also saw other complaints had been recorded about other things that had troubled people and these had all been responded to appropriately.

Requires Improvement

Is the service well-led?

Our findings

We observed people who used the service approach the registered manager to ask for their assistance. A person told us the registered manager, "Listens to our concerns." Another person told us the registered manager was approachable and listened to what they had to say. People were encouraged to attend the weekly community meeting where they could express their view and make suggestions on the running of the service. Some people chose not to attend so issues were discussed with them at other times.

The registered manager told us staff were involved in the weekly community meetings so they were able to hear what was said by people and could join in discussions. We also saw staff speak freely with the registered manager.

Staff described the management team as approachable and effective and one staff member said the managers, "Knew what was going on as they did not isolate themselves." Staff told us they felt supported and that they were listened to and kept informed. Staff had opportunities to contribute to the running of the service through staff meetings. Each staff member had a work based email so information could be sent to all staff or individual messages passed on. Staff told us they enjoyed working in the service and felt they were included in decisions and improvements.

Staff told us there was a daily allocations meeting where they were allocated their duties and responsibilities for the day. Staff said they could discuss and change these with other staff if they needed to.

The registered manager was aware of their responsibilities and ensured that they fulfilled these. We had received regular notifications from the manager along with any updates that had occurred since the original notification was sent. A notification is information about important events which the provider is required to send us by law. We saw copies were kept of all the notifications sent to us.

There was a management team who were responsible for different parts of the service. The registered manager had held the post since 2011. Staff spoke very positively of the management team and found them supportive. The registered manager felt the management team had a number of strengths, but also felt there was room to develop further to work more effectively as a team. Plans were being made for some development work for the management team.

Staff said there was always one of the three managers available in the building or on call. One staff member told us they also had the phone number for the company director and had been told they could contact them directly if they wished, but they had never needed to do so. Staff were aware they could contact us if they had any concerns that were not addressed at the service.

Auditing systems were not followed through to ensure they were effective. We saw various auditing systems were in place which identified where improvements were needed in various areas, for example the care plan audit highlighted where additional information was still needed in people's care files. There was no system in place to check this was done and we found some audits repeated that an improvement was still needed six months later which resulted in action not being taken as promptly as it could be.

The registered manager had recently distributed quality assurance questionnaires which were due to be returned by the end of the next week. We saw the previous questionnaires that had been completed. These had raised a number of issues to consider, but the registered manager was unable to locate the action plan that had been prepared from these to show us what action had been taken.