



Thistle Manor

Mock Inspection Report and Improvement Plan

Date: 15th July 2026

Scope

Delphi Care Solutions was commissioned to complete an independent, evidence-based mock inspection of Thistle Manor.

Delphi completed the mock inspection on the 15-07-2026, with all work carried out on a face-to-face/on-site basis.

During the mock inspection we identified good practice and potential areas for improvement. Throughout the day, we shared high level feedback relating to these findings with the registered manager.

This report provides comprehensive details of our findings and recommendations. In our opinion, if the Care Quality Commission (CQC) had inspected on the same days as our mock inspection, the ratings for Thistle Manor would be as follows:

CQC KEY LINES OF ENQUIRY					
Safe 23/32 = 72%	Effective 18/24 = 75%	Caring 15/20 = 75%	Responsive 21/28 = 75%	Well-led 21/28 = 75%	Overall Rating
Good ●	Good ●	Good ●	Good ●	Good ●	Good ●

Rating

CQC Quality Statements scoring system:

4 = Evidence shows an exceptional standard.

3 = Evidence shows a good standard.

2 = Evidence shows some shortfalls.

1 = Evidence shows significant shortfalls.

We use these thresholds to convert percentages to scores:

- over 87% = **4**.
- 63% to 87% = **3**.
- 39% to 62% = **2**.
- 25% to 38% = **1**.

R/A/G Rating

The Red/Amber/Green (RAG) rating below provides a visual representation of the key areas to be focused on within the improvement plan. This report sets out the findings of the mock inspection, using the Single Assessment Framework and Quality Statements methodology used by the CQC at the time of our mock inspection.

The detailed domain findings that follow provide the evidence base for these scores and highlight where action is required in the improvement plan.

Complaints	Accidents Incidents	Fire Safety	Safeguarding	Supervision
●	●	●	●	●
Training	Staff Files	Staff Rotas	Medication	Audits and Governance
●	●	●	●	●
H&S Audits	Medication Audits	Infection Control	Environment	Care Planning
●	●	●	●	●
Specific Assessments	General Risk Assessment	Daily Notes	Quality Monitoring	MCA
●	●	●	●	●
Activities	Policy and Procedures	Whistleblowing	Culture	Person Centred Care
●	●	●	●	●

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Overview

We carried out an announced on-site mock inspection at Thistle Manor, Clitheroe, Lancashire. The home was most recently inspected by the CQC in July 2019, when it received an overall rating of Good, with Good ratings across all five domains: Safe, Effective, Caring, Responsive and Well-led.

The home is registered with the CQC to carry out the following regulated activities:

- Accommodation for persons who require nursing or personal care
- Treatment of disease, disorder or injury
- Mental health conditions

At the time of our mock inspection, there were 26 residents living at the home. Staff refer to those living at the home as “residents”, and this terminology is used throughout this report.

The next sections are organised by CQC domain. Each quality statement sets out the score awarded, the supporting evidence, and any improvement required.

Safe

Learning culture: Score 3.

Based on our findings, it was evident that the service encouraged a learning culture, particularly in its handling of safeguarding incidents. The service submitted incidents to the CQC and the Local Authority Safeguarding Team in a timely manner. This suggested a positive culture of openness and candour. It was seen as critical that issues were investigated promptly, and that the service took immediate action to address any safeguarding concerns and ensured that all incidents were reported. At the time of our visit three safeguarding incidents were open, following anonymous whistleblowing reports to the CQC.

There was clear and effective management oversight across all areas of the service by the registered manager. Complaints or concerns from residents or their relatives were investigated and handled appropriately. The service had received two complaints in the last two years from one resident; these related to the resident wanting to move on to their own accommodation rather than concerns about the service.

Safe systems, pathways, and transitions: Score 3.

We saw evidence through care planning and speaking with staff, management and residents that there was a holistic approach to continuity of care, support and treatment. We saw that there were comprehensive initial assessments where residents had been reviewed as to their suitability to be offered a place to live at the service.

The service had an in-house multi-disciplinary team that held regular meetings with residents and, where necessary, external professionals. The team included an occupational therapist, a consultant clinical psychologist and an assistant psychologist, who supported residents to improve their mental and physical wellbeing and plan for the future.

The service had forged good relationships with visiting professionals involved with residents and they also kept the local authority informed and involved in all aspects of service delivery including the safeguarding team.

Safeguarding: Score 3.

We found that the registered manager took a proactive approach to safeguarding and worked closely with staff and residents to ensure residents' safety and wellbeing. We discussed this at length, as the service had taken action when it felt that a resident had not been treated equitably or fairly by the local police. The registered manager had been tenacious in their approach to keeping residents safe.

We were also told about some residents who had been deemed ready for discharge by the Court of Protection, where the service felt the resident was not ready and remained at risk of relapse. The registered manager told us they had challenged these decisions, but this was rarely successful once the court had made its decision. This placed residents at risk of being discharged into the community without appropriate support.

Involving people to manage risks: Score 3.

Residents were involved in care planning where they were willing and able to contribute. Staff supported positive risk taking, including helping residents build confidence to access local shops and activities independently. For some residents this represented significant progress, particularly where they had previously spent many years in hospital or unsuitable placements.

We observed one resident approach the manager regarding going to the shop and asked when they could go. The manager explained that they could now go without staff and so could choose what time they went. Staff had worked towards the resident being independent and able, after some time, go out alone into the local community without support.

We asked about risk assessments within care planning, as we could not see where all associated risks had been assessed, monitored or managed. There was a clinical risk assessment document containing more robust risk assessments, but these needed to be reflected in the care plans so that staff could clearly see the risks they should be aware of and how to mitigate them where possible. We discussed this with the manager, who told us this would be addressed and that risks would be reflected within the planning process.

Safe environments: Score 3.

We were informed that there was a planned schedule for external servicing, which included but was not limited to:

- ✓ Electrical installation
- ✓ Lift Servicing
- ✓ Lifting Operations and Lifting Equipment Regulations, 1998 (LOLER)
- ✓ Fire Alarm
- ✓ Fire extinguishers
- ✓ Gas

We saw that all certificates for external servicing were up to date.

We reviewed several personal emergency evacuation plans (PEEPs), which were up to date and contained detailed information on how to support residents if they needed to evacuate the premises. However, the PEEPs did not include photographs of residents, and we recommend that photographs are added. We were informed that the service undertook weekly fire alarm testing and had completed two fire evacuation drills to date.

Safe and effective staffing: Score 3.

We were informed that the necessary checks were completed before new staff commenced employment, including risk assessments, right to work in the UK, three references, work history with gaps explored and recorded, occupational health checks and enhanced Disclosure and Barring Service (DBS) checks. These checks provide essential information and enable the provider to make informed recruitment decisions, ensuring staff have the right skills and values and do not pose a risk to residents. However, we noted that there was no right-to-work documentation on file, which we queried with the registered manager. The registered manager informed us that all staff currently employed were UK citizens. We advised that the service should still retain evidence of each staff member's right to work in the UK, such as a passport or birth certificate.

Staff we spoke with expressed that they felt valued and well supported by the management team. Teamwork among staff was strong, allowing them to work collaboratively to provide safe, person-centred care tailored to individual needs.

New staff underwent a robust four-week induction process, which included two weeks of e-learning and face-to-face training, followed by two weeks of shadowing. New staff also completed a six-month probation period and received, as a minimum, four supervisions and an annual appraisal.

We reviewed the training matrix and compliance varied between 62% for 'prevent' to 100% for 'dignity & respect', 'epilepsy awareness', 'independent mental capacity advocacy' and 'Maybo training'.

Infection prevention and control: Score 2.

When we visited the main kitchen, we found an air conditioning unit in the dry store with white mould spores within the blades. We discussed this with the registered manager, who asked the maintenance team to clean it during our visit. We also discussed prepared food not being labelled in the fridge. Prepared food should show the date of preparation and, although the chef told us there was a robust rotation system, it should be labelled in line with Food Information Regulations enforced by the Food Standards Agency. In the main kitchen, one freezer needed defrosting, as did one freezer in a residential unit.

We found a broken pedal bin in the laundry, which the manager told us would be replaced. The service had an Infection Prevention and Control (IPC) champion who undertook quarterly and annual audits, including hand hygiene audits, which showed a 91% compliance rate. We recommend monthly IPC audits. Windows in the female unit were dirty. The registered manager told us they were cleaned monthly by an external window-cleaning agency, but due to the service's location the windows became dirty fairly quickly. We recommend that window cleaning is recorded to demonstrate that the windows are cleaned regularly. The service also displayed out-of-date Covid-19 posters. We recommend the

service signs up to GOV.UK for the latest guidance on infectious diseases, including the Covid-19 supplement.

The service supported residents to launder their own clothing and had small household washing and drying machines in each unit. There was a larger laundry for soiled and larger loads of laundry. We were told that lint was removed daily; however, the service did not record that this had been done. We advised that lint removal should be documented, and the registered manager said it would be added to the cleaning schedules immediately.

Medicines optimisation: Score 3.

No residents using the service were receiving covert medicines or oxygen therapy. Medicines were aligned to residents' health conditions. The service undertook daily, weekly and monthly medicines audits, and all medicines were stored securely. The service held one controlled drug, Methadone liquid. The service used an electronic medication administration record system (eMAR), which reduces the risk of medication errors in theory and practice. The eMAR required two signatures for the administration of Methadone, which was also recorded in the controlled drugs register.

The registered manager informed us that there had previously been some issues with stock counts and had introduced daily stock counts in addition to the monthly medication audits. The registered manager also informed us of a medication error in which another resident's depot medication had been administered to a different resident. Fortunately, both residents were prescribed the same depot medication.

The registered manager had reported the incident to the local safeguarding service, and the concern was promptly closed by safeguarding.

We checked several medicines against stock records and administration records and found no discrepancies.

Staff received regular training and underwent competency assessments before being allowed to administer medication unsupervised.

The treatment room had air conditioning, which helped maintain the room temperature below 25 degrees Celsius. Fridge and room temperatures were recorded twice a day. The sharps box was not dated when opened. The service had a medicines lead/champion. The service used homely remedies for several people but only counted the stock when a dose was administered. We recommend that homely remedies are checked monthly as part of the monthly medicines audit.

Effective

Assessing need: Score 3.

We looked through the care planning and saw that there was a comprehensive needs assessment which was written prior to the resident being accepted to live at the service. This included their mental and physical wellbeing, past history, potential risks and any triggers which may affect their mental wellbeing.

We saw that reviews were taking place and residents had been engaged and involved in discussions about their care needs, how they liked to be addressed and what they liked to do. The service had an outcome-based approach and had achieved some remarkable results for some residents. We discussed this at length with the registered manager and suggested that this should be developed into case studies to evidence the positive outcomes the service was supporting residents to achieve.

Delivering evidence-based care and treatment: Score 3.

There was evidence throughout care planning that all aspects of residents' health and wellbeing were planned and discussed with them. The multi-disciplinary team at the service took a proactive approach to supporting residents to improve their mental wellbeing. In some cases, residents had planned improvements to their physical wellbeing, and the service had chosen 2026 as a year focused on healthy lifestyles and healthy living.

Care planning was comprehensive and person-centred. Residents were engaged and involved, and where they chose not to be involved, we advised that this should be documented in care planning to show that they were happy with the support provided but did not wish to engage in the formal planning process. The registered manager also told us that, in some cases, residents did not want to see some evidence in their plans where they had experienced trauma or committed an offence and did not wish to be reminded of it.

The registered manager informed us that the psychology team undertook Historical Clinical Risk-20 (HCR-20) reviews which is a widely used Structured Professional Judgement (SPJ) tool for assessing and managing the risk of violence.

How staff teams and services work together: Score 3.

Comprehensive information and rigorous initial assessment meant that residents did not have to repeatedly recount their past or current needs. Staff were engaged and involved and worked as a team, with guidance from the multi-disciplinary team and residents. The service had its own healthcare professionals and regular input from visiting professionals as residents' needs changed. Two staff members were speech and language champions and had been trained by the speech and language therapist to ensure that they had good knowledge and could advise other staff about swallowing issues or communication needs.

There were other champions within the staff team. Champion roles strengthened the team, as staff had additional training and knowledge in different aspects of residents' health and wellbeing and acted

as points of advice and guidance. One staff member was a mindfulness champion and another was a Section 17 transitions champion, providing advice and guidance to others about residents leaving hospital settings and moving into residential services.

Supporting people to live healthier lives: Score 3.

On the day of our visit the service was holding a sports day where residents were involved and engaged in a variety of activities and there were certificates given out at the end. In the care planning there was information on people's overall health and how they were supporting them. Next door to the service there was a sports centre and swimming pool which some residents enjoyed using.

We spoke with the manager who told us that they did arrange that a main meal was served at lunchtime and a lighter meal in the early evening. They found that there was an increase in residents ordering takeaways in the evening which was not helpful with the service working towards a healthier living year. They discussed this with the residents who told them that they would like two medium sized meals which they agreed and changed the portion size and times. This led to a reduction in takeaways being ordered and supported healthier eating.

The chef told us that they liked to mix things up, support residents to be healthy but encourage them to try new dishes and cuisines. We saw that the menu was very varied and consideration had gone into healthy eating and supporting residents to lose weight where necessary. They also said that many residents had not really engaged in eating vegetables, so they had been incorporated into wet foods such as sauces and soups which meant that residents were receiving a more balanced, healthy diet.

Monitoring and improving outcomes: Score 3.

We talked with residents about the service and their goals and aspirations. We were told that they had achieved good outcomes and had been supported to improve their mental health and wellbeing. One resident told us they had engaged in self-harm since childhood and thought they would never stop. They had been living at the service for three years and had not self-harmed after six months of being supported by staff and healthcare professionals at the service.

Residents' health and wellbeing were monitored and managed through an outcome-focused approach, helping residents to achieve their goals and aspirations. The service met, and in some cases exceeded, residents' expectations; however, this was not always documented in care plans or case studies. We discussed the time it can take to plan and deliver support for residents to achieve their goals. These achievements should be celebrated and recorded so the service can evidence how it supports residents to improve their lives and achieve positive outcomes.

Consent to care and treatment: Score 3.

We saw evidence of consent to care and treatment where residents had capacity, and residents had signed consent forms. However, these were not always uploaded into the correct section of the electronic care planning system, which meant we could not locate all the consent forms we tried to find. We advised that the forms should be uploaded into the agreements section so they do not need

to be searched for throughout the system. Some forms were also missing, which we discussed with the manager, who said this would be rectified.

Caring

Kindness, compassion, and dignity: Score 3.

During the lunchtime period, we saw staff sitting outside with residents and enjoying the barbecue with them. We observed the lunchtime period and saw that residents were treated with dignity and respect, and staff were kind and caring. One staff member told us that staff always ate their meals with residents, including healthcare professionals employed at the service and care staff.

One resident told us, “I know it sound silly but it’s just like having a family, staff are amazing and it’s a brilliant place to live.” We saw various positive interactions during our visit, one resident having support to clean their bathroom, the staff member prompting where necessary. They were also praising their achievements; one resident’s room was full of their own colouring pages with various Disney characters. The staff told us that [name] loved to colour, and we could see that each one was coloured in perfectly and they had spent time colouring enough pages to completely decorate their room.

Treating people as individuals: Score 3.

Residents were treated as individuals and care was planned and delivered according to their needs and preferences. There was an outcome-based approach and people were supported with their needs. The manager told us that, at times they had to argue to get appropriate healthcare treatment and support for residents, one resident who did not want to go into an ambulance or have regular observations carried out.

We found the manager to be passionate about treating residents as individuals, meeting their needs and preferences and supporting them in the best way possible and this was reflected throughout all staff at the service.

Independence, choice and control: Score 3.

Residents’ care was discussed with them in detail where they wished to be involved in their care planning. Most residents living at the service were happy to be engaged and involved, talking with staff about their goals and achievements. Residents had activities supported by occupational therapists, and we could see that residents were happy, relaxed and spoke with ease to staff and management throughout our visit.

We were informed that two residents were insulin diabetics and administered their own insulin injections with staff supervision. This afforded the option of promoting their independence and control as well as preparing them to manage their diabetes when discharged from the service.

The care planning reflected where residents had been involved and consulted on all aspects of their care and support. We found that the service was a happy place to live and residents living there felt

relaxed around staff. One resident told us that they could always talk to staff and they went the extra mile to ensure that they had a say in all aspects of the service.

This was not always reflected in the resident meeting minutes we reviewed. The minutes were written more as an information-sharing record than as evidence of engagement, discussion and residents' views being heard. We spoke with the registered manager about the minutes of the various meetings held, and they agreed that the notes did not fully reflect residents' voices.

Responding to people's immediate needs: Score 3.

Residents felt that they were listened to and had their needs met. Staff took account of their views and wishes, and residents felt included and involved in all aspects of their care and support. The registered manager described various instances where residents' needs had changed and the service had engaged external professionals. In some cases, the registered manager had advocated strongly for appropriate services to assess and support residents effectively. The service had not always found healthcare professionals responsive when residents' mental health had deteriorated. However, the registered manager had persevered to obtain the best support for residents to meet their needs and improve their health and wellbeing.

Workforce wellbeing and enablement: Score 3.

Staff told us that they were supported in all aspects of their role and that the manager was approachable and engaging. We saw evidence that regular supervisions were taking place and annual appraisals. These were comprehensive and engaging and discussed all aspects of the staff training, development, wellbeing and any issues or concerns they had. The annual appraisal had a pre appraisal questionnaire where staff were invited to write about their performance and any further support and development they required.

Responsive

Person centred care: Score 3.

Care planning showed that residents received person-centred care, with individual goals, preferences and outcomes placed at the centre of support. This was consistent with evidence in the Safe, Effective and Caring domains, including examples of residents developing confidence, independence and community access.

Care provision, integration, and continuity: Score 3.

The service had a multi-disciplinary team of healthcare professionals, which reduced reliance on external healthcare teams who were not familiar with residents' needs, care and treatment. A diabetic nurse visited the service every two weeks, and a local drug team called Inspire also had regular involvement with residents who may require support with drug or alcohol addiction.

The service had links with a local church and the YMCA, which employed social workers who also supported the service when required. We saw in residents' care plans that residents had regular dental care and oral health checks.

Providing information: Score 3.

We observed that the service was meeting the Accessible Information Standards. Notice boards were filled with information in various formats including larger print and pictures. We were told that information was available to people in a way that they required and could understand.

Listening to and involving people: Score 3.

Residents were listened to and involved in all aspects of their care, support and treatment and people told us that they liked living at the service and they felt that they had benefitted from the care and support received. Residents were happy to share their views and engage in meetings; however, the records of meetings did not reflect their involvement.

There was evidence that annual questionnaires were sent out annually to staff and residents living at the service and although the evidence was collated to see if there were any themes or trends, we did not see evidence where the outcomes had been shared with residents. The manager told us that they shared this in meetings, and we advised that a copy of the meeting minutes where the information had been shared should be added to the survey file to evidence the feedback. It is important for residents and staff to feel that they are listened to and steps taken to improve are documented and shared so that they are aware that action has been taken.

Equity in access: Score 3.

The service was proactive in making the service accessible for those who lived there and those who wished to live there. The service carried out holistic assessments and visits and provided a transition period so that residents could become familiar with the service and staff before moving in. This ensured the service could effectively meet residents' needs and preferences and achieve good outcomes through effective support once they were offered a place.

Equity in experience and outcomes: Score 3.

Support was tailored to residents' individual mental and physical health needs, preferences and goals. Staff adapted their approach to each person and promoted equitable outcomes by supporting residents to build confidence, maintain wellbeing and work towards agreed aspirations.

Care and support were person-centred and effectively supported residents' individual mental and physical health needs and preferences. Residents had different goals and desired outcomes, and support was tailored to meet these.

Planning for the future: Score 3.

We did not find any evidence of advanced care planning, and we discussed this with the manager who explained that most residents living at the service were young and did not wish to discuss the end of their life. However, due to the vulnerability of the residents living at the service, we advised that a care plan should be developed where staff know what spiritual and cultural needs associated with end of

life, if families are involved or anyone close to them. The manager agreed and told us that they would ensure that residents had a plan in place.

Well-led

Shared direction and culture: Score 3.

The registered manager told us that the service was continually changing, with different residents moving into the service who had different needs and changed the dynamics of the home. This meant that management and staff continually adapted ways of working to meet residents' needs.

Residents living at the service were engaged and involved in decisions about the service and its future development. This included converting one room into a cinema room and residents choosing which films they would like to watch each day. Activities were arranged to meet residents' needs and preferences, and residents' rights were respected.

Outside they had a summer house which people had painted in pastel stripes and there was also an outdoor kitchen which had a barbecue and a pizza oven which residents enjoyed during the summer months.

Management and staff had a comprehensive knowledge of residents' needs and challenged where necessary to ensure that residents were included and treated equitably in all aspects of both the service and their own care and support.

Capable, compassionate, and inclusive leaders: Score 3.

We found the registered manager to be knowledgeable about all aspects of the service. Staff were well supported, and care was planned and co-ordinated in residents' best interests. Management and staff were passionate about the service and residents, working towards improved health and wellbeing and putting residents at the centre of their care and support.

Staff were supported and engaged with having regular supervision and an annual appraisal. Regular training and also specialist training for staff who had taken up champion roles. Staff told us that they were supported well and one staff member said that they were relatively new to the service but felt like they had been there for years because of the support they had received.

Freedom to speak up: Score 3.

The service had received two complaints in the last two years. The manager informed us that complaints were taken seriously and addressed promptly. This demonstrated a proactive approach to investigating concerns and ensuring outcomes were communicated to the relevant parties. Staff felt comfortable voicing concerns about the service and were confident in their ability to report safeguarding issues or escalate concerns outside the organisation if necessary. The manager demonstrated a clear understanding of their responsibilities under the Duty of Candour, which ensures openness and transparency when things go wrong. Staff reported that they could easily approach the manager, who was receptive and willing to discuss any concerns.

Workforce equality, diversity, and inclusion: Score 3.

Thistle Manor prioritised workforce diversity and actively fostered an inclusive and equitable culture. The organisation demonstrated a strong commitment to promoting equality and fairness among staff. Employees reported feeling they were treated fairly by management and described effective teamwork across the service.

Comprehensive training in equality and diversity helped staff to develop a strong understanding of its significance. Recruitment and disciplinary procedures were designed to prevent disadvantage based on protected equality characteristics. Additionally, the provider had implemented measures to create an inclusive workplace, ensuring that staff were valued and supported as individuals.

Governance, management, and sustainability: Score 3.

The manager had various systems in place to monitor the quality of the service. These were well-organised and contained good details. A comprehensive governance system is essential for maintaining high standards, addressing areas of concern proactively, and ensuring the overall quality of care. The manager had clear responsibilities, roles, systems of accountability. They used these to manage and deliver sustainable care, treatment, and support. They acted on the best available information about risk, performance, and outcomes, sharing this securely with others when appropriate. Compliance with regulatory requirements, such as submitting notifications and data to the Care Quality Commission (CQC), when required was undertaken accordingly. The manager demonstrated an understanding of their regulatory obligations and would ensure that, when necessary, reports and notifications would be submitted in a timely manner. This would include providing accurate and up-to-date information to the CQC, which is essential for maintaining transparency and ensuring ongoing compliance with health and safety standards.

Partnership and communities: Score 3.

The service engaged with healthcare professionals who were best able to support residents and had forged good relationships with speech and language therapists, who trained two staff members to enhance their knowledge. There was also a range of community access, including the health centre and swimming pool next door, the local church and a community group.

Residents living at the service engage in various activities within the local community from shopping to visiting different places of interest. We saw some excellent examples of various activities such as a Christmas party, visit to a football stadium and a summer fayre.

Learning, improvement, and innovation: Score 3.

The service maintained effective working partnerships with a range of health and social care professionals to support comprehensive and seamless care. Care records demonstrated coordinated efforts with GPs, Speech and Language Therapists, and various outpatient services. In line with General Data Protection Regulation (GDPR) requirements, information about residents was shared only when necessary and limited to what was essential to achieve the intended care outcomes. Staff were adapting to the varying needs and presentations of new residents being admitted, often with behaviours that could challenge the service without compromising the safety of fellow residents and staff.

Environmental sustainability / sustainable development: Score N/A

In line with current CQC methodology we do not currently assess this area.