

# Oaktree Support Services Limited

## Cliff Lodge

### Inspection report

5 Cliff Place  
Bispham  
Blackpool  
FY2 9JT

Tel: 01253522841  
Website: [www.oaktreesupport.co.uk](http://www.oaktreesupport.co.uk)

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01 February 2022  
09 February 2022

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### Ratings

#### Overall rating for this service

Insufficient evidence to rate

Is the service safe?

**Insufficient evidence to rate**

Is the service effective?

**Insufficient evidence to rate**

Is the service caring?

**Insufficient evidence to rate**

Is the service responsive?

**Insufficient evidence to rate**

Is the service well-led?

**Insufficient evidence to rate**

# Summary of findings

## Overall summary

### About the service

Cliff Lodge is a residential care home providing the regulated activity of personal care to up to two people. The service provides support to children over 16 and adults up to 25 years old. Children and young people may live with a learning disability, alcohol and substance misuse and mental health challenges.

There is a 24 hour staffing provision at the service. Children and young people have private bedrooms for their own use. A communal lounge, dining room and bathroom are also available at the service.

Not everyone who used the service received personal care at the time of the inspection. 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

At the time of the inspection there was no one receiving the regulated activity of personal care. This inspection looked policies and processes that the provider had in place.

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

### Rating at last inspection

This service was registered with us on 11 February 2021 and this is the first inspection.

### Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

The inspection was prompted in part due to concerns received about restrictive practice. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the effective sections of this full report.

### 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?**

At the time of the inspection there was no one at the service receiving personal care and we were unable to gather enough information to provide a rating for the service.

**Insufficient evidence to rate**

### **Is the service effective?**

At the time of the inspection there was no one at the service receiving personal care and we were unable to gather enough information to provide a rating for the service.

**Insufficient evidence to rate**

### **Is the service caring?**

At the time of the inspection there was no one at the service receiving personal care and we were unable to gather enough information to provide a rating for the service.

**Insufficient evidence to rate**

### **Is the service responsive?**

At the time of the inspection there was no one at the service receiving personal care and we were unable to gather enough information to provide a rating for the service.

**Insufficient evidence to rate**

### **Is the service well-led?**

At the time of the inspection there was no one at the service receiving personal care and we were unable to gather enough information to provide a rating for the service.

**Insufficient evidence to rate**

# Cliff Lodge

## 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 included checking the provider was meeting COVID-19 vaccination requirements. 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 one inspector.

Cliff 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. Cliff Lodge is a care home without nursing care. CQC regulates both the premises and the care provided. During the inspection there was no one living at the service who received the regulated activity 'personal care.' This inspection looked at the environment and the providers processes and policies in place.

The service did not have a manager registered with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

The inspection was carried out on the 1 February 2022. We gave the service one hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection. We arranged to revisit the service on the 9 February 2022, this was arranged with the manager.

#### What we did before the inspection

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 reviewed information we had received about the service. We used this information to plan our inspection.

During the inspection

We looked at a range of policies and documentation, staffing records and personnel files. We spoke with six staff. This included the providers representative, the manager, a manager employed by the provider and two care staff.

# 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. At the time of the inspection there was no one at the service receiving personal care and we were unable to gather enough information to provide a rating for the service.

Systems and processes to safeguard people from the risk of abuse

- The provider had ensured staff had access to training in safeguarding. Not all staff had completed level three safeguarding training as advised by the 'Safeguarding children and young people: roles and competences for health care staff Intercollegiate Document 4th Edition.'

We recommend the provider seeks and implements best practice guidance on the completion of safeguarding training by all staff before a regulated activity is delivered.

- The provider had a safeguarding policy to guide staff on the action to take if young people were at risk of harm and abuse.

Assessing risk, safety monitoring and management

- The provider had processes to ensure risk was identified and risk controls were documented and shared with staff.

Staffing and recruitment

- The provider had policies and procedures to help ensure prospective employees were suitable to work with children and younger people. This included the carrying out of Disclosure and Barring Service (DBS) checks. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- The provider had policies and procedures to guide staff in the safe administration of medicines. Safe storage was in place to ensure medicines were stored securely. Staff had received training in the safe administration of medicines.

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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.
- There was a process to follow so visitors at the home were individually assessed and any risks identified and mitigated.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Learning lessons when things go wrong

- The manager had a protocol to follow to ensure that any accidents or incidents were investigated and the findings of these recorded. This included the involvement of children and young people.

# 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 of this newly registered service. At the time of the inspection there was no one at the service receiving personal care and we were unable to gather enough information to provide a rating for the service.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS) but can also be under authorisation from the Court of Protection.

- The provider had policies and procedures to inform staff of the role of the Mental Capacity Act if children or young people did not have mental capacity and could not make decisions for themselves. However, these were not personalised to the service and did not provide detailed instruction on the action staff and managers should take to ensure children and young people's rights were promoted and protected.

We recommend the provider seeks and implements best practice guidance on the development of accurate, informative and relevant policies and procedures.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- Prior to moving to the home, information was gathered from other agencies to help assess the needs of children and young people. Information could then be developed into a care plan to help staff support the children and young people.
- Agreements on information sharing and access to other agencies were discussed prior to admission and regular reviews were agreed.

Staff support: induction, training, skills and experience

- The provider enabled staff to access training and development opportunities and was reviewing the training available at the time of the inspection. Supervision formed part of the review of staff training and development needs and an appraisal process was in place.

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

- The manager told us if children and young people required support with eating and drinking, this would



be identified with care records and a care plan would be developed.

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

- The manager told us children and young people could personalise their rooms with their own belongings and they aimed to promote a homely environment.

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

- The provider had processes to identify when children and young people required specialist guidance and support and the manager said they would promote well-being by seeking specialist guidance as quickly as possible.

## Is the service caring?

### Our findings

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

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

- The provider had policies to help ensure people's rights were promoted and upheld. Staff had received training in Equality and Diversity.

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

- Processes were in place to enable children and young people to share their views and be involved in their care. This included prior to moving to Cliff Lodge and during their stay at the service.

Respecting and promoting people's privacy, dignity and independence

- Staff said they would protect children and young people's privacy and dignity in ways such as respecting private time, ensuring information was shared appropriately and making sure personal records were stored securely.
- Staff said they would promote children and young people's independence by encouraging and enabling decision making, giving support when this was needed and celebrating success.

# 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 of this newly registered service. At the time of the inspection there was no one at the service receiving personal care and we were unable to gather enough information to provide a rating for the service.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider had systems to ensure children and young people were involved in decisions about their care and could express their needs and preferences. If children and young people expressed an interest in education, or following interests, this would be discussed with other agencies involved in the care and action taken whenever possible.

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 manager said information could be provided in a format that met people's individual communication needs if this was required.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure to ensure any complaints could be recorded, investigated and responded to.

End of life care and support

- The manager said training and support would be provided to staff if this area of care was required.

# 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.

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Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider's representative and the manager said they were dedicated to ensuring a positive culture which promoted children and young people's health, wellbeing and individual rights.
- There was no manager registered with the CQC at the time of the inspection, we were informed the process had been started and an application would be made as soon as the initial required checks were carried out.

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; Continuous learning and improving care

- The providers representative and manager reviewed accidents and incidents to ensure lessons learned were cascaded and we were informed if things could have been done differently, apologies would be made.
- The manager undertook checks to identify where improvements were required and these were actioned to drive improvement.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Processes and systems were in place to support involvement of children and young people, their family members and those involved in their care. This included the documentation of agreed actions and outcomes.