

Achieve Together Limited

Clinton Lodge

Inspection report

11 Clinton Road
Redruth
Cornwall
TR15 2LL

Tel: 01209697200

Date of inspection visit:
15 November 2022

Date of publication:
21 December 2022

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Clinton Lodge is a residential care home providing personal care to up to five people. The service provides support to people with learning and /or physical disabilities. At the time of our inspection there were five people using the service.

Clinton Lodge is a detached building located in its own gardens in a residential area of Redruth.

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.

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

Right Support:

People's medicines were not always managed safely.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

People who experienced periods of distress had proactive plans in place to guide staff how to support them. Reasonable adjustments were made for people so they could participate fully in discussions about their support.

People's care and support was provided in a safe, clean, well-maintained environment which met their physical needs. People had a choice about their living environment and were able to personalise their rooms.

People could access health and social care support in the community.

Right care

People's care plans did not always reflect people's up to date needs. People spent time undertaking activities that interested them, but records did not always clearly describe people's aspirations or goals for the future. Information recorded about people's needs was not always consistent across different records.

Risk assessments were undertaken but did not all contain sufficient information to help staff reduce risks.

The service had enough staff working each day to meet people's needs and keep them safe.

Staff understood people's individual communication needs.

Right culture

The provider had not provided enough support to the manager. This meant aspects of the service and people's care had not been reviewed as frequently as needed or kept up to date. The service did not always reflect best practice.

People received care and support from staff who were trained to meet people's needs and wishes. Staff knew and understood people well and were responsive to people's needs.

The service involved appropriate professionals in planning people's care.

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

Rating at last inspection and update The last rating for this service was good (published 06 July 2022).

Why we inspected

We received concerns in relation to the management of people's health needs. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe, effective and well led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Clinton Lodge on our website at www.cqc.org.uk.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Clinton 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 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 completed by 2 inspectors.

Service and service type

Clinton 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. Clinton Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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 manager was in post who was awaiting an up to date DBS check so they could start the process of registering.

Notice of inspection

This inspection was unannounced.

What we did before inspection

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

During the inspection

We observed, interacted or spoke with 3 people. We spoke with 5 members of staff including the manager, an agency staff member and the cleaner. We reviewed 2 people's records, including their care plans and risk assessments. We also looked at 2 people's medicines records and a range of records relating to the day to day running and oversight of the service. We spoke with 2 relatives and 1 professional by phone.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to 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.

Using medicines safely

- The manager told us monthly audits of medicines practice and management had not been completed as frequently as required by the provider.
- Recent medicines errors had been reviewed and actions recorded to reduce the likelihood of further errors. However, these actions had not always been implemented effectively.
- The provider told us daily medicines audits had been completed; however, medicines administration records (MARs) had not been completed consistently to show people had received their medicines.
- Information to guide staff on when to administer 'when required' medicines (PRN), was not always clear. This meant staff may not have administered the medicines consistently.
- The service had not sought medicines reviews for 3 people in the last 12 months. This meant any changes needed to their medicines may have been missed.

This is a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's records contained person centred detail about how they liked to take their medicines.
- The service was supporting someone under STOMP. This is best practice guidance to support people with a learning disability to reduce the number of medicines they need to take.

Assessing risk, safety monitoring and management

- The manager told us required fire safety checks of the service had been completed; however, records had not been completed of recent checks.
- A fire risk assessment had been carried out in September 2020 but had not been reviewed since March 2021. The original risk assessment had identified actions that needed to be completed to improve fire safety in the service. Records did not show these had all been completed. Some ongoing checks identified in the actions were not being completed.
- 1 person was at risk of their skin breaking down; however, their risk assessment did not provide guidance to staff about how to reduce the risk to the person.

This contributed to the breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Emergency plans and individual fire evacuation plans were in place to ensure staff could support people in the event of a fire or other emergency.

Learning lessons when things go wrong

- Staff recognised incidents and reported them appropriately. The manager told us actions were taken as a result. However, these actions had not always been recorded.
- Systems for senior managers to have oversight of the incidents and identify any further actions, had not been effective.

Staffing and recruitment

- Arrangements for staffing including skills and numbers, reflected the needs of people using the service.
- We observed staff responding promptly to people's requests for assistance.
- There was a suitable induction which meant staff knew people's individual needs and preferences.
- People were supported by suitable staff. Recruitment practices were in place and records showed appropriate checks were undertaken to help ensure the right staff were employed to keep people safe.

Systems and processes to safeguard people from the risk of abuse

- Staff had completed safeguarding training and told us they were comfortable raising any concerns with the leadership team, and that any safeguarding concerns would be addressed.
- Occasionally people became upset, anxious or emotional. There was clear information in place to guide staff how to support people at these times.
- Relatives told us they felt their family member was safe at Clinton Lodge.
- People's money was managed safely.

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 provider was facilitating visits for people living in the home in accordance with the current 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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Health guidance in people's care plans was not always clear. Staff gave us differing information about the needs of one person.
- One person needed to drink a certain amount each day to remain healthy. There was no effective system in place for staff to monitor the total amount the person drank per day; or to highlight if the person had not had enough to drink.
- Staff did not always take prompt action to resolve people's health concerns. One person had developed a sore eye 4 days before the inspection. Staff had contacted the GP but had had no response. No further clinical advice had been sought over the weekend, leaving the person in discomfort.
- Staff worked with external professionals to monitor and improve specific health needs. However, staff had not always followed guidance in people's care plans to ensure external professionals received up to date monitoring information about people's health.
- People had health actions plans which enabled health and social care services to support them in the way they needed.
- People had care plans in place detailing what support they needed with their oral health.

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

- Care and support plans did not always reflect best practice. They did not contain all people's current needs or preferences or information about any aims or aspirations people had.

We recommend the provider ensures there are systems in place to support managers and staff to keep up to date with best practice guidance and developments within the sector.

- When people were reluctant to take part in daily activities, staff worked with them at their own pace to help them feel comfortable taking part in the activity.
- Relatives told us they were consulted about any changes to their family member's care plans.
- Care plans included details of people's preferred methods of communication.
- Staff were knowledgeable about things people found difficult and how changes in daily routines affected them.

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.

- Processes to ensure decisions made on behalf of people were made in their best interests had not been followed. Decisions were not always reviewed to check they were still in someone's best interest when changes were made.
- Clear information was available about when a covert medicine (a medicine that is given without the person's knowledge; for example, hidden in food or drink), for one person could be used.
- When people had the capacity, staff supported them to make their own decisions and obtained people's consent in an inclusive way.
- Staff respected the rights of people with capacity to refuse care or support.

Staff support: induction, training, skills and experience

- Staff received one to one supervision. However, the manager told us they had not had the time to complete supervisions with all staff regularly.
- Staff completed an induction when they started at the service.
- Updated training and refresher courses were scheduled so staff knowledge remained up to date.
- People were supported by staff who had received relevant training. There was system in place to help ensure the manager knew when staff needed to update their training.
- Relatives spoke positively about staff and told us they were skilled to meet people's needs. Comments included, 'They look after [...] so well.'
- Handover between staff at the start of each shift ensured important information was shared.

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

- People were able to choose what and where they ate.
- People were involved in choosing their food and preparing and cooking meals.
- Staff encouraged people to eat a healthy and varied diet to help them to stay at a healthy weight.
- The staff were aware of people's dietary needs and preferences.
- People were referred appropriately to the dietitian and speech and language therapists if staff had concerns about their wellbeing.

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

- People's care and support was provided in a safe, clean, well-maintained environment.
- Adjustments had been made to the premises to meet people's needs. Equipment people needed was available and in good working order.
- The service's design, layout and furnishings supported people and their individual needs.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The manager had not had a proper induction into the role or sufficient support to learn the provider's processes. This meant certain aspects of the service had not been monitored, reviewed or action taken to improve the service.
- The provider had a system of checks and audits. The system highlighted to the manager and senior managers if actions had not been completed according to the provider's schedule. It also populated a list of outstanding actions that needed completing. However, prior to the inspection, the manager had not received enough support to complete these actions or ensure all audits and checks were completed on time.
- The manager did not have a comprehensive understanding of the statutory guidance Right support, right care, right culture. This meant they did not have the knowledge to ensure the service met its requirements.
- Our findings from the other key questions showed that governance processes had not been used effectively to ensure people received and provide consistently good quality care and support.

This was a breach of continued Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- As described in the safe and effective sections of this report, guidance in people's care plans was not always clear or was not followed. This meant people were not always able to achieve good outcomes.

This contributed to a breach of continued Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- When possible, people had been involved in the recruitment of staff. This helped ensure their preferences were considered.
- The manager was visible in the service, approachable and took a genuine interest in what people were

doing.

- People were supported to live life according to their preferred routines.
- Staff were able to explain their role in respect of individual people without having to refer to documentation.
- Relatives told us communication with the service was good and they were consulted about any changes to their family member's care.

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 manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

Working in partnership with others

- The service worked well in partnership with other health and social care professionals.
- The manager told us they worked closely with the manager of another home owned by the same provider.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured medicines and all risks were managed safely.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not provided sufficient support to the manager and service to ensure all requirements continued to be met.