

Excellence Care Ltd

Clayburn Lodge

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 5 January 2016.

Clayburn Lodge provides accommodation for up to six people who are living with mental health issues. There were six people living in the service on the day of our inspection, but only four people were available during all or part of our inspection.

There was a registered manager in post. 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 2008 and associated Regulations about how the service is run.

Staff had the necessary skills and knowledge to meet people's assessed needs safely. Staff were well trained and supported. There were sufficient staff who had been recruited safely to ensure that they were fit to work with people.

Summary of findings

People told us that they felt safe and comfortable living at Clayburn Lodge. Staff had a good understanding of how to protect people from the risk of harm. They had been trained and had access to guidance and information to support them in maintaining good practice.

Risks to people's health and safety had been assessed and the service had support plans and risk assessments in place to ensure people were cared for safely. People received their medication as prescribed and there were safe systems in place for receiving, administering and disposing of medicines.

The registered manager and staff had an understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) but had not had the need to make any applications.

People were supported to have sufficient amounts of food and drink to meet their needs. People's care needs

had been assessed and catered for. The support plans provided staff with good information about how to meet people's individual needs, understand their preferences and how to care for them safely. The service monitored people's healthcare needs and sought advice and guidance from healthcare professionals when needed.

Staff were kind and caring and treated people respectfully. People participated in activities of their own choice that met their needs. Families were made to feel welcome and people were able to receive their visitors at a time of their choosing. Staff ensured that people's privacy and dignity was maintained at all times.

There were good systems in place to monitor the quality of the service and to deal with any complaints or concerns.

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 safe.

People were protected from the risk of harm. Staff had been safely recruited and there was sufficient suitable, skilled and qualified staff to meet people's assessed needs.

People's medication was managed safely.

Good



Is the service effective?

The service was effective.

People were cared for by staff who were well trained and supported.

The registered manager and staff had an understanding and knowledge of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) so that people's rights were protected.

People had sufficient food and drink and experienced positive outcomes regarding their healthcare needs.

Good



Is the service caring?

The service was caring.

People were treated respectfully and the staff were kind and caring in their approach.

People had been involved in planning their care and support.

Good



Is the service responsive?

The service was responsive.

People's care plans were informative. They provided staff with enough information to meet people's diverse needs.

There was a complaints procedure in place and people were confident that their complaints would be dealt with appropriately.

Good



Is the service well-led?

The service was well led.

There was good management and leadership in the service.

The quality of the service was monitored and people were happy with the service provided.

Good



Clayburn Lodge

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.

This inspection took place on 5 January 2016, was unannounced and carried out by one Inspector.

We reviewed information that we held about the service including notifications. A notification is information about important events which the service is required to send us.

We spoke and interacted with four of the people living at Clayburn Lodge. We spent time in a communal area to get an understanding of people's experience, and their interactions with staff. We spoke with the registered manager of the service, a support worker and two deputy managers. We contacted four social workers and two community psychiatric nurses involved with the service for their feedback.

We reviewed a range of different care records relating to three people living at the service. We also looked at three staff members' records and a sample of the service's policies, audits, training records and staff rotas.

Is the service safe?

Our findings

People told us that they felt safe living at Clayburn Lodge. One person said, "I feel comfortable and safe here." People were comfortable and relaxed in staff's company and responded positively to staff interactions.

Staff demonstrated an understanding of safeguarding procedures and when to apply them. There was a policy and procedure available for staff to refer to when needed. Staff had been trained and had received updates in safeguarding people. Information was available to people using the service about what to do if they had any concerns or worries.

Risks to people's health and safety were well managed. People were supported to take every day risks such as accessing the community. People using the service were encouraged to understand the risks that they might face and ways of managing these. For example, people were accepting of staff support when undertaking external activities. An involved social worker told us that the service kept their client safe through being supportive and caring but setting clear boundaries, which they needed.

Care files contained risk assessments relating to people's behaviours and the impact of these, risks relating to people's individual vulnerabilities and risks relating to any clinical deterioration. Risks had been identified and assessed. Action plans on how the risks were to be managed were in place.

Staff had a good knowledge of each person's identified risks. We saw that they understood people's needs and worked in ways that ensured that people were cared for safely. For example, staff were always available to people and ready to provide support or advice.

The registered manager had ensured that other risks, such as the safety of the premises and equipment had been regularly checked, assessed and outcomes recorded. People understood the fire procedures so that they would know what to do in the event of an emergency. Evacuation plans were in place.

There were sufficient staff to meet people's assessed needs. The registered manager explained how staffing was managed and was flexible to meet people's needs. We saw that staff were not rushed and were able to spend time with people supporting them and encouraging independence. Staff were present and responsive to people's needs at all times. The staff duty rotas showed that established staffing levels had been maintained to ensure adequate support for people.

The service had an effective recruitment process in place to ensure that people were supported by suitable staff. The provider had obtained satisfactory Disclosure and Barring checks (DBS) and written references before staff started work.

People's medicines were being managed safely and that they received their medicines as prescribed. People told us that they were supported well with their medication and they had an understanding of what they took and what it was for. We saw that people were consulted with about their medication and their consent sought by staff before medicines were administered. People's medicines were managed safely. Staff had been trained and had received updates to refresh their knowledge. Periodic competency checks had been completed to ensure that staff maintained good practices and managed all aspects of medication administration correctly.

There were systems in place for ordering, receiving and storing medication. Detailed protocols were available for the management of most medicines to be used on an as and when prescribed basis. Where these were not in place the deputy manager undertook to address this. Temperatures were monitored to ensure that medicines were stored in optimum conditions. Boxed medication was not being dated on opening to provide a good audit trail and the registered manager undertook to address this. The medication system and quantities of medication in stock was audited regularly and a detailed medication audit was undertaken on a monthly basis.

Is the service effective?

Our findings

People received their care from staff who had the knowledge and skills to support them effectively. People told us that staff understood their needs and that they felt well supported. One person told us, “They are all good here, they encourage you and listen to you.” A visiting professional told us that staff at the service were very experienced and did well in managing and supporting people who had mental health needs.

A staff survey completed in December 2015 showed us that staff thought that they received ‘more than enough’ training. Staff indicated in their responses that they received very good training and support. One staff member said that they were given full support and that the management team were always on hand for support at any point.

Training records confirmed that they had received training which included subjects such as, Mental Capacity Act 2005, deprivation of Liberty safeguards, infection control, food safety and health and safety. Staff had also been trained in subjects that were more specific to people’s individual needs such as diabetes and mental health awareness. The registered manager told us that all staff and management were currently undertaking the Quality Care Framework’s Care Certificate to refresh their core skills. This showed us that the provider was committed to providing a well trained staff team to support people.

Staff had received a good induction to the service. They had undertaken core training, had an orientation into the service and had worked through the Skills for Care Common Induction Standards to build up a good foundation of skills and knowledge. The registered manager explained that new staff worked on a supernumerary basis for at least two weeks so that they could get to know people using the service and understand their needs.

The service was small and support staff and management worked alongside each other on a day to day basis. Staff practice was therefore continually monitored. Staff records showed that staff had also received regular opportunities to meet with their manager on a one to one basis to discuss their views and personal development needs. An annual appraisal system was also in place to encourage ongoing development.

The registered manager and staff knew how to support people in making decisions. Staff spoken with and training records confirmed that training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) had been undertaken. 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 Act 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. DoLS are a code of practice to supplement the main Mental Capacity Act 2005. These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals.

We saw that relevant procedures and guidance was available to staff relation to MCA and DoLS. Staff had an understanding of the MCA and understood the requirements of DoLS. No DoLS applications had been required or made.

Staff worked to support people in their best interests and in line with legislation. People told us that the staff offered them choices and sought their consent when working with them. People had given their signed consent for issues such as photographs and sharing records with other professionals as needed. During our inspection we heard staff asking people for their wishes and seeking their consent before carrying out any activities. People told us that they had been involved in their care planning and risk management, and were consulted with about all aspects of their care.

People were supported to have sufficient to eat and drink and to maintain a balanced diet. People told us that they enjoyed the food at the service and were given choices about what they ate. One person told us, “I enjoy the food here we discuss what we are going to have each day, but if you don’t like it you can have something else.” Where particular dietary needs were identified assessments highlighted the support needed to ensure the person maintained a good level of nutrition. People were encouraged to be involved in meal preparation to increase their daily living and independence skills.

People’s told us that their healthcare needs were met and that they were supported to attend appointments as

Is the service effective?

needed. Records confirmed that people had been supported to attend routine healthcare appointments to monitor and maintain their individual healthcare needs. Everyone at the service received regular support from mental health care specialists, consultants, and community psychiatric nurses. People attended other community services such as dentist and opticians as required. The

outcomes of appointments were well recorded so that the person and staff were kept up to date with people's health issues. A social worker told us that the service had always handled any health incident very well ensuring people's well-being at all times.

Is the service caring?

Our findings

People told us that they liked and got on well with the staff at the service. One person told us, “The staff are all good and support us really well.” Another said, “This is the best place I have been by far.”

People went about their own routines during our visit and there was good staff interaction. Staff displayed kind and caring qualities. Discussions with the registered manager and staff showed that they understood the needs of people using the service very well and supported them in ways that were encouraging and positive. Staff had received training in equality and diversity, they treated everyone respectfully and understood their diverse needs.

People had been involved as far as possible in planning their care. One person told us, “Every month we go through my care plan and see how things are going.” People’s views and wishes had been sought so that the care provided would meet their individual needs. Each care plan included the individual person’s view of the issue and went on to develop clear goals that could be worked towards. Care records provided information about people’s needs, likes, dislikes and preferences in relation to all areas of their care.

They showed how people’s care and welfare was monitored. From discussions with staff and observations it was clear that they had a good understanding of people’s individual needs and supported them accordingly.

Staff treated people respectfully and ensured that their privacy was maintained. People could choose when they wanted to be alone or when they wanted to mix with others and followed their own routines.

Everyone in the service was able to express their own views about their care and wishes to a greater or lesser degree. All had some level of family contact and support, and no one was currently using the services of an advocate. The registered manager was however aware of advocacy services and how to access them if needed. We saw that information about the use of advocacy service was available along with the contact details of relevant advocacy agencies. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves.

People told us that the service supported them in maintaining contact with their families and friends, and that people could visit at any time.

Is the service responsive?

Our findings

People received personalised care that was responsive to their individual needs. Before moving into the service people's needs were assessed and a series of trial visits and stays undertaken to ensure that the placement would be appropriate for the person, and that they would be able to be supported safely by the service. There were informative care plans in place developed from this process. Care plans were kept under regular review through regular one to one meetings and formal reviews to ensure that they were responsive to people's changing needs.

People told us that they were happy with the care and support that they received. One person said, "This place suits me and I am well supported by staff that listen to me."

People were encouraged and supported to be as independent as possible and to undertake activities to improve their abilities and mental health. The service was proactive in encouraging improvement. There were recorded 'reflective' meetings at the start and end of each day so that people could plan for the day in line with their goals, and then reflect on what had gone well or otherwise. A social worker praised the service highly and said that the supportive and encouraging approach had provided stability and enabled people with complex needs to move on into a supported living setting. The registered manager confirmed that three people had been able to move on from Clayburn Lodge to more independent living.

The service was proactive in seeking ways to engage people and develop their skills. We were told of new internal groups starting which were to be facilitated by an external professional. These would provide further support to people in managing issues relating to their mental health such as managing stress, anxiety and anger. People maintained relationships with their family and friends as they wished. Contact was maintained through visits and telephone calls.

People told us about the things they enjoyed and did. Some attended local groups run by other agencies such as a gardening group and social support groups. Each person had an activity planner in place. People were encouraged to follow individual interests and told us about the things they did such as gardening, visiting the local library and shops and attending church. People regularly accessed the local community in line with their individual preferences and assessed risks and needs.

The service had an effective complaints process in place. The complaints procedure was available to people so that they would know what to do if they had any concerns. No formal complaints about the service had been made since our last inspection. People felt that they could discuss anything with the registered manager or staff and that any issues would be addressed. One person told us, "You can always talk to any staff about anything."

Is the service well-led?

Our findings

People told us that the service was well led and managed. People using the service and involved professionals praised the service telling us that it was well managed and communicated with them well and appropriately. One professional told us that the managers at the service had a very active presence and positive rapport with people using the service.

People said that staff and management were approachable. Throughout the inspection we saw that the management and support staff had positive relationships with each other and with people living in the service. The service was small and it was clear that management, staff and people using the service all got on well, with people's individual needs and abilities respected and understood.

From recent staff surveys seen staff were positive about the management of the service. One person said, "Clayburn Lodge is a good place to gain experience and is an enjoyable and supportive environment to work. New opportunities are always arising and we are given full support." There was a low staff turnover which provided consistent support for people using the service and showed us that staff were settled.

The service had a Statement of Purpose and Service Users Guide available which outlined the aims, objectives and philosophy of Clayburn Lodge. The registered manager was able to clearly describe to us the vision of the service and explain how this was introduced and maintained in the staff team. Staffs' induction covered such issues as 'philosophy and principles of care,' and 'The culture of Excellence Care.' Staffs' understanding and practice was maintained through ongoing training, daily interaction and monitoring, Staff were able to demonstrate the vision in their practice and promoted positive and respectful relationships with people.

Through discussions and feedback it was evident that there was good teamwork in the service and that staff and management worked together for the same ends. Staff provided good support to one another. Staff meetings

occurred and handovers between shifts took place. This ensured that communication within the team was good and that staff were kept up to date with current information about the service and people's needs.

The registered manager was aware of the responsibilities of their role. They worked to ensure that a quality service that met the needs of people was provided. There were formal processes in place to support this. Regular audits had been undertaken in relation to health and safety, the premises and medication, with any matters arising being addressed. Cleaning schedules were maintained and monitored. Accidents and incidents were recorded and monitored to ensure that any adverse events were learnt from. This ensured that appropriate standards were being maintained across the service.

The provider was proactive in their desire to maintain quality and to continue to develop the service. An external consultant was working with the service to complete regular inspections and continue to develop policy and procedure. We saw that any issues arising from their work had been actioned. The service also had an annual quality plan in place to ensure that all regular audits and reviews were kept up to date.

Visits from other agencies such as environmental health and commissioners had found the service to be operating well and in line with their required standards.

People's views on the service were sought through daily one to one meetings and interactions and regular review processes. Formal surveys were also undertaken with individuals on a monthly basis. We saw that recent surveys had been undertaken with people using the service, staff, families and involved professionals. Responses were seen to be almost wholly positive about the service. However, any matters arising had been clearly documented and addressed. People at the service were also encouraged to express their views through house meetings and involvement in staff recruitment.

Overall people were very satisfied with the quality of the service and made comments such as, "I am very happy here." "All the staff are so brilliant."