

# Lodge Rest Limited

# Claro Homes







## Inspection report

Claro Homes  
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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

The inspection took place on 28 April 2015 and was unannounced. At our last inspection in January 2014, the service was meeting the regulations inspected.

Claro Homes is one of the services provided by The Lodge Rest Limited. It is a home for 53 people with mental health needs. At the time of our visit there were 53 people living there.

There was a registered manager for the service. 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.

People spoke positively about the staff and the support given by staff with their particular mental health needs. People were treated in a kind and polite way and staff spent plenty of time with people. There were positive and warm interactions between them. People looked relaxed and approached staff when they wanted to talk with them.

# Summary of findings

People's mental health needs were identified and the type of care they received was planned and delivered in a way that met their needs.

People were supported to eat and drink enough to be healthy. People were consulted in menu planning. Meal choices and individual preferences were included in the menu options available.

There were systems in place to ensure that the requirements of the Mental Capacity Act 2005 were followed. This law protects people who lack capacity to make informed decisions in their daily lives. The provider had completed one application under the Mental Capacity Act 2005 Deprivation of Liberty Safeguards. This had been accepted and necessary safeguards were in place for the person.

The staff understood the needs of the people they supported. People were encouraged to make choices about their care and to become more independent in their lives.

Staff supervision was in place and up to date for all staff. This meant there was a system in place to provide staff with the support they needed to do their jobs effectively.

The registered manager investigated and responded to people's complaints by following the provider's complaints procedure. Complaints were well managed when they were received.

The provider's representative visited the home regularly. They carried out quality checks on the overall quality of care and service people received. Where needed they had identified actions for the registered manager to implement to improve the service. They had recently picked up that certain policies and procedures needed updating. This action had been carried out by the registered manager.

# 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 given their medicines at the times they were required. There was a system in place to ensure that medicines were managed safely in the home.

Staff were recruited safely and trained to meet the needs of people who lived in the home. There was enough staff to provide people with a safe level of care and support.

Staff in the home knew how to identify the different types of abuse that could occur and they were aware of how to report it and keep people safe.

Good



### Is the service effective?

The service was effective

People's complex mental health needs were met by staff who understood how to provide them with the care they required.

Specialist health care support was provided by relevant health care professionals where people needed it.

People's rights were protected because the Mental Capacity Act 2005 code of practice and Deprivation of Liberty Safeguards were followed.

Good



### Is the service caring?

This service was caring.

People were treated in a polite way and their independence was promoted and their privacy respected.

People were involved in making decisions about their care if they wanted to be. Care plans reflected people's views and involvement in planning what type of care they received.

The staff who supported people had an understanding about the way people wanted to be assisted with their care.

Good



### Is the service responsive?

The service was responsive

People were able to take part in a variety of different social and therapeutic activities. Activities were run based on what people enjoyed doing and benefited from.

Surveys were undertaken regularly and people were asked to give feedback about the home. This information was acted upon to improve the service where needed.

Complaints were taken seriously and were properly investigated by the registered manager.

Good



### Is the service well-led?

The service was well led

Good



# Summary of findings

The provider's representative had a system to monitor the quality of the service and ensure improvements where made where needed.

The staff and people who lived at the home felt well supported by the registered manager. People told us the home had an open and relaxed culture. They felt able to make their views known to the registered manager at any time.

# Claro Homes

## 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.

Before the inspection, we reviewed the information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

Before our inspection, we reviewed the information we held about the home, including the Provider Information Return (PIR). The PIR is a document we ask the provider to complete to give us information about the service, what the service does well and improvements they plan to make.

This inspection took place on 28 April 2015 and was unannounced. The inspection team consisted of two inspectors.

We spoke with 22 people who lived at the home and seven members of staff. We looked at the care records of five people. We observed care and support in shared areas. We also looked at records that related to how the home was managed.

# Is the service safe?

## Our findings

People told us, “I feel very safe here” and “Yes, I do feel safe here and I can go to my room if I need space from everyone”.

The provider had appropriate arrangements to identify and respond to the risk of abuse”. Staff were able to explain to us about the different types of abuse that could occur. The staff also knew how to report concerns. Every staff member said they felt able to approach the registered manager or other senior staff. There was a copy of the provider’s procedure for reporting abuse displayed on notice boards in shared areas of the home. It had been written in an easy to understand format.

The provider reported any safeguarding concerns and we saw that notifications had been made appropriately to the local safeguarding team and to the Care Quality Commission. Safeguarding was discussed during staff supervision sessions. This included ensuring that staff knew how to raise any concerns. Staff we spoke with confirmed they had received training in safeguarding adults and that they felt confident and competent to report any concerns.

Staff were aware of what whistleblowing at work meant and how they would do this. Staff knew this meant they were protected by law if they reported suspected wrongdoing at work. The staff explained that whistleblowing included reporting things that were not right, were illegal or may involve neglect. The staff said they had been on training to help them understand this subject. There was also a whistleblowing procedure on display in the home. This included the contact details of the organisations people or staff could safely contact.

Learning from incidents and investigations took place and changes to the care and support people received were implemented where needed. The records showed the registered manager and staff recorded significant incidents and occurrences that had taken place involving people. We saw that staff recorded what actions had been taken after an incident or accident had happened in the home. The care plans were updated so that they reflected any changes to people’s care after an incident or occurrence. The

registered manager told us they would use this information as a topic for discussion at staff meetings. This was to ensure sure that staff were up to date with any changes to peoples care after an incident or occurrence.

Risk assessments had been completed for people and an in depth risk assessment was completed on admission and reviewed six monthly. In one person’s file a risk assessment had been completed following an incident between two people who lived at the home. The incident had been reported and investigated promptly. Both people’s care records had been updated to show how to keep each individual safe.

The fire safety records showed that regular fire assessments had been completed. We saw that regular fire drills were undertaken. Several people were smokers and we were told how the service had made changes to the environment to ensure people only smoked outside. For example, we saw there were different areas people could go to smoke, including a smoking shelter with a heater for use during colder weather.

There was enough staff on duty to meet the needs of people using the service. On the day of our inspection the number of staff on duty accurately reflected the staff listed on the duty roster. The registered manager told us they had a bank of staff they could use during sickness or leave. We were told that agency staff were used if necessary, but that the service had good links with a local agency and were able to use the same staff each time in order to provide continuity for people. When we saw people asking staff for help or assistance this was immediately provided. We did not observe people waiting to gain the attention of staff.

Staff were observed following safe procedures when they gave people their medicines. They gave each person an explanation and showed them their medicines pointing out the name printed on them. This was to help ensure the person understood what their medicines were. The provider’s medicines policy was followed by staff as they checked that people had taken their medicines. We saw a nurse explained and reassured one person who was concerned that the colour of their tablet had changed.

Medicine administration records had been completed fully and the records showed people had been given their medicines or the reasons why they had not been given. The

## Is the service safe?

medicines returns book had been filled in correctly. The provider had a contract with a local company for the removal and destruction of unused or unwanted medicines.

People told us they received their medicines at the correct times. Some people had been prescribed “as required” medication to help reduce any episodes of anxiety. Staff told us how they would try to alleviate anxiety before administering medicines, and we saw that one person’s care plan reflected what we had been told.

Checks on the suitability of new staff were undertaken before they were able to work at the home. We viewed newly recruited staff records. Checks were undertaken to make sure that nurses were registered with the Nursing and Midwifery Council (NMC). The NMC is the regulatory body for nursing and midwifery. Its purpose is to establish and improve standards of nursing and midwifery care in order to protect the public. The nurses had current registration with the NMC and this showed they were fit to practise nursing.

Staff responded immediately when people wanted support and time to talk with them. Staff also supported people throughout our visit in an attentive way. For example, certain people needed one to one support due to their

mental health needs and this was provided. The registered manager said staffing numbers were assessed and adjusted if needed on a frequent basis. There was staffing information confirming that staff numbers were worked out based on the mental health needs and numbers of people at the home. This was to ensure there was enough staff to effectively meet people’s needs and to care for them effectively.

People’s care plans showed that positive actions had been included for staff to follow to deal with difficult situations that could arise due to the nature of some people’s needs. For example, one person shouted and called another person names. A member of staff immediately stepped in and safely defused the situation in order to avoid any confrontation.

Risks were identified and health and safety assessments were carried out to reduce risks and to keep people safe. For example, the courtyard was previously used as a car park and following this being identified as a risk, the provider had taken action and it was no longer used for this purpose. Regular checks were carried out and actions put in place when needed to make sure the premises were safe and suitable. There were also checks undertaken so that electrical equipment and heating systems were kept safe.

# Is the service effective?

## Our findings

People had positive views to share with us about the support and care they received. One person told us, "They are very supportive". Other comments made included, "They are helping me to move on", "They are ok" and "My keyworker takes me out". The people we spoke with told us a number of positive comments about the staff. Examples of comments made included, "I like the staff" and "They are alright".

Staff assisted people in way which demonstrated they understood how to support individuals to meet their needs. For example they used a supportive approach with people and encouraged them to make decisions about how they wanted to spend their day.

Staff understood about the principles of the Mental Capacity Act 2005. This is a legal framework to protect people who lack the capacity to make certain decisions for themselves. They explained how people had the rights to make decisions in their lives. They also knew that that mental capacity must be assumed unless a person has been fully assessed otherwise.

Staff also told us about the need to offer people choice, and gave good examples of what they did to ensure people who were using the service were given choice. The staff were able to fully explain to us the importance of consent and mental capacity when people made decisions.

Mental capacity assessments were in place and best interest decisions had been held in relation to a person who had been assessed as not having mental capacity. The staff were aware that a best interest decision meeting had been carried out for specific practices that related to this person's care.

The registered manager told us how they ensured Deprivation of Liberty Safeguards (DoLS) were used appropriately. They told us that one application had been made in the last year, which the local authority had authorised. This was to ensure that safeguards were in place to protect the interests of a service user in the least restrictive way. There was also DoLS guidance information available to help inform staff to make a suitable DoLS application if required.

Staff demonstrated they understood how to provide people with effective support with their complex mental

health needs. They told us how they worked with people to help them to feel calm when they felt upset due to their mental health issues. Staff were observed supporting people in the ways they explained. Staff told us part of their role was to assist people to gain independence in their daily life. They also said their role was to see things from the individual's perspective and ensure people received care centred on them as a person and what they wanted.

The registered manager had explained in the provider information return about the type of care and support the service provided and how this had developed over the last 12 months. They explained that people worked towards achieving particular goals as part of their programme of recovery from their particular mental health issues.

People were effectively supported to meet their physical health care needs. There was a health action plan in place for each person. The action plans explained how people were to be supported with their physical health and well-being. For example, one person with diabetes was receiving guidance and support from a health care specialist. The records also showed staff monitored people's health and well-being. People told us they were supported to see their doctor if they were concerned about their health.

People were provided with a choice of suitable and nutritious food and drink that they enjoyed. The majority of people we spoke with said they liked the food that was served at the home. Examples of comments made about the food included, "The food is very good," and "We get lots of choices". Lunch consisted of two or three meal choices. Staff told us people who required special diets were also catered for and this was confirmed by the range of choices that were available.

People told us they were asked what meal options they would like to choose from the menus on a daily basis. Staff told people what the lunch time meal options were and asked them if wanted the choices or if they preferred an alternative. Some people asked for an alternative option and this was provided for them by the chef.

A copy of the menu was displayed in shared areas to inform people what choices were on offer each day. The manager told us menus had been reviewed by a dietician to ensure they were nutritionally balanced.

There was information in care records about how to assist people with their nutritional needs. An assessment had



## Is the service effective?

been undertaken using a nationally recognised tool. This tool is used to identify people at risk of malnutrition or obesity. The registered manager told us that the staff team and the chef had recently been on a training course to help them to be able support people effectively with their nutritional needs.

Care plans contained documented evidence of when people had accessed other healthcare professionals or services. For example we saw one person had been supported by staff to attend a recent GP appointment, another had been referred to the mental health team and another person had been referred for physiotherapist intervention.

# Is the service caring?

## Our findings

People spoke positively about the staff and their approach. One person told us, “They are all very nice”. Another comment made was, “They are all very kind”. Further comments included “The staff are good”.

Further comments people told us included; “Staff are great, really lovely and supportive”. We saw that people knew staff by first name, including the registered manager and that staff were familiar with individual people’s needs.

Staff assisted people in a way that demonstrated they were caring in their approach. For example, staff used a calm approach with people who were anxious. They also used gentle humour and encouragement to motivate people to do household chores. People responded positively to staff when they used this approach and looked relaxed in their company.

Staff maintained a calm approach with people whose mental health needs had caused them to feel agitated. They also used a positive approach and gentle manner to motivate people to do household chores and activities such as personal care.

People were supported to be as independent as possible. For example, we observed people making hot drinks for themselves and we were told by a member of staff that some people were supported to cook meals. We spoke with one person who had recently become a volunteer at a local city farm. They told us it had helped them with their self-confidence and that they enjoyed being part of the local community.

People told us they had a keyworker who supported them with their care needs. They told us the staff sat down with them regularly and discussed their care plans. One person told us they were being helped to become more independent. They said this included meal planning and building up their confidence in the community. People told us staff were very supportive and worked with them to try and help them plan their own care. Care plans included

personal histories about people including information about their family and friends and life before they came to the home. This information had been used to ensure people were supported in the way they preferred.

All of the interactions we observed between staff and the people using the service were positive and friendly. The atmosphere was warm, relaxed and calm. People were laughing and interacting with staff.

Staff told us how they provided personalised care. This meant they cared for people in a way that respected them as a unique individual and put them at the centre of all decisions made. They cared for people in small teams, got to know people very well and as a result were able to meet their full range of needs. The staff also said this enabled them to build up close trusting relationships with the people they supported.

People met their keyworkers regularly and spoke with them about what sort of care and support they felt they needed. Care plans reflected these discussions and showed people were involved in planning and deciding what sort of care and support they received.

There was a courtyard and small garden where people could walk safely. There was a dedicated activities area, quiet rooms and a kitchenette used for making drinks. People used these different shared areas of the home and were able to have privacy and when they wanted it. Each bedroom was a single room and this gave people privacy as each person had their own key to their room. One person we spoke with told us; “I have my own key so nobody can come in my room unless I want them to”. Rooms were personalised with people’s own possessions, photographs, artwork and personal mementos. This helped to make each room personal and homely.

There were notices displayed on notice boards in shared areas of the home about advocacy services. Advocacy services are independent organisations that support people to have their views represented. At the time of our visit, there was no one for whom these services were required.

# Is the service responsive?

## Our findings

People who lived at the home had a key worker who co-ordinated their care. The majority of people we spoke with knew who their key worker was. We saw in people's care plans that staff supported people to attend appointments if needed. One person told us, "The staff are great and if I'm not well, they get the doctor in really quickly".

People were supported to take part in a variety of social and therapeutic activities. These included painting, making greetings cards and building matchstick models. The staff encouraged and supported people, and people looked to be enjoying themselves. One person we spoke with told us; "I like making things; it takes time and patience, but it helps me to focus on something" and another person told us "I like to draw pictures".

One person told us they were working towards increasing their independence because they wanted to move to a supported living service. Care plans included goals that people had set themselves such as building up confidence.

One person told us they had recently gained employment at a local charity. They told us it had helped them with their self-confidence and that they enjoyed being part of the local community. The activities co-ordinator told us they offered a range of activities for people. On the day of our inspection some people went bowling during the afternoon. We also heard about trips to the shops, bingo and visiting entertainers such as singers or magicians. People told us what kind of activities they enjoyed. Staff provided on to one support for people who preferred it and people were encouraged to work on projects independently if they so wished. One person told us, "To be honest, I'm quite happy to just sit in the lounge".

People who were not involved in activities were not socially isolated as staff interacted with them throughout the day. Sometimes this was just a passing comment or welcome, and at other times staff sat and made conversation with people. One person told us, "I need help to get my washing done, so a member of staff will help me to do that later".

Some people were carrying out daily tasks in the home and staff supported people to tidy their rooms. Staff and the people they were assisting looked engaged in the tasks

together. Care plans reflected how to support and encourage people with activities of daily living. The staff were providing assistance in the ways that were explained in the care records.

People received personalised care that was responsive to their needs. The care plans showed that people had been asked about their individual preferences and where relevant details of the level of independence they wished to reach. These were called personal recovery plans.

The information in people's care records showed they had been actively encouraged to plan and decide what sort of care and support they wanted. The care plans explained what actions were required to assist each person with their mental health needs. For example, care records explained that some people needed motivation with their self-care. The care plans explained how to provide this support.

People, their families and professionals involved in their care were sent a survey form at least once a year to find out their views of the service. The registered manager and a representative of the provider reviewed the answers people gave. Examples of the areas people were asked for feedback about included their views of the staff and their attitude and approach, did they feel involved in planning their care what activities they were interested in, and the menus. When people had raised matters of concern, we saw that actions were identified to address them satisfactorily.

People told us they knew how to complain if they wanted to. One person told us; "I told staff I wanted my ceiling done because of water damage. They told me it is going to happen, ". Another person told us; "They ask us if we like the food and we can make suggestions. They do listen to us". Further comments people made included; "I speak to my keyworker " and "I would go to the manager if I had a problem".

Each person was given a copy of a welcome pack about the home. This included their own copy of the complaints procedure about the service. This was set out in an easy to understand format. It clearly explained how people could make complaints if they had them.

The registered manager had written in the provider information return that there were plans for the service to expand over the coming 12 months. The aim was to provide additional supported living to people who have moved on from the home. They told us on this was to offer

## Is the service responsive?

people continued support to recover from their particular mental health needs. The registered manager also told us that people who had been assessed as benefiting from this additional service provision had gone to look at the property with staff as part of the purchasing process. This

was in order to involve them in the decision. Several people currently using the service told us they had expressed a desire to move to the new house and that staff were supporting them with this.

# Is the service well-led?

## Our findings

The registered manager was open and accessible to people who used the service and the staff. People who lived at the home went to the office to see the registered manager during our visit. Every time someone wanted to speak with them, they made plenty of time to be available for them. People told us that the registered manager was, “A lovely person.” Another comment repeated a number of times by people was that the registered manager was “Very kind”. The registered manager also spent plenty of time out of the office with people and staff. They spent time with people assisting them with their needs.

Staff meetings were held regularly. Staff told us they were able to make their views known when meetings were held. Where required, actions resulting from these were assigned to a member of the team or the registered manager to follow up. Care records had recently been updated after a staff meeting discussion.

Staff completed a staff survey which asked if they were happy working at home and if they had suggestions for improving the service. Staff told us they felt listened to by the organisation and by the registered manager.

The staff knew what the provider’s visions and values were. They explained the values included being person centred and inclusive. The staff told us that they made sure they considered these values when they supported people. They said this meant ensuring people were respected and encouraged to make their own decisions in their daily life.

The registered manager kept up to date with best practice in mental health care by attending meetings with other

professionals working in the same type of mental health care. They also told us they shared information and learning from these meetings with the staff team and read journals about health and social care topics.

People told us that they were asked for their views about the service. One person told us, “We have residents meetings”. There were records of the meetings that showed that people were asked for their opinions and the action that had been taken in response to people’s comments. For example, menus had been updated and the home’s refurbishment plans were being put into place over the next 12 months.

The registered manager told us that people who lived at the home were represented on recruitment panels when new staff were employed. This was one way that people were actively involved in the running of the home.

A representative for the provider undertook health and safety audits regularly in the home. The records we viewed showed that environmental health and safety checks were undertaken regularly. Action was taken where risks were identified. For example, the kitchen had been refurbished because of a health and safety audit. They had recently picked up that certain policies and procedures needed updating and this action had been carried out by the registered manager.

The provider’s representative visited the home at least once every two weeks and met people and staff. They wrote a report every time they visited. They had highlighted actions for the registered manager to take after their last visit. These included the need to ensure care records were up to date. The registered manager had acted upon these recommendations after the last visit.