Pro-Care Disperse Housing Ltd

Pro-Care Dispersed Housing Ltd - Clevedon Lodge

Inspection report

Clevedon Lodge
23 Clevedon Road
Blackpool
FY1 2NX
Tel: 01253 621040
Website: None

Date of inspection visit: 07 October 2015
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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 visit at Clevedon Lodge was undertaken on 07 October 2015 and was unannounced.

Clevedon Lodge provides care and support for a maximum of six people who live with mental health conditions. At the time of our inspection there were six people living at the home. Clevedon Lodge is situated in a residential area of Blackpool close to the promenade and local amenities. It offers six single room accommodation as well as a dining room and communal lounge.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered

Summary of findings

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.

At the last inspection on 02 September 2014, we found the provider was meeting all the requirements of the regulations inspected.

During this inspection, people said they felt safe whilst living at the home. The registered manager had made information available to individuals to ensure what this meant, including details about safeguarding principles. Staff had a good understanding of how to protect people from the risk of harm or abuse.

Accidents and incidents were monitored, documented and acted on to maintain people's environmental safety. Care records contained detailed risk assessments to protect people from the potential risks of receiving unsafe care and support.

Staff told us they felt there were enough staff to meet people's needs and mental health support in a timely way. We found the registered manager had provided training and support for personnel in their roles. People said staff were experienced, skilled and effective in their duties. People were assisted by appropriately employed staff because the registered manager had followed safe recruitment procedures.

When we discussed medication administration with staff, we noted they had a good understanding of safe procedures. We observed staff followed good practice when giving people their medicines. The registered manager had ensured staff were adequately trained in the safe management of medication.

Staff demonstrated a good understanding and practice of the Mental Capacity Act (MCA) 2005 and associated Deprivation of Liberty Safeguards (DoLS). People told us staff were consistent in their approach to seeking their consent. They said they felt fully involved in their care and in control of their important life decisions. Staff had documented the individual's preferences and provided support that was tailored to their requirements.

People who lived at the home were offered choice and a variety of meals. They said they enjoyed their meals and food was of a good standard. We saw staff practiced effective food hygiene and monitored people's weights. We saw risk assessments held in care records were designed to protect individuals against the risk of malnutrition.

People were supported to access the local community for voluntary work and said they were fully occupied. Their care records were regularly reviewed and updated to ensure staff were guided about their ongoing support requirements. People told us staff followed their agreed care and were kind and respectful in their approach.

We found people were assisted to comment about the quality of their care, including how to complain if they chose to. They said the service was well organised. Staff told us the registered manager was supportive and nurtured an open working culture. The registered manager had a variety of audits in place to monitor quality assurance.

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.

Good

People said they felt safe and had signed records to demonstrate they understood how to raise a safeguarding concern. Staff had received relevant training and understood the principles of protecting people from abuse.

We found staffing levels and staff recruitment were safe in meeting people's requirements.

Staff had received medication training and demonstrated a good understanding of related procedures.

Is the service effective?
The service was effective.

Good

People told us their support was provided by experienced, well-trained staff. Records we checked contained evidence of a variety of staff training and regular supervision.

Care was a joint working process between staff and service users and people said staff consistently sought their consent. Staff were knowledgeable about and had received training on the Mental Capacity Act 2005.

We found staff were effective in care planning and supporting people to maintain their nutritional requirements.

Is the service caring?
The service was caring.

Good

People said staff were caring and respected their dignity and privacy. Staff supported individuals to maintain their independence.

Staff assisted people to maintain their important relationships. They had a good understanding of protecting people's human rights.

Is the service responsive?
The service was responsive.

Good

Care was tailored to the individual's requirements. We found staff were responsive in assisting individuals to move on in their treatment.

People told us they were fully occupied. Staff had supported them with individual and group activities as well as to access voluntary work.

The registered manager had a variety of arrangements to support people to comment about their care.

Is the service well-led?
The service was well-led.

Good

Summary of findings

People told us the service was well organised. The registered manager assisted them to comment about the quality of care.

We observed there was an open working culture at Clevedon. Staff said they felt the home was led well.

The registered manager had arrangements in place to check quality assurance.

Pro-Care Dispersed Housing Ltd - Clevedon 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.

The inspection team consisted of an adult social care inspector.

Prior to our unannounced inspection on 07 October 2015, we reviewed the information we held about Clevedon Lodge. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home. We checked safeguarding alerts, comments and concerns received about the home. At the time of our inspection there were no safeguarding concerns being investigated by the local authority.

We spoke with a range of people about this service. They included the registered manager, two staff members and three people who lived at the home. We also spoke with the commissioning department at the local authority who told us they had no ongoing concerns about Clevedon Lodge. We did this to gain an overview of what people experienced whilst living at the home.

We also spent time observing staff interactions with people who lived at the home and looked at records. We checked documents in relation to three people who lived at Clevedon Lodge and two staff files. We reviewed records about staff training and support, as well as those related to the management and safety of the home.

Good

Is the service safe?

Our findings

We discussed personal safety with people who lived at the home. They told us staff protected their welfare at all times. One person said, "I feel secure living at Clevedon." Another person added, "Yes, I feel very safe here because the building is secure. Emotionally, the staff are around to help keep me safe."

During our inspection, we found the home was clean, tidy and smelt pleasant throughout. We found new window restrictors were in place to protect people from potential injury. We checked hot water was available to people and noted this was delivered within safe temperature recommendations. Records and procedures were in place in relation to accidents and incidents. Events had been documented, along with outcomes, actions completed and follow-up information. The registered manager told us they analysed accident and incidents in order to minimise the risk of them reoccurring. This showed suitable arrangements were in place to minimise the risk to people who lived at Clevedon Lodge.

Care records contained a variety of risk assessments intended to protect people from potential harm or injury. Assessments covered risks associated with, for example, self-neglect, falls, harm to others, alcohol use, infection control and medication. The level of risk was measured a long with actions to manage this. We noted staff regularly updated risk assessments to check they continued to protect individuals who lived at the home. The registered manager had guided staff to maintain people's environmental and personal safety.

We discussed safeguarding and whistleblowing procedures with staff, who demonstrated a good understanding of how to protect people from abuse. One staff member said, "I would report to my line manager or CQC if I had any concerns." Care records contained information about where a safeguarding had been raised. For example, the local authority reporting meeting minutes and outcomes, as well as service records, were held in people's files. This evidenced the registered manager was transparent in guiding staff to keep people safe and maintain their ongoing support. Staff also had an awareness of organisations that were reportable to and the processes involved. One staff member explained, "If there was a safeguarding, I would report to [the registered manager], care co-ordinator and the local authority." We noted staff had received related training to underpin their responsibilities, knowledge and understanding.

We found care files contained a copy of the safeguarding policy with information about abuse as well as related definitions. This was signed and dated by people to confirm their awareness of related principles. The procedure highlighted who to contact if issues arose and how individuals should expect their concerns would be managed. This showed the registered manager had systems in place to assist people to comprehend and report potential abuse or harm.

We reviewed staffing levels and noted these were sufficient to meet people's requirements in a timely manner. There was a member of staff on duty throughout the 24-hour period. Additionally, the provider had employed an outreach worker between the group of homes within the organisation. Their role included support for people with their activities and appointments. This extra support assisted to maintain sufficient staffing levels to meet people's requirements. A staff member told us, "Staffing levels are ok to support people. In any emergency we always have someone on call and a coding system to get staff from the other services here quickly."

We checked systems in place in relation to the safe recruitment of employees. The registered manager had obtained references and Disclosure and Barring Service (DBS) checks prior to employing new staff. We noted checks of their employment history had been undertaken and any gaps were discussed. We found induction and recruitment checklists were held in staff files to confirm related procedures had been completed. This meant the registered manager had suitable arrangements for the safe employment of new personnel.

We observed a staff member supporting one person with their medication. They explained what the medicines were for and engaged in a caring, supportive way. The staff member told us, "Sometimes the pharmacy send different brands of medicines. We explain this to our service users so that they don't get confused." We discussed medicines management with people who lived at the home. One person said, "I have [medical] problems that give me a lot of pain. I get my painkillers when I need them. The staff are good at that." Another person stated they had agreed for staff to look after their medicines and added, "It keeps me

Good

Is the service safe?

safe because I have had issues in the past. I'm grateful for that." We checked staff training records and noted staff had received relevant training. The registered manager had made information available to staff to develop their understanding and skills.

The medicines protocol in place was displayed in the medication file to remind staff of related procedures. A staff member said, "[One person] is starting to self-medicate, so he'll take his when he's out." We case tracked this individual's records and found staff had documented various processes to maintain this person's safety. This included risk assessments and care plans. Staff had reviewed people's related requirements on a monthly basis to ensure their support continued to meet their needs. We noted Medication Administration Records were accurate and followed national guidelines on recordkeeping. For example, staff signed for each medication after the individual had taken them to evidence accuracy of the completed process. Medication stock control was in place and staff undertook weekly audits to check safe procedures had been followed. This showed the registered manager had systems in place to protect people from the unsafe management of medicines.

Good

Is the service effective?

Our findings

People we spoke with said staff were effective in their duties and responsibilities. One person told us, "I realise now that it's about taking small steps and the staff have really helped me." We observed staff had a good understanding of the basic principles of the provision of effective support. For example, one staff member stated, "The five key areas that CQC drive forward are really important in my role and I use them in my work."

We reviewed staff training and noted staff had received guidance to underpin their skill and knowledge. This included equality and diversity, safeguarding, health and safety, medication, infection control and fire safety. Additionally, staff had completed qualifications relevant to their role, such as a diploma in health and social care. One staff member said, "[The management team] are very supportive in sorting out training for me in my role." The registered manager had guided staff to underpin their skill and knowledge about effective support for service users.

We reviewed staff supervision records and noted staff were formally supported in their roles every six months. Supervision was a one-to-one support meeting between individual staff and the registered manager to review their role and responsibilities. Topics for discussion included personal and professional development, service user support, staffing issues, environmental safety and training. A staff member told us, "Supervision is good in maintaining standards." This meant the registered manager had assisted staff to carry out their duties effectively.

People's care files contained documented evidence of their consent to care and treatment. For example, we noted people had signed their care plans and risk assessments. People told us their support was jointly agreed and staff were consistent in their approach when seeking consent. This was confirmed in a decision specific approach, such as medication, information sharing, night checks, house rules and recordkeeping. One person told us they felt fully supported to make their important life decisions. They said, "It makes me feel in control of my life." We discussed the principles of consent with staff, who demonstrated a good awareness of what this meant. A staff member explained, "It's about giving the service user all the choices available. Then they can make an informed decision, even if they make a risky one." This showed staff had maintained people's consent and nurtured joint working relationships.

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. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

There had been no applications made to deprive someone of their liberty in order to safeguard them. We observed people were not restricted throughout our inspection. One person told us, "The staff never restrict me. They might challenge me, but they do it supportively to help me understand." We checked staff files and found they had received training to guide them in the MCA. When we discussed related principles with staff, they demonstrated a good understanding. One staff member explained, "The MCA is about making sure we treat people fairly and assess their mental health properly."

We checked the kitchen environment and found it was clean and well maintained. We looked at food storage areas and found they were well stocked with a variety of foods, including fresh fruit. Staff had records to confirm cleaning schedules were completed. All staff had completed food hygiene training before they had responsibility for preparing people's meals and snacks. The registered manager had guided staff to protect people from unsafe food hygiene.

We saw staff offered variety and choice of meals to people who lived at the home. People who lived at the home told us they enjoyed their meals and staff supported them with their nutritional needs. One person told us, "[One staff member] is a wonderful cook. I would dread if she ever left."

Care files contained detailed risk assessments intended to protect people against the risk of malnutrition. This included information about the individual's cultural needs and the impact of any medical conditions or allergies. Staff

Good

Is the service effective?

had recorded the level of risk, actions taken to manage this and other providers involved to support people. Assessments were reviewed every four to eight weeks, along with the individual's weight and any further identified concerns. We noted records evidenced one person was overweight, which staff managed sensitively and provided advice about healthy eating options. This meant staff had monitored people against the risks of obesity or malnutrition.

Staff retained records where people accessed additional support from other providers in order to maintain their ongoing health needs. For example, appointments and meetings with community psychiatric nurses, psychiatrists, GPs and care co-ordinators were documented. We found records were kept of any outcomes and additional support requirements. The registered manager had ensured people were able to access other services to maintain effective support levels.

Good

Is the service caring?

Our findings

Everyone we spoke with told us staff and the registered manager had a caring attitude. One person said, “The staff are great.” Another person added, “Yep, I’m happy living here. I’m not happy in my moods, but the staff are helping me to work on this.” A staff member stated, “I love it here. The lads are lovely and we all look after each other. I just want the best for the service users.”

We observed staff demonstrated a good understanding of people’s requirements and were kind and respectful in their approach and communication. They demonstrated a positive approach in each person’s care records, which were aimed at protecting their human rights. For example, the placement terms and conditions document outlined the service objective was to provide non-judgemental and anti-oppressive support. This included respect for the individual’s cultural, religious and diverse needs. Staff recorded people’s details in relation to, for example, their gender, marital status, religion and sexual orientation. We found they discussed this with individuals to check if they wanted any support in relation to maintaining their human rights. One staff member stated, “I try and ensure I provide people with the same opportunities.”

People told us staff were respectful to them and consistently acted to maintain their privacy and dignity. We observed staff engaged with people in ways that promoted their dignity and self-worth. For example, they praised individuals appropriately and encouraged them without condescension. We observed staff knocked on people’s doors and addressed individuals by their preferred names. One staff member told us, “Good care is about always treating people with respect and dignity.” The registered manager and staff protected people’s dignity through a kind and courteous approach to care.

We discussed with staff about how they supported people to maintain their independence. One staff member explained they had encouraged and supported an individual to volunteer at one of the provider’s other services. The staff member explained the person had poor self-worth, so they had assisted him to develop his sense of independence. The staff member told us, “We put him through training and a level 3 qualification in health and social care. He’s independent now and bidding for housing.” The individual confirmed to us this had assisted them to recognise their own progress. This was good practice in demonstrating respect for people and assisting them to become self-reliant and live independent lives.

We saw documented evidence of people being actively involved in review meetings where their support requirements were discussed with them. Care files contained an audit of documents placed in people’s records. This included a check that staff had given copies of records to people who lived at the home. This meant the registered manager had oversight of where individuals had been involved in their care planning. People told us support was a collaborative process where goals were jointly developed and agreed. On person told us, “I have a care plan that I see regularly. The staff sit down and discuss it with me.” People clearly felt staff respected and encouraged them to be actively involved in their care and care planning.

People told us they were supported to maintain their important relationships with their families and friends. Relatives and friends were encouraged to visit with individuals who lived at the home at any time. People said they were assisted by staff, where required, to sustain family contact in privacy. This showed the registered manager and staff supported people to develop their relationships and reduced the risk of them becoming isolated.

Good

Is the service responsive?

Our findings

People, and their representatives, told us they felt staff were responsive to their assessed and ongoing needs. One person said, "Yeah, I'm doing really well, but only because of the support I've got."

Staff had assessed people's needs, medical conditions and treatment prior to their admission. This meant the registered manager had checked their needs could be met by the service to reduce the risk of inappropriate placement. We found care records contained detailed information in relation to the individual's ongoing needs. Documentation was personalised to each person and staff had signed and dated all forms. The community care co-ordinator met regularly with staff and people who lived at the home to review their care and treatment. We noted staff had agreed new goals with people, where applicable, and had updated their care plans. This showed the registered manager had supported staff to be responsive to service users' and ensure their continuing needs were met.

Staff demonstrated a good understanding of people's assessed and ongoing support requirements with regard to their mental health conditions. Diagnoses and treatments were recorded in the individual's care records. The management team had discussed with the person their agreed goals and had updated support plans. This guided staff to be responsive to people's mental health needs. A staff member told us, "We support people with daily living tasks, so that their worries are managed. We help them to come back to the here and now so that they can focus on and manage their anxiety better." Another staff member explained they supported one person to manage their severe mental health problems. They told us, "I go fishing with him, which is the only thing that helps him to focus and settle down."

We found staff had recorded people's preferences about their care and general requirements. This included preferred communication methods, food, activities and spiritual wishes. How people wished to be supported generally had also been documented. Staff had checked how people chose to be supported in order to ensure their care was personalised to their needs.

The provider had employed an outreach worker to support people throughout the organisation's group of services. Their role included supporting people with community activities and to develop their interests and hobbies. The staff member said, "It's fantastic taking service users out on activities and seeing them enjoy themselves." People were relaxed and occupied throughout our inspection. They told us there was a variety of activities in place for their well-being and that they were fully occupied. A staff member told us, "Activities are provided on an individual and group basis. For example, we use the internet to assist one person with their music interests and we have a weekly competition based on [a television programme]."

We were told one person was supported by the provider to undertake voluntary work at another service within the organisation. We found the individual had received relevant training to assist them in this, including food hygiene and health and safety. A staff member told us the individual continued to receive support from staff at Clevedon whilst working at the other service. The staff member said, "He's doing really well and he's almost ready to leave our care." We case tracked this individual by looking at their records and discussing their care and activities with them. The person told us, "I feel ready to leave now. I'm really grateful I've been given the voluntary work by [the registered manager] as it has been a huge help." This was good practice in supporting people to access the local community to develop their skills. It demonstrated how staff and the management team had assisted them to move on in their treatment.

The service complaints procedure was placed in people's care files. People who lived at the home had signed these documents to confirm they understood how to comment about their care if they chose to. Additionally, the service's annual satisfaction survey checked if individuals understood how to complain about the quality of their care. An easy read version of the policy was displayed on the notice board at the entrance lobby. This meant the provider had enabled people to comment about their care in a variety of ways. Information included the various stages of a complaint and timescales by which people should expect their comments to have been dealt with. A staff member told us, "If a service user had a complaint I would make a note of it, reassure them and report it to [the registered manager]." At the time of our inspection, the registered manager had not received any complaints in the previous 12 months. However, people told us they had been made aware of how to comment about their care if they chose to.

Good

Is the service well-led?

Our findings

People told us they felt the service was well managed and organised. They said the management team and staff supported them to participate in the day-to-day running of the home. We observed the registered manager was hands on in his approach and supported staff in their duties. Our discussions with the management team evidenced they had a good understanding of the leadership of the service. For example, they had clear oversight of quality assurance and had an in-depth awareness of each person who lived at Clevedon.

Staff we spoke with said they felt the registered manager was supportive and listened to them. We observed staff were relaxed and confident in their duties and noted the registered manager encouraged an open working culture. One staff member said, "The [management team] are supportive. They're always there to give advice and are constantly in touch with me to make sure I'm ok."

We saw team meetings were held regularly to discuss any concerns or ways to improve service delivery. The registered manager and staff team worked closely together on a daily basis. This meant quality could be monitored as part of their day-to-day duties. Any performance issues could be addressed as they arose. A staff member told us, "From my experience I feel Clevedon is managed fine. [The registered manager] responds very quickly if we have any concerns." This showed the registered manager had supported staff as part of their ongoing monitoring of quality assurance.

We noted the registered manager sought the views of people who lived at Clevedon through annual satisfaction surveys. These were detailed and assisted service users to self-assess their progress and the quality of their care. Areas covered included independence levels, respect and involvement, privacy, environmental safety and staff approach. Comments seen from the last questionnaires included, "The best thing about living here is the 'nurses' and the good food," and "Because I get on with all, the staff I feel more relaxed." The registered manager had additionally nurtured an open working culture by asking people to comment about the quality of the management team. Staff said they checked the quality of care with service users on a daily basis. One staff member told us, "Any issues we sit down with them and talk about how we can manage things better or differently."

Staff completed a detailed audit of various systems to ensure quality assurance was sustained. These included checks of medication, environmental safety, lone working procedures, care documentation and staff files. We found staff had evidenced where identified issues were followed up to maintain people's welfare. The service's gas and electrical safety certification were up-to-date. This meant the provider checked quality assurance was maintained for people's health, safety and well-being. Although general fire safety was frequently checked, we noted fire equipment maintenance was overdue. We discussed this with the registered manager and this had been addressed within 24 hours of our inspection.

There was a business continuity plan on display at the entrance hall. This outlined the ongoing management of the service in the event of emergencies, such as flooding or fire. This was up-to-date and meant the registered manager had informed people about what to expect if these incidents occurred.

A variety of important service policies was also attached to the lobby notice board to inform people who lived at the home and visitors. This included protocols on visiting, health and safety, fire safety and safeguarding. The registered provider had assisted people and visitors to understand important processes related to the management of the home.