

Oakleaf Care Limited

Clifton Lawns

Inspection report

227 Blackburn Road
Darwen
Lancashire
BB3 1HL

Tel: 01254703220
Website: www.cliftonlawns.net

Date of inspection visit:
12 June 2019

Date of publication:
08 July 2019

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 ●

Summary of findings

Overall summary

About the service

Clifton Lawns specialises in providing a rehabilitation service for people with enduring mental health conditions. The service can support up to 18 people. There were 14 people using the service on the day of our inspection.

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

People told us they felt safe. Staff understood their responsibilities in relation to safeguarding and had completed the relevant training. Sufficient staff were available to meet people's needs and robust recruitment systems and processes were in place. The management of medicines was safe. People were supported, whenever possible, to administer their own medicines with varying degrees of support. The premises were clean, and staff followed infection control and prevention procedures.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's needs were assessed, and care was planned and delivered to meet legislation and good practice guidance. People were provided with a nutritious and varied diet and were also supported to shop and prepare meals for themselves on a weekly basis.

The majority of people told us they were well supported by staff. We observed kind and caring interactions from staff. There was a warm and friendly atmosphere in the service and staff were considerate towards people they were supporting. There was a strong emphasis on people being independent and rehabilitation. People's privacy and dignity was respected.

The registered manager assessed people prior to them using the service, this also ensured people were willing to engage in the rehabilitation ethos within the service. People were well engaged in the 'recovery star' model to develop care plans and set achievable goals. Monthly reviews were undertaken with their identified key worker. People had a lot of activities to choose from including volunteering in the local community. This promoted community links for when people moved on from the service.

We have made a recommendation about end of life care.

We received positive feedback about the registered manager and staff felt supported in their roles. The registered manager ensured they sought feedback about the service from people, visitors, family and staff to drive and improve the service. Systems were in place to monitor the quality of care provided and continuously improve the service.

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

Rating at last inspection

The last rating for this service was good (published 13 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Clifton Lawns

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 Care Act 2014.

Inspection team

This inspection was carried out by one inspector and an assistant inspector.

Service and service type

Clifton Lawns is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service about their experience of the care provided. We also spoke with the registered manager, a registered nurse, three care workers, one housekeeper and a cook.

We looked round the premises and reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at Clifton Lawns. Staff had completed safeguarding training and knew their responsibilities to report any safeguarding concerns. Safeguarding policies and procedures were in place and staff knew how to access them. Safeguarding information was displayed throughout the service on various notice boards.
- The registered manager had sent us a notification of any event which had placed people at risk.

Assessing risk, safety monitoring and management

- Risks to people's health and well-being had been identified and were managed safely. The staff undertook regular reviews of risk assessments. Environmental risk assessments were also in place to ensure people, staff and visitors were safe.
- The maintenance person ensured all equipment and installations were serviced regularly. Fire safety systems and procedures were in place.

Staffing and recruitment

- The registered manager had robust recruitment processes in place. This included a full employment history, any gaps in employment, reason for leaving previous roles, obtaining a criminal history check from the Disclosure and Barring Service and obtaining references from prior employers.
- People felt there were enough staff on duty. We observed a calm atmosphere with staff supporting people both in the service and to go out in the community. There was a relaxed atmosphere throughout the inspection.

Using medicines safely

- Medicines were managed safely. Processes were in place for the ordering and supply of medicines and medicine administration records demonstrated people received their medicines regularly. Regular audits were undertaken, and policies and procedures were in place to guide staff.
- The registered manager and staff supported people, where possible, to be responsible for their own medicines through self-administration. This was risk assessed and people were on varying stages and levels of support. One person told us, "I know all about the medication I am taking, it has all been explained to me."
- Only registered nurses were responsible for the administration of medicines within the service. Nurses completed training to administer medicines and their competency was checked regularly.

Preventing and controlling infection

- Measures were in place to prevent and control the spread of infections. We saw staff had received training and knew their responsibilities. Staff had access to appropriate personal protective equipment. People told us the service was clean.
- We observed the environment was visibly clean and well maintained. People were supported and encouraged to maintain cleanliness in their own bedrooms as part of their rehabilitation.
- The service had housekeeping staff and a maintenance person to ensure the cleanliness and up keep of the property.

Learning lessons when things go wrong

- Accidents, incidents and near misses were recorded. The registered manager had a system to review these to spot any themes or trends.
- We saw good evidence of lessons learned. For example, we saw the action the registered manager had taken after one incident, to reduce the risks of the same thing occurring again in the future.
- There was a process of sharing lessons learned with all staff.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Most people within the service had capacity to make their own decisions, although some of them had restrictions placed on them by the Mental Health Act (MHA) 1983.
- We saw one person had been deemed as lacking capacity in 2015 but had not had their capacity re-assessed. The registered manager was not aware they could carry out capacity assessments or reviews of these; as previously this had always been carried out by community or forensic mental health link nurses. There was also no evidence that best interest decisions had been made, although people were given everyday choices. A DoLS application had been made and although this had not been authorised the registered manager had taken steps to chase this up.
- The registered manager took immediate steps to address the issues raised during our inspection. Training was booked for the registered manager and the staff who would be involved in assessing people's mental capacity. Relevant paperwork had been sought so this could be used going forward. Shortly after our inspection, we received evidence to show all relevant staff had completed training in assessing capacity.

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

- The management team assessed, and documented people's needs and preferences through the 'recovery star' model to engage people in their rehabilitation programme. The recovery star is a nationally recognised tool which supports people who use services to work collaboratively with staff to identify what is important

to them and the goals they wish to achieve. People's outcomes were good. We saw the provider had successfully supported people to move to more independent living.

Staff support: induction, training, skills and experience

- Staff told us, and training records confirmed, they had access to ongoing training and development relevant to their role. Registered nurses were able to complete external training as required, to maintain their clinical skills. We saw some staff had completed national vocational qualifications level two, three and five. One staff told us, "[Name of registered manager] is on top of training, I can't praise her enough."
- Staff told us, and records showed, they had regular supervisions and appraisals to support them in their roles.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- We received mixed responses from people about the food; some people told us it was good, others told us it was not so good. The service sought people's opinions and suggestions for menu planning and we saw a good variety of options were available. This included halal and vegetarian options. The service had received a five-star rating from the food hygiene rating scheme.
- People had 'shop and cook' days when they received an allowance to go and purchase food items and then cook a meal for themselves or with support from staff. This supported people in their rehabilitation programme.
- People were encouraged and supported to live healthier lives through healthy eating and exercise. We saw healthy options on the menu and that some people attended the gym or cycling as a means of keeping fit.

Staff working with other agencies to provide consistent, effective, timely care

- We saw timely action had been taken when people required the support from other services such as mental health teams and social workers.
- We saw regular multi-disciplinary meetings were held to support people in their rehabilitation programme.

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

- The service was very well maintained and was suitable for people's needs. We saw bedrooms were nicely decorated, spacious and personalised. Communal areas had undergone a recent refurbishment in keeping with the period and style of the property.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- We received mixed views about how people were supported by staff. However, people did not always recognise the care and support they needed due to their illness or restrictions under the MHA. One person told us, "Staff are alright. I like it here." Another person told us, "The staff seem very nice, they have helped me to settle in gradually." The registered manager told us, "Staff are committed and caring. They want people to engage in their rehabilitation." We observed interactions between staff and people were kind, encouraging and friendly.
- People were treated with respect and without discrimination. People with diverse needs were respected and care plans identified people's cultural and spiritual needs. Staff supported people with their religious and cultural needs, as required and the service had a multi-faith room. The registered manager told us they celebrated religion and had parties for Eid and Christmas.

Respecting and promoting people's privacy, dignity and independence

- There was a strong emphasis on encouraging people to be independent as part of their rehabilitation. Records we looked at showed the service had successfully helped people to less supported environments or independent living. One person told us how staff had really motivated them. They told us, "Staff have really helped me with motivation. I feel more motivated now."
- Staff respected people's privacy and dignity. We observed staff knocked on people's doors before entering.

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

- The registered manager supported people to express their views through community meetings and meetings with external professionals. We saw 'community champions' were in place; two people were voted to speak up for everyone using the service. One person told us, "We have access to advocacy."
- An external professional also ran an independent focus group within the service. From this they gave the registered manager feedback from people about things they would like to see changed. Records we looked at showed what action the registered manager had taken and how this was communicated to people.
- Staff reviewed Recovery Star care plans on a monthly basis with the person. This enabled people to see the progress they were making in their rehabilitation or to set new, achievable goals.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The registered manager completed an assessment prior to people moving into the service. During the assessment process, the registered manager emphasised the need for people to actively engage in a programme of rehabilitation. They told us, "We are very clear in our expectations, so the person buys into it and agrees with it, so we have a chance of succeeding."
- People were supported by a staff team who knew them well and had a good understanding of their support needs and goals. One person told us, "Staff write the care plans and talk about it with you and then you have to sign to say you agree or disagree." Care plans contained detailed information about what people wanted to achieve and how staff were to support them. Staff had hand held devices in which they could update care records instantly. For example, when someone had completed a task or activity the staff could instantly record this on the system and involve the person.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was aware of the AIS. They told us they did not currently have anyone using the service who required information in a different format; this was assessed during the initial assessment.
- The service did involve a translator for complex meetings for one person, whose first language was not English. This person was able to communicate effectively in every day conversations but not in more complex situations.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- We saw people were engaged in many activities both within the service and in the community. People told us there was lots of things for them to do during the day. There was a strong emphasis on building links with the local community to prepare people for independent living. For example, some people volunteered to clean local parks, some people undertook dog walking at a local rescue centre and some people attended places of worship.
- There was a notice board within the service which displayed information about activities people could undertake such as, cycling, golf, home safari, camping, archery, relaxation sessions, gym and many more. People also had the opportunity to earn 'therapeutic earnings'. This involved the person having a small task to do each day, for a week, without prompting from staff, for which they would receive a small payment of £7

if they completed. Other people had enrolled on courses at the local college.

- People were supported to maintain contact with their family members if required.

Improving care quality in response to complaints or concerns

- The registered manager took complaints seriously and dealt with them in line with policies and procedures in place. Information was available throughout the service on how to make a complaint. One person we spoke with told us they had not made any complaints.

End of life care and support

- The service was not supporting anyone at the end of their life. We spoke with the registered manager who told us they did not explore people's preferences and choices in relation to the end of their life.

We recommend the service considers current best practice guidance on end of life care to ensure people's wishes are met.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and staff knew people well, which enabled people's rehabilitation. There were clear visions and values within the service, with a passion to rehabilitate people so they could move to less supported or independent living.
- The registered manager promoted person-centred care within the staff team, to ensure positive outcomes for people. We saw examples of how the service had successfully worked with people to achieve their desired goals.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People told us the registered manager was good. Staff were also positive about the registered manager and how supportive they were.
- The registered manager demonstrated sound knowledge of their regulatory obligations. Risks were clearly identified and escalated where necessary. Staff were clear of their roles and responsibilities.

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

- We found the registered manager was open and transparent throughout the inspection. The registered manager understood and acted on their duty of candour responsibilities. They promoted and encouraged candour through openness and honesty from staff, for example reporting incidents or complaints.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were encouraged to give their feedback on the service in a variety of ways, such as surveys, community meetings and focus groups. We saw 'you said, we did' information was displayed on notice boards, so people could see action taken.
- The registered manager had also sent out surveys to family members and had arranged coffee mornings to encourage families to come into the service. However, this had not been successful.
- Staff meetings and supervisions were held on a regular basis for staff to provide any feedback. A suggestions box system was also in place for staff, people and visitors.

Continuous learning and improving care

- The service had systems and processes to continuously learn and improve. A consultancy service supported the registered manager in their role and to drive improvements. The registered manager understood the need to constantly learn and improve themselves and their staff team.
- There were quality assurances systems and processes in place to audit the service and to make improvements.

Working in partnership with others

- The registered manager and staff worked in partnership with other organisations. For example, there were close links with community mental health nurses, psychiatrists, local authority and safeguarding teams.
- The provider had strong community links to support people's rehabilitation.