

Pro-Care Disperse Housing Ltd

Pro-Care Dispersed Housing Ltd Clifford Lodge

Inspection report

12 Clifford Road
Blackpool
Lancashire
FY1 2PU
Tel: 01253 628793
Website: None

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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 at Clifford Lodge was undertaken on 28 October 2014 and was unannounced.

Clifford Lodge provides care and support for a maximum of six people with mental health conditions. At the time of our inspection there were five people who lived at the

home. Clifford Lodge is situated in a residential area of Blackpool's North Shore. It offers six single room accommodation over two floors. In addition there is a dining room and communal lounge.

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

Summary of findings

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.

Processes were in place to safeguard people against abuse. People who lived at the home and their representatives confirmed they felt safe when they received care. We observed people were comfortable and relaxed and staff engaged with them in a respectful and supportive manner. We found staff administered medication to people safely.

The home worked with service users to ensure they received appropriate support. People told us they were enabled to make decisions about their care. We found the home worked towards maintaining people's independence and ensured their freedom was not limited. Staff had a good understanding of the MCA and DoLS. Systems were in place to protect people's human rights. We observed staff maintained individuals' privacy and dignity throughout our inspection.

Staff had checked people's preferences and cultural needs. Care planning followed people's assessed needs and was regularly reviewed to monitor their progress. Care records were detailed and personalised. People and

their representatives told us they were fully involved in their care planning. This included frequent review of the support they received. Staff effectively monitored people's health and worked with other providers where additional support became necessary.

We observed staff were knowledgeable about the people they supported. They were friendly and courteous in their interactions with individuals. Staff told us they were adequately trained and supported to carry out their work. Records confirmed staff were experienced and enabled to properly support people in their care.

People and their representatives confirmed staffing levels were sufficient for their needs. The provider had recently employed additional support workers to enhance Clifford Lodge's ability to maintain people's independence. This included access to external activities and support to rebuild people's confidence.

The registered manager worked hard to ensure there was an open working culture. People and their representatives' views were regularly sought and acted upon as a way of checking the quality of the service. The management team carried out frequent audits to protect the health and safety of staff, visitors and people who lived there.

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 and their representatives told us they felt safe. We noted staffing levels were sufficient to care for people safely. Systems were in place to protect people from the risk of abuse.

We observed medication was administered safely. People received their medication on time and their records were properly maintained.

Good



Is the service effective?

The service was effective.

Clifford Lodge was an effective service because staff were sufficiently trained and knowledgeable about the needs of people they supported. Staff had a good understanding of the MCA and DoLS. People were supported to make decisions and their freedom was not limited.

People's changing health needs were monitored and external services were accessed for additional support where this was necessary. The home protected Individuals against the risks of malnutrition because staff had properly assessed their needs.

Good



Is the service caring?

The service was caring.

We observed staff supported people in a caring manner. We noted people's dignity and privacy were maintained throughout our inspection.

People and their representatives told us they felt involved in, and able to make decisions about, their care.

Good



Is the service responsive?

The service was responsive.

Clifford Lodge supported people to maintain their independence and checked their preferences to ensure care responded to individual need.

We observed people were adequately occupied and provided with social stimulation throughout our inspection. The home had a complaints process in place.

Good



Is the service well-led?

The service was well-led.

The service had an open working culture. People and their representatives told us Clifford Lodge was well-led. Systems were in place to check people's experiences and gain their views about the care they received.

The registered manager carried out processes to monitor the health, safety and welfare of people who lived at the home. Audits and checks were regularly undertaken and identified issues were acted upon.

Good



Pro-Care Dispersed Housing Ltd Clifford 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 a lead inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience for the inspection at Clifford Lodge had experience of caring for people with mental health conditions.

At the last inspection on 03 May 2013, we asked the provider to take action to make improvements to the home's staffing levels. This was because sufficient numbers of suitably qualified and experienced staff were not always in place to actively promote the welfare of people and to implement a more person centred model of support. At the follow-up inspection on 16 December 2013 we observed action had been taken and the service was meeting all the standards we looked at.

Prior to our unannounced inspection on 28 October 2014 we reviewed the information we held about Clifford 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 and comments and concerns received about the home.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The registered manager told us they had not received this request. We checked the email address the PIR was sent to and found it was correct.

We spoke with a range of people about Clifford Lodge. They included the provider, registered manager, two care staff, three people who lived at the home and a relative. We also spoke with the commissioning department at the local authority and Healthwatch Blackpool. We did this to gain an overview of what people experienced whilst living at the home. We used the information held by the Care Quality Commission (CQC) to inform us of what areas we would focus on as part of our inspection.

We also spent time observing staff interactions with people who lived at the home and looked at records. We checked documents in relation to two people who lived at Clifford 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.

Is the service safe?

Our findings

People we talked with told us they felt safe. One person said, “I feel really safe.” A relative commented, “My [relative] has no sense of danger, so she can’t live on her own. I’m so reassured she lives here as the staff really keep an eye on her. She still has her freedom, but they make sure she’s safe.”

We reviewed how Clifford Lodge recorded and responded to accidents and incidents within the home. We found accidents had been documented along with a record of actions taken to reduce the risk of further incidents. One staff member stated, “Keeping people safe is also about checking the environment, making sure people’s health and safety is maintained and we protect people from potential injury.” This meant risks to people who lived at Clifford Lodge had been monitored to ensure their recurrence was minimised.

When we discussed the principles of safeguarding people against abuse with staff, they demonstrated a good understanding. One staff member explained, “If I saw anything of concern I would initially check this out with the resident. I would record this and inform my manager. We would also inform the right authorities. Our manager is great. He works to protect us and our residents.” Training records we reviewed showed staff had received related information to underpin their knowledge and understanding.

Care records contained an assessment of people’s needs. This led into a review of any associated risks. These related to potential risks of harm or injury and appropriate actions to manage risk. They covered risks related to, for example, fire safety, substance misuse, medication, self-neglect, communication and dehydration. This showed the service had arrangements in place to minimise potential risks of receiving care to people it supported.

We checked with staff how they understood people’s diverse needs and considered this in the care they provided. One staff member said, “It’s about gathering information and checking with people to ensure we don’t offend someone.” This showed the home obtained information about how best to support people’s diverse needs.

Staffing levels at Clifford Lodge were adequate to keep people safe. There was always one person on duty

throughout the 24-hour period to support people who lived at the home. Staff we spoke with told us the registered manager was easily contactable if urgent situations arose. We checked communication systems and found staff communicated effectively between shifts. This included a communication diary the home used to highlight important appointments and to outline people’s moods and daily progress. This ensured lone working staff were kept up-to-date with people’s changing needs and any issues within the service.

Staffing levels had been properly assessed and monitored. For example, the provider had employed additional support workers who worked between the group of homes operated by the same provider. These staff members supported service users to access external activities and support networks. A staff member told us, “We’ve implemented the additional support worker system, which has really improved the support levels we give to people. So staffing levels are better.” A relative confirmed, “There is enough staff on. It’s a small home and they work well together.”

The provider had not recruited any new staff over the last twelve months. We checked staff files and found correct procedures had been followed when staff had been employed. This included reference and criminal record checks, qualifications and employment history. The provider had safeguarded people against unsuitable staff by completing thorough recruitment processes and checks prior to their employment.

We observed medication being dispensed and administered to people. This was done in a safe, discrete and appropriate manner and followed the home’s policy and procedures. The staff member undertook this task in an unhurried manner. People attended the office on an individual basis to receive their medication. Staff used this as an opportunity to discuss any issues people may have with their medication. One person told us, “My medication is kept in the office and I generally remember myself when I need it, but get reminded if I forget it.” A relative told us, “It’s good the staff give my [relative] her medication. It means she’s safe and doesn’t forget to take them or takes too much.”

There was a clear audit trail of medicines received, dispensed and returned to the pharmacy. Related documents followed national guidance on record-keeping. Medication was stored safely and staff undertook regular

Is the service safe?

audits to check and act upon any issues that arose with medication procedures. All the staff who administered medication had received training to underpin their skill and knowledge. This ensured medication processes were carried out using a safe and consistent approach.

Is the service effective?

Our findings

Staff told us they were supported to access training and further qualifications to underpin their work responsibilities. One staff member told us, “I’m going to be doing my level five [National Vocational Qualification] soon, which I’m really looking forward to. I feel well supported to access training.” This demonstrated the effectiveness of the service people received because staff were supported by the registered manager to access related training.

Training records confirmed staff had received information to support them in their role. This included moving and handling, food hygiene, health and safety, first aid, infection control and medication. Staff had undertaken qualifications and additional training specific to the care they provided, such as mental health awareness and National Vocational Qualifications in healthcare. This meant staff were enabled to work effectively in providing care for people who lived at the home. People and their representatives told us they felt they were supported by well-trained staff. One relative said, “The staff are experienced and know what they’re doing.”

Staff told us they received regular supervision and appraisal to support them to carry out their roles and responsibilities. Supervision was a one-to-one support meeting between individual staff and a senior staff member to review their role and responsibilities. Records confirmed staff had opportunities to discuss issues they had and to explore their professional development.

We observed people were relaxed and comfortable. We noted staff interactions with people demonstrated they understood their needs and how best to help individuals. One staff member explained, “I’m here to support the residents and to listen to them. It’s about using common sense and being empathic to our residents’ needs.” Staff had a good awareness of each person. This included how to support them to make every day decisions, such as going out and what to eat. One person told us, “Staff always discuss things with me before doing anything.”

Care records contained documented evidence of people’s consent to their care and support. This included information about people’s choices with regard to, for example, life goals, activities and nutrition. A relative told us, “The staff are good at meeting [my relative’s] personal

needs. They support her to make her own day-to-day decisions.” This meant people were protected from ineffective care because their needs and preferences had been identified and care planned. The registered manager told us, “We check our residents’ needs and preferences and then agree their support.”

The registered manager had policies in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA and DoLS provide legal safeguards for people who may be unable to make decisions about their care. We spoke with staff to check their understanding of the MCA and DoLS. Staff demonstrated a good awareness of related principals. One staff member told us, “It’s about assessing people’s mental capacity to make decisions. Where their capacity is limited it’s then about supporting our residents to continue to make decisions.” This showed systems were in place to enable staff to support people who lacked capacity to make decisions.

There had been no applications made to deprive a person of their liberty in order to safeguard them. We did not observe people being restricted or deprived of their liberty during our inspection. Staff consistently supported people to make basic decisions, such as whether to go out or not and what to have to eat. A relative told us, “The staff are great at preparing [my relative] and planning ahead when she’s having a bath, which she does not like doing. However, if she refuses that’s up to her and the staff respect and support her.”

We observed people were relaxed and able to take their time during breakfast. There was no set time for this, which meant people could eat and drink as and when they chose to. One person told us, “We can make a hot drink when we wish in the kitchen.” Information was available in the kitchen about food preferences of each individual who lived at Clifford Lodge. We noted the main meal had only one option. However, we were told if people did not like this they could have an alternative. This demonstrated people’s preferences in relation to nutrition were identified and supported.

We found the kitchen clean and tidy. People were supported to make themselves snacks and drinks whenever they wished, ensuring they were protected

Is the service effective?

against dehydration. One person told us, “I like this home as the food is good.” Another person said, “I am funny with my food and like to eat when I want to eat.” A relative confirmed, “The food is good. [My relative] eats well.”

We reviewed care records and found people’s nutritional needs were regularly assessed. People’s weights were checked on a monthly basis and potential risks of poor diet had been assessed. This meant people were protected from malnutrition and dehydration because the registered manager had monitored their related health.

The registered manager told us, “What we want to do is support people back in to employment and independent living”. This formed part of the management team’s aim to support people to maintain their independence. Staff described good practice in monitoring people’s health as a way of checking for changing needs. For example, people’s moods were monitored and care records contained an

assessment form that was reviewed every month. The document checked people’s progress in key areas, such as education, employment, personal relationships and social skills.

Where an individual’s health needs had changed, staff worked closely with other providers to ensure continuity of care. Care records confirmed staff engaged with mental health services, social workers and GPs, for example, to enable people to maintain their support levels. One person told us, “I have to be careful with sugar and I have an appointment to investigate if I have diabetes.” A relative said, “The home keeps me up-to-date with any health problems. They let me know if there are any appointments, such as with the GP, which means I can explain things properly to [my relative] if she doesn’t understand.” The registered manager ensured people were supported to maintain their health by having access to other services.

Is the service caring?

Our findings

We observed staff interacted with people in a friendly and supportive manner. One person said, “I love living here.” Where individuals sought advice or reassurance we noted staff engaged with them using soft, caring and respectful tones. People told us they felt the staff were supportive and helpful, but some individuals expressed they did not always get on with all staff. One person said, “Some staff are easier to speak to than others.” Another person told us, “Some staff are more supportive than others.”

Staff recognised it was a small, communal service and people and staff did not always get on. We were told where issues occurred these were addressed in various formats, such as team and resident meetings, one-to-one support sessions and staff supervision. One staff member explained, “Sometimes we don’t always get on as it’s a close-knit community. Staff and residents can sometimes clash. So we check this out with our residents and ensure they work with staff they can get on with.” This showed people were supported because staff identified issues and worked towards promoting positive relationships.

We observed staff ensured people’s privacy and dignity were protected. For example, staff knocked on people’s doors and where individuals became anxious staff took them somewhere private to support them. One person told us, “When I feel insecure I can speak to the staff.” Another person explained, “I have a key to my room and I can lock it when I want to.” A relative said, “The staff are lovely. My [relative] is happy here.” This demonstrated staff had a caring approach because people’s privacy was promoted.

We reviewed two care records to check how people were involved in their care planning. We found records were

consistent, comprehensive and personalised. Information included documents about preserving people’s confidentiality, including where personal details may be shared with other providers. We saw evidence that people had understood this and signed their agreement to it. This meant the provider had systems in place to ensure people’s privacy was maintained.

Records demonstrated people or their representatives had been involved in care assessment, planning and review. One person told us, “Every six months there is a meeting when we go through my care plan. My support worker helps me prepare for this and is available if I have any problems.” A member of staff said, “We involve our residents as much as possible, but some people are not interested. So it’s about encouraging them.”

Care files contained information about people’s preferences and diverse needs. This included checks of how individuals wanted to be supported and the activities they wished to participate in. Information was available about people’s end of life preferences or if their health deteriorated. This confirmed people received support appropriate to their needs because the staff team involved people in the planning of their care.

People and their representatives were supported to express their views and give feedback about their care. For example, we saw documents people had completed on a monthly basis that expressed their thoughts about the care they received. These records reviewed the activities they had participated in, the support they been given and how care could be improved. This demonstrated the management team sought people’s views as a way of assessing how it could improve the care it provided.

Is the service responsive?

Our findings

The staff provided care that was personalised to people's individual needs. One person told us, "Staff listen to us." A relative told us, "The staff checked my [relative's] likes and dislikes and discussed her care around this."

Staff demonstrated they had a comprehensive understanding of each person in their care. One staff member said, "We use a person-centred approach to assess and set up care plans to meet people's needs. We support people and work with them to address any issues they may have." The registered manager told us, "Our service is based on individual need. One model doesn't fit all, so we assess people individually." This demonstrated staff were responsive to people's needs because they provided care that was individualised.

People were supported by staff who were experienced and had a good understanding of their individual needs. A staff member told us, "If a resident's health deteriorates we would monitor and record this. We would inform the GP. We work closely as a team, communicating together about this and liaising with the family." The service responded well to people who became ill by accessing appropriate healthcare services. This was confirmed by talking with people and checking care records.

We were told the home's philosophy concerned helping people to develop their independence. The registered manager told us, "We are working with our service users to develop their basic skills to help them back into the community." A staff member said, "I record and monitor people appropriately, supporting them with their medication, finances, etc. We discuss care together to see how people are doing." Care records contained a document called a 'recovery star' that measured how people were managing such areas as their goals, life skills, self-care and relationships. This was evaluated on a regular basis to check how individuals had progressed and staff told us they used the document to discuss care with service users. This meant the registered manager and staff maintained people's independence by checking their progress and being responsive to their needs.

A staff member told us, "We have additional support workers who take residents out on a one-to-one basis for wellness activities and confidence building exercises. This is to help them become more socially included." Care

records confirmed plans were in place to assist people to develop their confidence. This showed the staff were proactive in helping people to maintain their independence.

Care records were comprehensive and personalised to ensure people received the support they required. Documents were regularly reviewed to ensure staff responded to people's changing care requirements. Records showed the home sought and recorded people's preferences to help staff understand their needs. A staff member told us, "It's about supporting people to be themselves and checking their religious and dietary needs, for example."

We observed people were comfortable and active during our inspection. Individuals were supported to engage in a variety of activities. For example, preparations were underway for a Halloween party and movie nights were regularly held. A staff member told us, "Although staff prepare the main meal we encourage residents to get involved and support them with cooking skills." One person told us, "I help with the cleaning." Another person said, "I watch TV and go for walks. On a Wednesday I go to a day centre where I do art. This is the best day of the week." A relative said, "The staff take [my relative] out for a walk, shopping or to go out and have a coffee. [My relative] is well-occupied and does her own thing."

People were supported to maintain relationships with their friends and relatives. It was evident the home encouraged visitors and staff had a good relationship with them. One person told us, "My daughter and grandchildren come and visit me and take me out sometimes." A relative told us, "They discuss my [relative's] care and talk with me when any problems occur."

The notice board at the entrance to Clifford Lodge contained details about the home's complaints procedure. People and their representatives told us they were confident staff would respond to any concerns they may have in an efficient manner. One person told us if they had a complaint, "I would go to the general or house manager." A relative said, "I was given an information pack, which included information on how to make a complaint. I am certain the manager would deal with things properly if I had any concerns." This confirmed people felt their comments about the care they received would be managed appropriately.

Is the service responsive?

At the time of our inspection no complaints had been received by the home. The complaints policy described how the management team would manage issues raised

by people who lived there and their representatives. Staff were able to describe how they would deal with a complaint, including referring the matter to the registered manager.

Is the service well-led?

Our findings

We observed the registered manager worked with the staff in providing support to people. They were friendly and reassuring towards people who lived there. It was evident they had a good understanding of each person's needs and people sought his advice. One person told us, "The house manager helps me." Another person said, "The home's good since [the registered manager] has been here. I can talk to him." This showed the home was well-led because the registered manager had a visible presence about the home.

The registered manager told us, "I like to operate an open culture and I'm open to constructive criticism." Staff confirmed the provider and registered manager were accessible and supportive. One staff member said, "The managers are incredibly knowledgeable. It's a really open working culture and a brilliantly led service." A relative told us, "The home is well-managed."

Staff felt they worked well as a team. The registered manager and staff team worked closely together on a daily basis. This meant quality of care could be monitored as part of their day to day duties. Any performance issues could be addressed as they arose. A staff member said, "We work well as a team. We're close and often come in to provide additional support in urgent cases."

Staff told us the registered manager was accessible and they were supported in their roles and responsibilities. A staff member explained, "It's helpful to know how I'm doing and where I can improve. I like to deal with my mistakes and learn from them." This showed the management team checked the quality of the service provided because staff had the opportunity to reflect on their work.

We saw regular, recorded feedback from people who lived at the home and their representatives. Surveys checked people's experiences of, for example, activities, the environment, quality of food and support received. A relative confirmed, "We've had a satisfaction questionnaire. They do check with us about what we think about the home and the service [my relative] is getting." One person told us, "This is the best home in the group. I would recommend it." The registered manager told us, "I like to improve the home all the time and to learn." This meant the management team sought feedback about the quality of its service as a way of making improvements.

Staff held frequent residents' meetings to check the service provided and to address any issues. One person confirmed, "There's a residents' meeting once a month where we can discuss life in the home, such as the food and cleaning. Things are changed if they can be." For example, meal options were discussed and menus had been reviewed. This resulted in different choices being added to the home's menus.

The management team regularly carried out a range of quality audits. These ensured the service provided remained consistent. Audits included checks of environmental health and safety, medication, food hygiene and fire safety. Monitoring systems included records of any issues and actions undertaken to address these issues. The service's safety certification for water, gas and electric were all up-to-date. This meant the registered manager monitored whether the home was maintaining an effective service and acted upon identified problems.

This section is primarily information for the provider

Action we have told the provider to take

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

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.