

# Solar Care Homes Limited

## Clinton Lodge

### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Clinton Lodge is a small care home that can accommodate up to five people with learning and /or physical disabilities. At the time of our inspection there were two people permanently living in the service and one person was staying for a six week assessment period.

There was a registered manager in post who was responsible for the day-to-day running of 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 and associated Regulations about how the service is run.

We carried out this inspection on 11 November 2015. This was the first inspection for the service since it registered in February 2015.

Relatives told us they were happy with the care and support their family member received and believed it was a safe environment. One relative said, "I don't worry when I leave [person's name] because I know they are safe and happy."

People living in the service had limited verbal communication and were not able to tell us their views about the care and support they received. However, we observed people were relaxed and at ease with staff, and when they needed help or support they turned to staff without hesitation.

Support was provided by a consistent staff team who knew people well and understood their needs. People were supported to access the local community and take part in a range of activities of their choice. There were sufficient numbers of suitably qualified staff on duty and staffing levels were adjusted to meet people's changing needs and wishes.

Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge. Staff knew how to recognise and report the signs of abuse.

People were supported to maintain good health, have access to healthcare services and received on-going healthcare support. People had access to an annual health screening to maintain their health. Specialist services such as occupational therapists and dieticians were used when required. Relatives told us they were confident that the service could meet people's health needs. One relative said, "Since living at Clinton Lodge [person's name] has physically improved, is eating better and has gained weight."

People were supported to eat and drink enough and maintain a balanced diet. People were involved in meal planning. Menu planning was done in a way which combined healthy eating with the choices people made about their food. The kitchen had been designed with some lower work surfaces so people with wheelchairs could help with meal preparation and cooking.

Care records were up to date, had been regularly reviewed, and accurately reflected people's care and

support needs. Details of how people wished to be supported were personalised to the individual and provided clear information to enable staff to provide appropriate and effective support. Any risks in relation to people's care and support were identified and appropriately managed.

Where people did not have the capacity to make certain decisions the service acted in accordance with legal requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People and their families were given information about how to complain. There was a management structure in the service which provided clear lines of responsibility and accountability. There was a positive culture in the service, the management team provided strong leadership and led by example. Staff said, "It's a good organisation to work for", "I enjoy what I do" and "We have regular team meetings."

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. Senior management were visible in the service and regularly visited to check if people were happy and safe living at Clinton Lodge.

## 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. There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge. Staff knew how to recognise and report the signs of abuse.

Risk management procedures were robust and people were given information so they could take informed risks.

### Is the service effective?

Good ●

The service was effective. Staff were appropriately trained and there were robust procedures in place for the induction of new staff.

The registered manager and staff understood the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

### Is the service caring?

Good ●

The service was caring. The staff team had developed caring and supportive relationships with people using the service.

People's privacy was respected. Staff encouraged people to be as independent as possible and their achievements were recognised.

### Is the service responsive?

Good ●

The service was responsive. People received personalised care and support which was responsive to their changing needs.

People were actively encouraged and supported to engage with the local community by taking part in a range of activities of their choice.

### Is the service well-led?

Good ●

The service was well-led. The management provided staff with

appropriate leadership and support and staff were well motivated.

The service worked in partnership with other professionals to make sure people received appropriate support to meet their needs.

People and their families told us the management were very approachable and they were included in decisions about the running of the service.

# Clinton Lodge

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 11 November 2015. The inspection was conducted by one inspector.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed other information we held about the home such as notifications of incidents. A notification is information about important events which the service is required to send us by law.

During the inspection we met and spoke with two people living in the service, the deputy manager and six care staff. We looked around the premises and observed care practices on the day of our visit.

We looked at three records relating to people's individual care. We also looked at four staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service. After the inspection we spoke with a social care professional and two relatives.

# Is the service safe?

## Our findings

Relatives told us they were happy with the care and support their family member received and believed it was a safe environment. One relative said, "I don't worry when I leave [person's name] because I know they are safe and happy."

Due to people's complex health needs they were unable to tell us verbally about their views of the care and support they received. However, we observed people were relaxed and at ease with staff, and when they needed help or support they turned to staff without hesitation.

The service's safeguarding and whistle blowing policies were readily available for staff to read. Safeguarding procedures were regularly discussed with staff to ensure they were familiar with recognising and reporting any potential abuse. Staff accurately described the correct sequence of actions and outlined the different types of abuse. Staff told us they supported people in a way that kept people safe. They said they would challenge their colleagues if they observed any poor practice and would also report their concerns to management.

There were effective systems in place to help people manage their finances. With people's agreement the service held small amounts of money for them to purchase personal items and pay for meals out. The registered manager carried out regular audits of the money held and records kept by staff.

People's care plans contained details of any risks identified in relation to certain areas of people's care and support. These records provided staff with clear guidance and direction on how people should be supported in relation to each specific risk identified. For example, one person was at risk of choking due to muscle spasms when eating. Their care plan detailed how staff should respond when a spasm occurred to protect them from harm. Records described how people swallowed and the associated stages so staff could identify when they were ready to continue eating.

Incidents and accidents were recorded in the service. We looked at records of these and found that appropriate action had been taken and where necessary changes made to learn from the events. Events were audited by the registered manager to identify any patterns or trends which could be addressed, and subsequently reduce any apparent risks.

There were enough skilled and experienced staff to help ensure the safety of people who lived at Clinton Lodge. On the day of the inspection there were four care workers and the deputy manager on duty. The number of staff on duty depended on what activities people living at the service were doing. For example, on some days staffing numbers were increased to enable staff to transport people to various activities and to stay in the house to support people who may wish to remain at home. The numbers of staff allocated for these activities was appropriate for people's needs and the assessed risks of the activity.

Staff had completed a thorough recruitment process to ensure they had the appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant

recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

Medicines were managed safely at Clinton Lodge. All medicines were stored appropriately and detailed records kept of the support people had received in relation to the management of their medicines. Medicines Administration Record (MAR) charts were fully completed and appropriate medication audits had been conducted. Sometimes people needed to take their medicines with them when they went out for the day or away on holiday. Appropriate protocols were in place for staff to transport medicines.

The environment was clean and well maintained. The service employed a maintenance person who carried out regular repairs and maintenance work to the premises in a timely way. There was a system of health and safety risk assessment. There were smoke detectors and fire extinguishers in the premises. Fire alarms and evacuation procedures were checked by staff, the fire authority and external contractors, to ensure they worked. There was a record of regular fire drills.



# Is the service effective?

## Our findings

Staff were knowledgeable about the people living in the service and had the skills to meet people's needs. Relatives told us they were confident that staff knew people well and understood how to meet their needs. One relative said, "Since living at Clinton Lodge [person's name] has physically improved, is eating better and has gained weight."

Staff told us there were good opportunities for on-going training and for obtaining additional qualifications. All care staff had either attained or were working towards a Diploma in Health and Social Care. There was a programme to make sure staff received relevant training and refresher training was kept up to date. One member of staff said, "There is a lot of training." Before people moved into Clinton Lodge the service worked with healthcare professionals to identify any staff training needs for an individual person. If any specialist training was needed then this was arranged so staff could gain the appropriate skills to meet people's specific needs.

Staff told us they felt supported by managers and they received regular one-to-one supervision. This gave staff the opportunity to discuss working practices and identify any training or support needs. Staff also said that there were regular staff meetings which gave them the chance to meet together as a staff team and discuss people's needs and any new developments for the service.

Staff completed an induction when they commenced employment, which was in line with the new Care Certificate. New employees were required to go through an induction which included training identified as necessary for the service and familiarisation with the service and the organisation's policies and procedures. There was also a period of working alongside the more experienced staff until such a time as the worker felt confident to work alone.

People were supported to maintain good health, have access to healthcare services and received on-going healthcare support. People had access to an annual health screening to maintain their health. Specialist services such as occupational therapists and dieticians were used when required. Relatives told us the service always kept them informed of any changes to people's health and when healthcare appointments had been made.

Staff supported people to eat and drink enough and maintain a balanced diet. People were involved in meal planning and meal preparation. Menu planning was done in a way which combined healthy eating with the choices people made about their food. The kitchen had been designed with some lower work surfaces so people with wheelchairs could assist with meal preparation and cooking. Staff told us one person, who used a wheelchair, regularly helped with cooking and liked to bake cakes.

Care records showed that people had given their consent to their current support arrangements. We observed throughout the inspection that staff asked for people's consent before assisting them with any care or support. People were involved in making choices about how they wanted to live their life and spend their time.

The registered manager and staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for acting, and making decisions, on behalf of individuals who lack the mental capacity to make particular decisions for themselves. The legislation states it should be assumed that an adult has full capacity to make a decision for themselves unless it can be shown that they have an impairment that affects their decision making. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. At the time of our inspection the service did not have anyone who required a DoLS authorisation.

Care records showed the service recorded whether people had the capacity to make specific decisions about their care. For example care records stated, "Has the capacity to refuse to take the prescribed food supplements." Where people did not have the capacity to make certain decisions the service acted in accordance with legal requirements. Where decisions had been made on a person's behalf, the decision had been made in their best interest at a meeting involving key professionals and family where possible.

The design, layout and decoration of the building met people's individual needs. Corridors and doors were wide enough to allow for wheelchair access and there was a lift to gain access to the first floor, where some bedrooms were located.

## Is the service caring?

### Our findings

On the day of our inspection there was a calm and relaxed atmosphere in the service. We observed people had a good relationship with staff and staff interacted with people in a caring and respectful manner.

People living in the service had limited verbal communication. However, staff understood people's individual ways of communicating and had clearly developed a good knowledge of each person's needs. The relative of one person told us how well the service interacted with the person and how staff had built up a good knowledge of their communications methods. The relative said, "Absolutely fantastic service. [Person's name] has blossomed since they have lived at Clinton Lodge. The staff have got to know and understand him like no other service has."

Care plans described how people communicated and what different gestures or facial expressions meant. This information had been developed over time with regular staff and in conjunction with people's families. Care plans guided staff about how to enable people to make choices. For example, "Likes to be given choices but too many can be confusing" and "Give [person's name] time to process what has been said". Staff were committed to encouraging people to be as independent as possible and to enabling them to make choices about their daily living. One staff member said, "We try to give people choices." A relative told us that prior to moving to Clinton Lodge the person had become withdrawn and had stopped communicating their wishes. Since living in this service they were making decisions about what they wanted to do and had the confidence to refuse to do something.

Support was provided by a consistent, motivated and well trained staff team. Staff were matched to work with particular individuals, both for their skills and how their personalities fitted together. When new staff started to work for the service they were gradually introduced to people to find out how an individual and the member of staff interacted. One member of staff told us they would not be asked to work with anyone on their own until they fully understood their needs and both them and the person felt the relationship would work.

We saw staff valued and respected people's privacy. Staff were available to support people whenever they needed help but they were also discreet and gave people space to spend time on their own. People's rooms were personalised with their own belongings and decorated to their taste. One person had a permanent room in the service although they only lived at the service during college holidays. Their room was kept locked and the person had their own key. Staff respected that this room belonged to the person even though they didn't live at the service full-time. Staff told us the person considered Clinton Lodge to be where they 'went home' to in college holidays.

Staff met with people every month to review the care provided and discuss any changes to the running of the service. Some elements of people's care plans were presented pictorially to enable them to understand their plan and be involved in any changes or updates. They were also invited to attend staff team meetings and take part in interviews for new staff.

People were supported to maintain contact with friends and family. Relatives told us they were always made welcome and were able to visit at any time. People were able to see their visitors in the communal lounge or in their own room.

## Is the service responsive?

### Our findings

People who wished to move into the service had their needs assessed to help ensure the service was able to meet their needs and expectations. This assessment was carried out over a period of several weeks and involved gradually introducing a new person to the environment and staff. This enabled the service to liaise with families and other professionals, during the assessment period, to gain as good an understanding as possible of the person's needs. It also meant that the person had the opportunity to decide whether or not they wanted to live at the service before any more permanent agreement was made.

Care records were up to date and had been regularly reviewed with the involvement of the person and their families, with the person's consent. People's care plans outlined their background, preferences, communication and support needs. Records were personalised to the individual and provided clear information to enable staff to provide appropriate and effective support. Individual sections of the care plan described how staff should support people in different situations. This included the person's routines at certain times of the day such as getting up and going to bed and meal routines. People had expressed their views on their care and support by describing what would make a good day for them and what would make a bad day. This helped staff to understand what was important to each person and enabled staff to support the person to have experiences that promoted their well-being.

Staff were provided with information on how to support people to manage any changes in their behaviour when they became anxious. For one person it had been identified that being hungry was a trigger for a change in mood and behaviour. Staff ensured that the person had access to snacks when at home and when out in the community.

The service was flexible and responded to people's needs and wishes. The provider used staff across its three services, located in the same area of Redruth, adjusting staffing levels in each service to respond to people's needs and wishes. Staffing levels in the largest of the three services were kept higher than needed so staff could be re-deployed to Clinton Lodge if required. For example, if people at Clinton Lodge wanted to go out separately additional staff may be needed.

People were supported to access the local community and take part in a range of activities of their choice. Care records showed the people engaged with a variety of activities including local shopping trips, visits to the cinema and local tourist attractions. The service regularly arranged joint events with the other services in the organisation. This had enabled people to make friends and have the opportunity to meet up and go out with these friends should they choose to. One person told us they were going to spend Christmas Day with their friends at another service and they had invited their friends to spend Boxing Day at their home. Together with their key staff they had started to plan the menu and write a shopping list for the party they were hosting. Staff supported them to be involved in some household tasks. This meant they were able to maintain independence in their daily life.

A copy of the provider's complaints policy was available within the service. No complaints or concerns had been received.

## Is the service well-led?

### Our findings

There was a positive atmosphere within the service and the interaction between people and staff was open and friendly. The service was well led and all of the staff were highly motivated and keen to ensure the care needs of people they were supporting were met.

There was a management structure which provided clear lines of responsibility and accountability. The registered manager, who had overall responsibility for the service, was also the provider as they were one of the owners of the service. They were supported by a deputy manager and senior care staff.

Staff said they were supported by management and were aware of their responsibility to share any concerns about the running of the service and the people living there. Staff told us they were encouraged to make suggestions regarding how improvements could be made to the quality of care and support offered by the service. They did this through informal conversations with managers, regular formal supervision and monthly staff meetings. The minutes of staff meetings showed that staff were encouraged to have open discussions about the service and their views were listened to. Staff said, "It's a good organisation to work for", "I enjoy what I do" and "We have regular team meetings."

The service worked in partnership with other professionals to make sure people received appropriate support to meet their needs. A social care professional told us the service had been flexible in how they had deployed staff to meet people's changing needs and release key staff to attend professional meetings to discuss people's needs.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. The management worked alongside staff to monitor the quality of the care provided and completed monthly observations of their working practices. Checks of specific skills were completed each month with staff and any training needs identified through these checks were addressed. It was clear from our observations and talking with staff that they had high standards for their own personal behaviour and how they interacted with people. The registered manager carried out regular audits of falls, medicines, health and safety and care plans.

Senior management were visible in the service and regularly visited to check if people were happy and safe living in the service. People were clearly comfortable with staff and management and relatives told us they had confidence in the way the service was run.