

Seaside Care Homes Limited

Driftwood Lodge

Inspection report

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Essex
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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

Driftwood Lodge is registered with the Care Quality Commission to provide treatment of disease disorder and injury and personal care. This inspection took place on the 23 and 25 of October 2018 and was the first comprehensive inspection of Driftwood Lodge since its opened at this location in November 2017. The service is also registered with Ofsted as a children's home and had a full inspection in May 2018 and was rated outstanding.

The service provides care to five children and young people. The primary aim of the service is to provide respite care for children with complex physical disabilities who have associated health conditions. The length of stay varies from two to ten days, although two young people lived at the service on a permanent basis. In total the service supported 17 children and young people. A domiciliary care service also operated from the location to assist the transition for children being discharged from hospital with complex needs and we looked at this as part of the inspection. At the time of our inspection one child was being supported by the domiciliary care agency.

There was a registered manager in post on the day of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Relatives and professionals spoke very positively about the service and the quality of care that was provided. They told us that this was well managed service where staff genuinely cared for the young people and went "the extra mile."

Staff had received training in safeguarding and knew what actions to take should they have concerns. Risks were identified and there were management plans in place which set out the steps that should be taken to reduce the likelihood of harm. There were systems in place to ensure that equipment was working effectively and safe to use. Staff were aware of their responsibility to report safety incidents.

There were robust systems in place to recruit staff and check their suitability prior to employment. The service employed both nursing and care staff and while nursing staff were not always on site there were clear on call arrangements in place should they be required to attend the service.

All staff received an induction when they first started to work at the service on subjects such as moving and handling, infection control, first aid, equality and diversity. Additional training was undertaken to ensure that they had the skills to enable them to support young people with complex health conditions such as epilepsy, breathing or feeding difficulties. Competency assessments were undertaken to check the staff's understanding of what they had learnt.

Medicines were well managed and there were clear arrangements in place to book medicines into the

service and clarify any anomalies at the beginning of each period of respite. Staff worked alongside community health professionals to ensure that young people's health conditions were managed.

Young people had access to healthy meals which promoted their wellbeing. Nutritional needs were identified and monitored.

The manager was aware of the Mental Capacity Act 2005 (MCA) and related Deprivation of Liberty Safeguards and the different legal requirements for adults and children. One young person had best interest documentation in place but it was agreed that this would be extended further to ensure their best interests were fully considered in the delivery of personal care. 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 is called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the Act. We saw the service had correctly identified that one person may require a DoLS and had made the necessary applications to the local authority.

The service had a strong person centred culture that focused on the needs of young people. Staff knew the young people they supported, their skills, communication and preferences. The care and support was underpinned by detailed care plans and regular reviews. Families were welcomed and seen as partners in the care delivery. The registered manager was aware of the need to develop palliative care pathways but was sensitive to the issues and was working closely with families on how best to meet young people's needs.

Young people were supported to access the community and lead full lives.

The management of the service had a clear vision which focused on the wellbeing of young people and providing good quality care. Staff were clear about the aims of the service and their roles and responsibilities. The culture was positive and staff morale was high.

There was an effective quality assurance system in place to identify shortfalls and to drive improvement. Independent oversight was provided by an external individual who provided reports to the provider on how the service was operating on a day to day basis.

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.

Staff were knowledgeable about safeguarding and knew what they needed to do if a safeguarding incident occurred.

Risks were identified and there were plans in place to reduce the likelihood of harm.

There were sufficient numbers of qualified, skilled and experienced staff to meet young people's needs.

People's medicines were managed safely.

There were systems in place to manage the risks associated with infection control.

Is the service effective?

Good ●

The service was effective.

New staff were inducted into the role and supported to undertake additional qualifications. Staff received ongoing training that was relevant to the young people's needs and ensured that their practice was up to date.

Young people were supported to access health care and there was regular contact with health care professionals.

Nutritional needs were identified and monitored.

Young people's consent was sought as part of care delivery.

Is the service caring?

Good ●

The service was caring.

The service had a strong person centred culture that focused on the needs of young people. Staff knew the young people they supported, their skills, communication and preferences.

Staff were attentive and provided kind, compassionate care.

Staff communicated effectively with the young people and ensured that they had a say in how they were supported.

Young people's independence was promoted and their dignity and respect was maintained.

Is the service responsive?

Good ●

The service was responsive

Staff knew young people well and the care was underpinned by detailed care plans and regular reviews.

Young people were supported to access the community and have fun.

There were clear arrangements in place for the management of concerns and complaints.

Is the service well-led?

Good ●

The service was well led.

The management of the service were visible and accessible.

Staff morale was good and staff told us that they were supported and clear about what was expected to them.

There was a quality assurance system in place to identify shortfalls and to drive improvement.

Driftwood 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 inspection took place on 23 October 2018 and was unannounced. The inspection was carried out by two inspectors, one of which was a children's inspector and a specialist advisor. A specialist advisor is someone who has up to date knowledge and experience in a specific field. The specialist advisor who took part in this inspection was a paediatric nurse and had a background in the care of children with a disability.

Prior to our inspection we reviewed information we held about the service. This included any safeguarding referrals and statutory notification that had been sent to us. A statutory notification is information about important events which the service is required to send us by law.

On the day of the inspection there were six young people using the service as one child returned home and another arrived for a short stay. None of the young people communicated verbally so we undertook a number of observations of care delivery. We spoke with the registered manager, one of the company directors and five care staff. We reviewed three care and support plans, medication administration records, recruitment files, staffing rotas and records relating to the quality and safety monitoring of the service. On the second day of the inspection we made telephone calls to health professionals and family members. In total we spoke with six relatives, one carer and three professionals about the service provided.

Is the service safe?

Our findings

Staff had a good understanding of protecting and safeguarding children from abuse. Staff told us that they had attended training on safeguarding and how to respond. They were clear about their responsibilities to report concerns and expressed confidence that any concerns would be taken seriously by the management of the service. The registered manager told us that specific members of staff were safeguarding champions and part of their role was to reinforce key messages about safeguarding. Driftwood Lodge supported young children and young adults but the registered manager told us that they looked at compatibility and considered the potential risks where there was significant age difference.

Risks were identified and there were management plans in place which set out the steps that should be taken to reduce the likelihood of harm. The service supports children and young people with complex needs who need close observation and care. There were risk assessments in place for accessing the community, the use of oxygen and specialist equipment. The purpose being for children to lead fulfilling lives as was safely possible. We saw for example, young people going out on a trip and staff ensuring that they had the safety equipment they needed with them, should an emergency response be needed. We looked at a moving and handling risk assessment and observed a young person being supported with their mobility. We noted that the young person looked very unsteady and discussed the need for staff to be provided with clearer guidance. The registered manager told us that they had already identified moving and handling as an area where they needed to make improvements and were in the process of retraining staff. They subsequently confirmed that they had reviewed the risk assessment and the equipment that staff used to support the young person.

There were systems in place to ensure that the safety equipment was working effectively and safe to use. We saw for example that the fire safety equipment was checked regularly and the service commissioned an external company to undertake checks on moving and handling equipment such as hoists. Checks were undertaken on water temperatures and specialist equipment such as suction machines to ensure that they were safe to use and clean.

Staff understood their responsibility to raise safety incidents and concerns. Incidents and accidents were logged and reviewed by the registered manager and the provider to identify learning and ensure that appropriate actions were taken. For example, we saw that one young person had got their arm stuck in a new chair and the service responded by placing pads on the side of the chair to prevent a further incident.

On the day of our visit there were sufficient numbers of staff to meet the needs of the young people in residence. We observed that staff were available in the communal areas and responsive to young people's needs. Staff told us that there were enough staff available and they had sufficient time to do activities as well as personal care. At the time of our inspection the service was providing outreach or a domiciliary service to one young person and the registered manager told us that where possible they tried to ensure that this young person had a consistent member of staff supporting them.

We looked at the staffing rota and saw that a nurse was rostered on duty on four to five days each week and

on the remaining days there was an on call arrangement in place. We spoke to the registered manager about how they determined when nursing staff should be available and they told us that this depended on the young people in residence and their needs. Staff told us that this worked well and that they were always able to get hold of a nurse manager if they needed to in an emergency. The service used its own staff to cover shortfalls such as sickness and holidays and did not have to use any agency staff since the last inspection.

We looked at staff recruitment records and we found that these showed that the provider had carried out a number of checks on staff before they were employed. These included checking people's identification, conduct during previous employment and disclosure and barring checks to make sure that they were safe to work with young people. Full employment histories were in place for two of the three people's records we looked at. The registered manager told us that they had identified this and had amended their documentation to enable this to be followed up. Checks also included the registration of nurses to ensure that they were suitable.

Medication was managed safely. We looked that the systems in place to book medication into the service when a child was admitted for a period of respite. We saw that there was a system to alert staff to changes in medication and book in medicines at the beginning of the child's stay. However, the service did not receive written details of young people's medicines from the family or prescriber and the risks associated with this was discussed as part of the inspection. The registered manager subsequently confirmed that moving forward this would be undertaken. We saw that all medication was in its original packaging and clearly labelled. There was secure storage for medicines but they did not have a facility for the storage of controlled medicines, although none of these drugs were currently being administered. The arrangements for controlled drugs will need to be revisited should a child be prescribed a controlled medicine. There was a medicine fridge in a separate cupboard but the door was not lockable. The registered manager subsequently confirmed that a lock had been fitted on this cupboard door. Fridge temperatures were regularly monitored to ensure that they kept the medicine at the correct temperature. We observed staff administering medication and saw that this was undertaken in line with professional practice. We checked a sample of medication against the records and the amounts tallied.

Competency checks were undertaken by the manager to ensure that staff were administering medication as prescribed and regular audits were undertaken to check that the systems in place were working effectively.

Staff were able to talk about the importance of infection control for the safety of people living in the service and themselves. There were checklists in place to evidence cleaning of equipment and there were clear arrangements in place for the disposal of waste. The building looked clean and there were no unpleasant odours. Regular audits were undertaken on areas such as mattresses to check that procedures were being implemented.

Is the service effective?

Our findings

A holistic assessment of young people's needs was carried out before they came to stay at the service and consideration given to the compatibility of the young people using the service at any one time. A family member told us that their relative went, when "quieter children are there." The service worked alongside professionals in planning interventions and was aware of guidance from expert professional bodies such as the nursing and midwifery council.

All staff received an induction when they first started to work at the service. Staff described their induction and told us that they shadowed a more experienced member of staff before working independently. Care staff were supernumerary until they and the nursing staff providing the training were confident about their competency. Training involved a combination of online and face to face training on subjects such as moving and handling, infection control, first aid, equality and diversity. Nursing staff attended study days relevant to the needs of the young people who used the service. There was a focus on research based practice for example, following consultation the medication times for one young person was altered.

Staff had received specific training to enable them to support young people with specific complex health conditions such as epilepsy, breathing or feeding difficulties. A number of young people had a tracheostomy which is a tube fitted in the neck to help breathing and a percutaneous endoscopic gastrostomy (PEG.) which is a feeding tube which goes through the abdominal wall. The manager told us that the training was always linked to the children's needs and if a young person was being admitted with a specific need then training was arranged relevant to their needs and condition. In addition to training competency assessments were also undertaken with staff on areas relevant to the roles that they were employed to perform to check their understanding of what they had learnt. We spoke to the staff about the support they provided to young people such as those with a PEG or tracheostomy and they told us that the training was informative and they were given the time they needed to learn the techniques.

Staff told us that they had received regular supervision, annual appraisals and adequate training to enable them to do their job safely and effectively. Training records showed us that care staff had been supported to obtain additional qualifications such as Level 3 in Caring for Children and Young people/ Level 3 Children and Young people workforce Diploma.

Young people had access to healthy meals which promoted their wellbeing. The kitchen was well stocked with snacks and prepared meals. On the day of our visit we saw young people being supported to eat a baked potato with various toppings for lunch. This was undertaken at an appropriate pace; one young person did not eat well and they were offered alternatives. A number of young people received their nutritional intake via a PEG and we observed staff supporting this by making sure that the young person was comfortable and positioned correctly.

Records of food and fluid intake were maintained; however, staff did not routinely total the fluid balance. The registered manager agreed to address this with staff. One of the young people who lived at the service on a permanent basis had not been weighed for some time as it had previously been undertaken at school.

The registered manager immediately addressed this.

The service mainly supported children and young people on respite stays and staff worked collaboratively with parents to meet health needs. We saw that during the children's stay at the service their health and wellbeing was regularly monitored and if needed advice sought from other professionals. Care plans described in detail guidance for staff in meeting people's health and wellbeing, care and support needs. For example, there were risk assessments and care for plans for young people who had epilepsy which set out how staff should respond and when they should escalate for a more urgent response. There were letters on file from a range of health professionals such as paediatricians, speech and language and dieticians. Where advice was given this was clearly documented.

Staff worked with other organisations to ensure young people received effective care and treatment as they moved between services. Two young people lived at the service on a long-term basis and the registered manager gave us examples of how they supported young people when they moved between services such as education and the children's hospice. The staff at Driftwood facilitated the transition by providing information, attending meetings and helping with transport to ensure that young people received a coordinated and person centred service.

The manager was aware of the Mental Capacity Act 2005 (MCA) and related Deprivation of Liberty Safeguards and the different legal requirements for adults and children. One young person had best interest documentation in place but it was agreed that this would be extended further to ensure their best interests were fully considered in the delivery of personal care. 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 is called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the Act. We saw the service had correctly identified that one person may require a DoLS and had made the necessary applications to the local authority. Staff spoken with were aware of consent and able to give examples of how to support young people safely, whilst maintaining and respecting their human rights.

Is the service caring?

Our findings

Young people were treated with kindness and compassion. Relatives spoke highly of the care and told us that their child was always happy to go to respite which they found very reassuring. One relative told us how she knew their child enjoyed their time, saying "My child packs their bag ready to go, blows kisses and says goodbye as soon as we arrive at the home". Another said, "[Young person] never creates when we are taking them there".

We observed that Staff showed concern for young people and responded to their needs promptly. One young person for example wore glasses and when these slipped down they were gently readjusted to ensure that the young person was comfortable. The interactions we observed were warm and caring. Relatives praised the caring ethos and the comments included, "They love all the children, nothing is too much trouble." "It's lovely, like a little family I would recommend it 110%."

Staff knew the children well and had good developed relationships with them. We heard young people laughing and smiling when they were interacting with staff and undertaking activities. Staff were able to tell us about each child, their strengths and their needs. The young people who were using the service at the time of our inspection did not communicate verbally but staff were able to tell us how they communicated and how they ascertained their preferences. For example, one member of staff was able to describe one young person's nonverbal cues and how they knew that they had eaten all they wanted and enjoyed their meal. We observed staff interacting with another young person and asking questions and trying to assess whether, the yes and no answers given were the correct interpretations of their speech.

The registered manager told us that the staff had identified a need for Makaton training which they had implemented and were using with young people. Young people's skills in the use of Makaton had increased as a result.

Achievement books were in place which had been personalised by the young person and provided a pictorial guide to the activities and the young person's stay. The registered manager told us that these are shared with families at regular intervals.

Care staff attend meetings with the registered manager in order to increase their knowledge and understanding of the young people. Staff are encouraged to visit young people in school or at home to spend time with them and increase their knowledge about them in different settings.

Families told us that they had good relationships with staff and the management of the service. All of those who we spoke to spoke highly of the service and told us that, "nothing is too much trouble." They told us that they were kept up to date with any changes which occurred during their child's visit to the service. They told us that they and their extended family were able to visit their children and were made to feel welcome.

We found that the service had a homely atmosphere Each young person had their own bedroom and which was comfortable and had been personalised for them. Although part of the service was used as respite, staff

had thought about who was using the service and their interests. Each room had a plaque on the door with the child's name and the bedrooms looked homely and inviting. One relative told us their child, "likes that they try and personalise the rooms where they sleep, and they now take a some of her own items in."

Personal care was provided discreetly and in a way, that respected the young people's privacy and dignity. There was a safe touch policy and the registered manager told us that they intended to expand this further to ensure that it fully covered the issues relating to intimate and personal care. Young people were comfortably dressed in clothes appropriately for their age and they looked well groomed.

There were systems in place to consult with the children and relatives about their views on the service and how it could work better for them. Meetings were held with the young people in residence each week and records were maintained of the discussions.

Satisfaction questionnaires were completed and families had been asked for their view of the service and the care provided. Some of the comments from the most recent responses included the following comments. "We would not send [our relative] anywhere else...we feel 100% confident with all the love and care our relative receives." "The service is second to none, I feel relaxed knowing my child is well cared for and looked after."

Is the service responsive?

Our findings

Young people received personalised care that was responsive to their needs. Families told us that they were contacted prior to any short stay to ascertain whether the young person's needs had changed since their last visit. We saw that staff completed a booklet about the young person at the beginning of each stay which highlighted any changes to their care needs or medicines. This information fed into care and support plans which documented the support people needed and how they wished it to be provided. The plans were detailed and informative and included details of people's preferences, their interests and what was important to them. For example, we saw that plans included details of the sleep system that young people used and information about how young people communicated whether using facial expression or sounds. One plan recorded, "I yell during a shower because I don't really like it." Where young people presented with behaviours which people found challenging, guidance on how to support the young person and reduce any distress was included in their care plan.

There were a variety of systems in place to communicate with families depending on the needs of the child and their preferences which included daily phone calls and communication books. One relative told us that they, "phone every day while [my relative] is there and it's never a problem", and they say what they have done and how they have been.

Annual assessments were undertaken to reflect on progress, how they were meeting the goals and to consider any changes as the young person developed.

The registered manager told us that they had started the process of addressing hopes and wishes but was aware that they needed to undertake further work on end of life care was an area that the registered manager was aware that they needed to develop further.

Daily records were available which recorded how the young person had been supported and how they were feeling. The records included details about the young person's experience and descriptors and observations of their demeanour, for example whether they had smiled and laughed. All entries were contemporaneous, dated and signed. Team meetings were also used as an opportunity to discuss the child's stay, review their progress and identify any learning or changes that they needed to take into account. For example, we noted that when a manager had reviewed one young person's records they had noted that they had two fast food meals during their stay and asked whether this was appropriate.

The service had good community links and enabled the young people to lead full lives. Families told us that the children participated in a good range of social activities. One relative told us, "They are always doing things". Another told us how they "adapt the activities to the children's needs but still give them a good experience ie cinema night with lights down and snacks and favourite film."

We observed people were supported to be involved in activities of their choosing which were stimulating and promoted their sense of well-being. During the morning of the visit some of the young people went out to a pumpkin patch to pick a pumpkin to decorate. In the afternoon the young people participated in a

range of activities including painting and watching a DVD. There were a good range of equipment on site including a soft play/ relaxation area. The garden was accessible and had been planted with plants which were chosen for their sensory benefits. There was a swing and water tray in place for young people to play with.

There were systems in place to respond to compliments and concerns. No complaints had been received but we saw that there was a policy as to how any issues which were raised were responded to. Relatives expressed confidence that any concerns would be satisfactorily responded to. One told us, "Any problems we are encouraged to say."

Is the service well-led?

Our findings

Relatives spoke highly of the service and told us it was well led, describing the service as "Lovely." Professionals we spoke with also spoke positively about the service and how they, "would be lost without them," and how they often went, "over and above" what would normally be expected.

The management of the service had a clear vision which focused on the wellbeing of young people and providing good quality care. Staff were clear about the aims of the service and their roles and responsibilities. The culture was positive and staff morale was high with staff telling us that it was good place to work.

Staff told us that the management was approachable and visible and communication was good. One member of staff told us, that they were a team and, "our manager is happy to put gloves on and help with the children."

Staff told us that they were well supported and felt valued. One telling us that the registered manager and owners would bring in cakes and treats for staff, and they, "couldn't speak more highly of the management."

The management of the service recognised the importance of developing the skills of staff and we saw that the staff were supported to access additional training. Nursing staff were being assisted with revalidation which is the process that all nurses must go through to demonstrate that they can practice safely and effectively.

Weekly managers meetings were held to reflect on the previous week, look at how the on call arrangements had worked and plan the admissions for the week ahead. We saw for example that two young people using the service needed the same piece of equipment and when this was highlighted at the weekly meeting, this was actioned, and a further piece of equipment purchased.

There was an effective quality assurance system in place to make sure that any areas for improvement were identified and addressed. We saw that the manager had oversight of incidents and accidents and audits had been undertaken on a range of areas such as fire safety, handwashing and medication. The provider told us that they were continuing to invest in the service and had plans for ongoing refurbishment and replacement. We saw that they had reviewed the service that they provided and now only provided domiciliary care and outreach to the children they supported instead of the wider community. This meant that they could ensure that they had better control over quality and training.

An independent visitor also visited the service on a monthly basis and produced a report. The provider told us, "We want people to look at us, as you can't always see things yourself, we want to be challenged." The reports were sent to CQC and all commissioning agencies which demonstrated a culture of openness.

We saw a sample of these reports and saw that where issues were identified they were included in an action

plan and followed up at the next visit. This meant that the provider had systems in place for independent oversight and was able to see how this service was operating on a day to day basis. For example, we identified that windows did not have a restrictor in place but when we raised this with the registered manager they told us that this had been identified by the independent visitor on their visit the previous day. Following the inspection, the registered manager told us that this had been addressed.