

Achieve Together Limited

Clinton Lodge

Inspection report

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Redruth
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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 five people were living there. Clinton Lodge is a detached building located in its own gardens in a residential area of Redruth.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting underpinning principles of "Right Support, Right Care, Right Culture.

Right support:

The model of care and setting maximised people's choice, control and independence. The service was close to the centre of town and there was good access to the local community and amenities.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by enough staff on duty. People received their medicines in a safe way. People were protected from abuse and neglect. People's care plans and risk assessments were clear and up to date.

Right care:

The support people received was person centred. Support plans had been developed for people, to understand the reasons for their behaviour, and provide guidance for staff to ensure consistent approaches were used when supporting people.

Staff knew people well and demonstrated an understanding of people's individual care, behavioural and communication needs. This helped ensure people's views were heard and their diverse needs met.

People could communicate with staff. Staff understood their individual communication needs and were consistent in their approach and response. Care plans informed staff of any specific ways to best communicate with people.

The core staff team had the appropriate levels of knowledge and skills to support people and responded to their individual needs and choices. Staff promoted people's dignity and treated them respectfully. They understood people's needs and provided security and encouragement.

Right culture:

The staff at Clinton Lodge were committed to ensuring people were leading the lives they wanted. Staff created an environment that inspired people to understand and achieve their goals and ambitions.

People led lives that reflected their personalities and preferences because of the ethos, values, attitudes and behaviours of the management and staff. People were treated with dignity, respect and care.

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

People told us they were happy with their care and support they received. Relatives we spoke to were complimentary about the core staff team and how they were able to meet their family members care and support needs. A health and social care professional were complimentary about how people were cared for.

People were supported to access healthcare services, core staff recognised changes in people's health, and sought professional advice appropriately.

Cleaning and infection control procedures had been updated in line with COVID-19 guidance to help protect people, visitors and staff from the risk of infection. Government guidance about COVID-19 testing for people, staff and visitors was being followed.

The management team maintained oversight of complaints, accidents and incidents and safeguarding concerns. The management team engaged well with health and social care professionals. Systems to assess and monitor the quality and safety of the care provided were in place. They were effective in assessing quality and identifying and driving improvement. The service had clear and effective governance systems in place.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Last rating and update

This service was registered with us on 3 August 2020 and this is the first inspection.

The last rating for the service under the previous provider was good, published on 25 November 2017.

Why we inspected

This was the first inspection since the provider registered with the commission.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Clinton Lodge

Detailed findings

Background to this inspection

Inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Clinton Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well

and improvements they plan to make. We reviewed information we had received about the service since their registration. We used all of this information to plan our inspection.

During the inspection

We met with four people who used the service about their experience of the care provided and two visiting relatives. We spoke with five members of care staff, the registered manager, deputy and director of operations.

We reviewed a range of records. This included two people's care records and medication records. We looked at one staff file in relation to recruitment and staff supervision. We also looked at a variety of records relating to the management of the service and quality monitoring systems.

We spoke with three relatives and one health and social care professional about their experience of the service.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. We have rated this key question good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk from abuse

- The service had effective systems in place to protect people from abuse and staff had a good understanding of what to do to make sure people were protected from harm.
- People were empowered and encouraged to report any concerns they may have about their welfare to the registered manager or staff.
- Staff received training and were able to tell us what safeguarding, and whistleblowing was. Staff knew how to whistle-blow and how to raise concerns outside of the provider. Whistleblowing is the process of speaking out about poor practice.
- Local safeguarding procedures were well understood by managers and the staff team. Where concern had been identified that may impact on people's wellbeing these had been identified and appropriately reported.
- The service supported people to manage some aspects of their finances. We checked the monies for some people in the service and this tallied with finance records.

Assessing risk, safety monitoring and management

- Staff knew people well and were aware of people's risks and how to keep them safe.
- People had detailed risk assessments and associated support plans. These had been reviewed and changes were recorded to ensure the plans reflected their current needs. These included information about risks associated with people managing their emotions and behaviour, personal care, eating and drinking, medicines and doing things they enjoyed in their community.
- Risks to people's safety and wellbeing were assessed and well managed. Each person's care record included risk assessments considering risks associated with the person's environment, their care and treatment, medicines and any other factors. This meant staff had guidance in how to manage people's care safely.
- Equipment and utilities were regularly checked to ensure they were safe to use.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.

Staffing and recruitment

- The registered manager had identified that there were insufficient numbers of permanent staff to cover all shifts. Therefore, they had arranged to book specific agency staff members to cover the vacant shifts. This ensured shifts were covered by consistent staff.
- Rotas confirmed that sufficient staff were on duty at all times to meet people's current needs.

- People and relatives told us they felt that there were sufficient staff on duty. We saw staff responded in a timely manner when people called for assistance.
- An ongoing recruitment campaign was in place. People were involved in the recruitment process for new staff.
- The provider had satisfactory recruitment practices and staff records confirmed appropriate checks were undertaken before they supported people in the service.

Using medicines safely

- Medicines were managed safely to ensure people received them safely and in accordance with their health needs and the prescriber's instructions. Staff were trained in medicines management and had competency checks to ensure ongoing safe practice.
- There were suitable arrangements for ordering, receiving, storing and disposal of medicines.
- When medicines were prescribed to be given 'when required' we saw that person-centred protocols had been written to guide staff when it would be appropriate to give these medicines.
- Medicines audits were completed on a regular basis. Where there were medicine errors, these were investigated to minimise risk of reoccurrence.
- Staff completed a daily count of all medicines to provide oversight of medicines management. This would identify if there were any issues with the medicines quickly and helped ensure action would be taken to resolve any queries.

Preventing and controlling infection including the cleanliness of premises

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The service was supporting visits from families and friends. Systems were in place using current COVID-19 guidance to support these visits

Learning lessons when things go wrong

- The registered manager maintained an effective oversight of incidents that occurred at the service. They used this to identify areas of learning and improvement. They also took action to minimise the risk of reoccurrence where relevant.
- Learning and any improvements from accidents, incidents and safeguarding concerns were shared with staff in team meetings. For example, when a person had a fall, they were conscious that the person liked their own privacy, and so staff reviewed where they could be positioned to promote the persons privacy but also be near to respond quickly if needed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection of this newly registered service. We have rated this key question good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to their admission to the service, so that they could confirm they were able to meet individual needs safely and effectively.
- People and their family, together with reports from health professionals contributed to the assessment, which included their presenting needs and people's preferences and routines.
- Despite the challenges posed by the COVID-19 pandemic, the service had continued to complete the pre-admission assessments to ensure people's safe admission to the service.

Staff support, training, skills and experience

- Staff new to the care sector were supported to complete induction training in accordance with current good practice. Staff confirmed they had an induction and had time to complete e learning training before they commenced their work. A new staff member said the whole induction was "Brilliant."
- Training provided staff with the skills and knowledge they needed to meet people's needs. For example, staff attended, or were booked on a course of Makaton training, a communication technique so that they could communicate in a meaningful way with people they supported.
- There was a system in place to monitor training to help ensure this was regularly refreshed and updated so staff were kept up to date with best practice.
- Staff were provided with opportunities to discuss their individual work and development needs. Staff told us their one to one meeting's were not held as regularly, as the registered manager was overseeing another care home and this placed pressure on their time. However, they felt there was always someone available to talk to.

Supporting people to eat and drink enough to maintain a balanced diet

- People planned their own menu with staff support. Staff knew people's food likes/dislikes, and these were catered for.
- People were encouraged to eat a varied and healthy diet and their nutritional needs were being met.
- Some people had specific guidelines in place to support them in this area. Nutritional guidance had been sought and staff were aware of people's individual dietary needs and catered for them. Staff were able to describe the support people needed and understood why this was important.
- People's weight was regularly checked to ensure that their health needs were monitored. Hot and cold drinks were served regularly throughout the day to prevent dehydration.

Supporting people to live healthier lives, access healthcare services and support; staff working with other

agencies to provide consistent, effective, timely care

- People's health conditions were well managed, and staff engaged with external healthcare professionals including speech and language therapist, GP's and learning disability services.
- Staff were proactive in making timely referrals to health professionals when they had concerns around people's health and well-being. Care records were updated to reflect any professional advice given and guidance was available for staff through shift handovers.
- A 'hospital passport' provided key information about each person, their communication and health needs, in the event they needed a stay in hospital.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Capacity assessments were completed to assess if people were able to make specific decisions independently.
- For people who lacked mental capacity, appropriate applications had been made to obtain DoLS authorisations, when restrictions or the monitoring of people's movements were in place.
- Staff worked within the principles of the MCA and sought people's consent before providing them with personal care and assistance. We heard staff asking people if they wanted assistance with their personal care and waited for the person to reply before supporting the person.
- Staff supported people to be as independent as possible with making decisions about their care and support. Systems within the service supported decisions, made on people's behalf, would be in a person's best interest.

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

- People's rooms were personalised to their individual requirements. People told us they liked their rooms and were involved in how they were decorated and furnished.
- The premises were suitable for people's needs and provided people with choices about where they could spend their time.
- The property was fitted with equipment such as overhead hoist equipment and a lift for people to use in support of their independence.
- People with reduced mobility or using mobility aids would need to access their home at the rear of the property due to stairs and a steep incline leading up to the front of their home. The registered manager had highlighted this to senior managers and had discussed redesigning the front of the property so that people could access the front garden and the property from the front entrance. This was still in the stage of initial discussion.

Is the service caring?

Our findings

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

This is the first inspection of this newly registered service. We have rated this key question good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Relatives spoke positively about staff, commenting, "[staff members name] is a diamond, one of the top three carers" and "The staff are great, they care so much for everyone here."
- There was a relaxed atmosphere at the service and staff provided friendly and compassionate support. People had built caring and trusting relationships with staff. We observed people were confident requesting help from staff who responded promptly to their needs.
- The way staff spoke about people showed they genuinely cared for the people they supported. They talked about people's wellbeing and were focused on providing the right support to improve people's lives.
- Staff respected people's individuality and supported them in a non-discriminatory way. Staff had received training in equality and diversity and knew how to support people in a way that took account of their abilities and lifestyle choices.

Respecting and promoting people's privacy, dignity and independence

- Treating people with privacy and dignity was embedded in the culture of the service. Staff were skilled at identifying when people were becoming distressed or feeling anxious. They consistently followed guidance in place to help people feel calm and reassured.
- Staff ensured people's privacy and dignity was valued and respected. Staff knocked on people's doors to seek consent before entering. Discussions about people's needs were discreet and conducted in private. People were supported by staff to take pride in their appearance. Personal care was delivered behind closed doors and staff understood people's right to privacy.
- Agency staff told us they choose to work only at Clinton Lodge due to the values of the staff team and how they supported people to live as fulfilling a life as possible. Agency staff told us "Staff really care for the people here, they come in on their days off to say hello, if someone is poorly, they come in or phone to see how they are. They care."
- A poster was on display and staff said they agreed with its message. It read 'Our residents do not live in our workplace we work in their home'. Staff said this was a reminder for all staff that this was the people's home and they needed to show respect.
- People's right to privacy and confidentiality was respected. Confidential information was kept securely.

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

- Staff supported people to make decisions about their care as independently as possible. Representatives, where needed, were involved in decisions about the care of people they supported.

- People were involved in day to day decisions and had control over their daily routines. People were able to choose how they spent their time and which activities they engaged with. Some people were unable to share their opinions verbally and different methods of communication had been developed.
- Where any daily routines had been developed, these were in place to meet the persons needs and wishes, rather than to benefit staff.
- Staff supported people to keep in touch with their family. The service had opened for visitors following guidance for infection control due to the COVID-19 pandemic. The service had also utilised other ways of keeping in contact with family and friends by using technology, supporting people to visit relatives in the community or in their relatives' home and providing updates from the registered manager.

Is the service responsive?

Our findings

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

This is the first inspection of this newly registered service. We have rated this key question good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care

- Staff had a good understanding of people's individual needs and provided personalised care.
- People's care plans provided staff with detailed information about their abilities, the risks they faced, their needs, routines and how they should support them in line with their preferences. These were reviewed monthly or as their needs changed. Multi-disciplinary meetings were held to review the persons care and identify future goals.
- Staff were clear that the care plans were up to date and that they reflected the care and support each person received.
- Staff new to Clinton Lodge said the care plans were "Very in-depth" and directed, informed and guided them in how to support each person.
- The service used an electronic application to record daily records log in 'real time'. Daily notes detailed what the person had done during the day and information about their physical and emotional well-being.
- There was good communication within the staff team and staff shared information appropriately, about people's needs, at shift handovers.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Some people had communication needs. Staff had sought advice from each person, their relatives and health and social care professionals in how best to communicate with the people they supported in a meaningful way. Some staff had attended Makaton (a communication technique), and communication training to provide them with the skills needed.
- A person shared with us their communication book which outlined all about the persons likes and dislikes, their interests and how best to communicate with them. The person, with support from staff, had made this book so that people would be able to communicate with them in a meaningful way.
- People's communication needs, and preferences were identified, recorded and highlighted in care plans. This included reference to the type of communication the person may find difficult and how to support them. We observed people and staff communicating effectively together throughout the inspection.

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

- People were supported to access activities within and outside the service. People had restarted some activities following the lifting of lockdown restrictions. People had photographs showing what activities they had been involved in and a record was kept of how they responded to the activity.
- People were supported to maintain relationships that were important to them. Visitors were made welcome at the service and were supported by staff to go through procedures to ensure visiting was safe during the COVID-19 pandemic.
- People visited their relatives in the community or in their homes. The service supported people to travel to their relative's homes which was some geographical distance away. Relatives were appreciative of this, commenting, "They go out of their way with transport to bring [person's name] to us."
- During this inspection visit all the people in the service had planned activities for the day, a person with staff support, was visiting a family member, another person with staff support was going out with their relatives, another for a walk and a person was going shopping. One person wanted to remain at home for the day and staff kept checking with the person if this was still their preference throughout the day.
- Staff had raised with senior managers that there were insufficient staff that were able to drive the services vehicle which had restricted people's opportunities to access the community. This was raised with the director of operations, since which more staff had completed, or were enrolled on a driving course so that they were assessed as competent to drive the vehicle. This meant that the opportunities for people to go out in the vehicles had increased. One staff member told us, "It's so good we can now take [people] out as we were restricted before".

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which outlined how complaints would be responded to and the time scale.
- Relatives knew how to make complaints. Some relatives had not felt confident that their concerns had always been listened to or addressed. Relatives were pleased with the new appointment of the director of operations who they felt was now addressing issues raised.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection of this newly registered service. We have rated this key question good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager was currently overseeing responsibility of two services and therefore had divided their time between them. The registered manager acknowledged that some managerial tasks, such as monthly managers reports, and some audits had not been completed due to the additional duties. A new manager had been appointed at the other service and it was hoped that this would then "free up" the registered manager to focus on Clinton Lodge and resume all managerial duties.
- The service had an experienced registered manager who demonstrated a good knowledge of their regulatory responsibilities. They were supported by a deputy, senior and support staff, regional manager and directors who supported them to fulfil their role.
- The provider had a defined organisational management structure and there was regular oversight and input from senior management. There had been changes to the senior team, such as the director of operations and regional manager. The registered manager and staff felt these changes were positive and they were approachable and supportive.

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

- The registered and deputy managers had comprehensive oversight of the service and understood the needs of the people they supported. Staff demonstrated an understanding of people's differences and individual preferences.
- Staff told us they were a "strong" team who worked well together with the aim of helping people to live the best possible life.
- The culture within the service was open and centred on the people who used the service. People and staff had access to the registered manager or other senior support staff when needed.
- Professionals were positive about the service and summarised that the placement met people's current care needs. A professional commented, "[registered managers name] consistently asks for and welcomes feedback" and "[registered managers name] is open and clear in her communication."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities under the duty of candour. People and relatives were kept well informed of any events or incidents that occurred with their family member.

- The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy.
- The provider had notified CQC of any incidents in line with the regulations.

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

- Staff meetings were held and were an opportunity to share ideas about how to develop and improve people's experiences.
- People and their relatives were asked for their views of the service through questionnaires and informal conversations with management.
- Staff and managers had a good understanding of equality issues. They valued people as individuals and staff took pride in their achievements.

Continuous learning and improving care

- The registered manager and provider were committed to ensure a culture of continuous learning and improvement and kept up to date with developments in practice through working with local health and social care professionals.
- Systems used to assess and monitor the service provided were continuously evaluated and improved. This helped to ensure the provider had a comprehensive overview of the service and knew where improvements could be made.

Working in partnership with others

- The service worked collaboratively with healthcare professionals and commissioners to ensure people's needs were met.
- Where changes in people's needs or conditions were identified prompt and appropriate referrals for external professional support were made.