

SUSASH Blackpool Ltd

Carlin Lodge

Inspection report

40 Carlin Gate
Blackpool
FY2 9QT

Tel: 01253596369

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26 August 2021

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Carlin Lodge is a residential home providing personal care to 14 people aged 65 and over who may be living with dementia at the time of the inspection. The service can support up to 15 people in one adapted building.

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

People could not be assured all required recruitment checks were carried out before staff worked at Carlin Lodge. People told us they felt safe and they were supported by staff who helped them quickly if they needed this. Checks were completed to help ensure prospective staff were suitable to work with people who may be vulnerable. Risk assessments were carried out to help minimise the risk of avoidable harm and staff knew the help and support people needed. Medicines were managed safely. We have made a recommendation regarding best practice of medicines.

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 cared for in a safe, clean and homely environment by staff who were caring, competent and knowledgeable about people's needs. Staff told us training and supervision was arranged to ensure they had the skills to carry out their role. People told us they were happy at the home and they felt cared for. They explained the food was good, enjoyable activities were arranged, and they were supported to access medical advice if they needed this.

People were treated with dignity and respect and staff we spoke with told us how they respected people and ensured their privacy and dignity was maintained. Care was person centred and met people's needs. People were cared for at the end of their life in line with their wishes.

Staff told us they felt supported by the registered manager and they were able to approach them if they needed support and guidance. People told us the registered manager was approachable and part of the team at the service.

People were consulted and asked their views on the service provided. Surveys had been completed by people who lived at the home. People told us they were happy at the home and were confident any comments or complaints they made would be listened to. Audits and checks were completed and actioned to drive improvement.

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

Rating at last inspection

This service was registered with us on 02/05/2019 and this is the first inspection of all key questions. We carried out a focused inspection of the service on the 22/02/2021 to look at the key questions safe and well-led. We did not provide an overall rating for the service.

Why we inspected

The inspection was prompted in part due to concerns received about recruitment and good governance. A decision was made for us to inspect and examine those risks. The inspection was also prompted in part by notification of a specific incident. This incident is subject to a criminal investigation. As a result, this inspection did not examine the circumstances of the incident.

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.

You can read the report from our last focused inspection, by selecting the 'all reports' link for Carlin Lodge on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a breach in relation to recruitment checks not being consistently followed at the service. Please see the action we have told the provider to take at the end of this report.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Carlin Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

This inspection was carried out by one inspector and took place over two days.

Service and service type

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

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

Notice of inspection

The first day of the inspection was unannounced. The second day was announced.

What we did before inspection

We reviewed information we had received about the service. This included information we had received from the public, commissioners and notifications sent to us by the provider. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service about their experience of the care provided. We spoke with five members of staff including the registered manager, four care workers and the cook. We also spoke with a care worker from another of the providers registered locations and two directors. We spoke with one relative by telephone.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at policies and procedures. We spoke with two relatives by telephone.



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 for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- We received information that recruitment checks required improvement at the home to ensure staff were of suitable character to work with people who may be vulnerable. We spoke with a staff member who told us they worked at another of the provider's registered locations and had not had a current DBS check completed on starting work temporarily at Carlin Lodge. The provider told us the staff member had a DBS check at the registered location where they normally worked but had not had a further DBS check prior to starting work at Carlin Lodge.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Fit and proper persons employed) as the required check had not been carried out prior to the staff member starting work at Carlin Lodge.

The provider responded quickly to our concerns. They took action to ensure people were supported only by staff who had received the required employment checks.

- The provider deployed sufficient staff to enable people's needs to be met promptly. People told us they received help when they needed it. During the inspection call bells were answered quickly and staff were patient with people.
- Staff told us they felt there were sufficient staff to support people, but there were times when an extra member of staff would be beneficial. This would allow staff to respond quickly during busy times. The provider said they would review the staffing arrangements and rectify this as soon as possible.

Using medicines safely

- Staff administered medicines to people when they needed them, and this was carried out in a person-centred way.
- Medicines were stored securely.
- The provider ensured staff received training and their competency to administer medicines was assessed.
- We noted some records relating to the application of creams required more detail to support staff to administer them in accordance with people's needs. Appropriate secure storage was available to store medicines which require refrigeration. Although the temperature of the storage was recorded, the thermometer did not record the maximum and minimum temperature.

We recommend the provider seeks and implements best practice from a reputable source regarding the safe management of medicines.

Assessing risk, safety monitoring and management

- The provider had processes to follow to ensure the risk of avoidable harm was minimised. Risk assessments of nutrition, skin health and mobility were carried out. Staff could explain the help people needed to support their safety.
- Risk assessments were reviewed and amended as required and direction for staff was included within care records to help maintain people's safety.
- Equipment was serviced and checked to help ensure it remained safe for use.

Systems and processes to safeguard people from the risk of abuse

- The provider ensured staff were trained in safeguarding. Staff we spoke with could explain examples of abuse and said they would raise any concerns with the provider, registered manager or the local safeguarding authority to ensure people were protected.
- People told us they felt safe and they trusted staff. People said they felt comfortable at the home and they would speak to staff or the management team if they wanted to do so.
- We noted contact details for the local safeguarding authorities were not displayed in a communal area. The provider said they would investigate this so people could raise concerns to safeguarding authorities if they wished to do so.

Preventing and controlling infection

- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Reviews of incidents and accidents took place and action was taken to minimise the risk of reoccurrence. For example, equipment to help people mobilise safely was introduced if this was needed.
- Staff referred people to health professionals if analysis of risk indicated specialist advice was required.

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 for this newly registered service. This key question has been rated 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

- Risk assessments and care plans contained details of how people should be supported.
- Information was available to share with other agencies and records of health professional's involvement were up to date and accessible.
- Person centred information was available in people's care records. These recorded the support people needed and their likes and dislikes. Relatives told us they had no concerns with the care provided.
- People told us they considered the care to be good. One person shared how they were supported by staff and this was a positive experience for them. They said, "I'm not just an old person here, they know me. Who I am inside."

Staff support: induction, training, skills and experience

- The provider ensured staff undertook sufficient training to help them deliver person centred and effective care. Staff completed an induction and shadowing before working unsupervised.
- Staff told us they received training to enable them to maintain their skills and competence. Staff told us they had supervisions, and they were able to discuss any concerns, training needs or seek clarity on anything they wished.
- Meetings took place between the management and staff to ensure staff were able to seek guidance and discuss any concerns. Staff told us these were valuable as they remained up to date with information and were supported by the registered manager.

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

- Staff supported people to choose what they wanted to eat, and this was provided for them. People told us they were happy with the food and they could ask for an alternative if they wanted. One person said, "The meals are a good standard."
- Staff helped people to eat and drink if this was required. Staff focused on the person they were helping and gave gentle encouragement and support.
- People were assessed for the risk of malnutrition and the outcome was recorded within care records.
- Staff offered people regular drinks and snacks throughout the day. Hot and cold drinks, biscuits and snacks were available between meals.

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

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

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider was working within the principles of the MCA. Assessments of people's mental capacity were undertaken for specific decisions and records of these were kept.
- People told us staff asked for their consent before they supported them.
- There was a system in place to ensure if changes were made to people's restrictions, this information was shared with other relevant agencies.

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

- The provider had displayed appropriate signage to support people to maintain their independence when moving around the home. We observed people using this and saw the signage was helpful to them.
- The home was bright and well-lit. People could personalise their rooms with their own belongings if they wished to do so.
- Seating areas were available in the garden and people could sit outside if they preferred.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff referred people to specialist professionals for support and guidance. One person shared how the staff were helping them arrange their medical appointments.
- Staff supported people to attend hospital. In the case of an emergency, person centred records were in place which were provided to health professionals to support decision making.

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 comprehensive inspection for this newly registered service. This key question has been rated 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

- Staff supported people with dignity and respect and had a caring approach. Staff initiated appropriate contact and conversation with people and were gentle in their manner.
- People told us staff were caring. One person described staff as, "Amazing." A further person said that staff were, "Lovely to me." Relatives told us staff were caring.
- Staff said they supported people's rights to live individual lives and people told us they were supported to follow their own preferred routines. One person said they had made a close friend at the home and they liked spending time with their friend to, "Put the world to rights."
- Care records recorded people's preferences and wishes, guidance for staff on how these could be met was recorded.

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

- People were supported to decide their care needs and when appropriate, relatives were engaged in the care planning process.
- Staff asked people their opinions and views. We saw staff asked people to make day to day decisions such as where they wanted to sit at lunchtime, what drink they wanted and if they wanted to take part in arranged activities.
- The registered manager had access to advocacy services and said people were helped to access these as needed.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. Staff knocked on doors before they entered people's private rooms and we noted conversations were discreet when people's needs, and wishes were being discussed. One person said of staff, "They make sure I'm kept nice and private."
- Records were stored securely to protect personal and private information.
- People were supported to maintain their independence. People were given choices and encouraged to make their own decisions. For example, one person told us they could choose where to spend their time and staff supported this.

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 for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People's individual needs were assessed, and care records reflected people's preferences and wishes. People told us they were able to influence their care. For example, one person told us they chose their routine and staff respected this.

Meeting people's communication needs.

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

- The service met people's communication needs. These were considered and documented to ensure staff could meet people's individual needs and preferences. People were supported to use their aids if they had sensory loss and staff interacted with people in a way that met their individual needs.

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

- Staff supported people to engage in meaningful activities. People were asked if they wanted to join in and we observed people enjoyed the activities.
- Staff supported people to maintain and develop relationships that were important to them. Arrangements were in place to enable people to have visitors. This was in line with current government guidance.

Improving care quality in response to complaints or concerns

- The provider had a process to ensure complaints were dealt with properly.
- People we spoke with told us they were happy with the service provided and they would speak to the management team if they had any concerns. One person said, "I wouldn't be worried about talking to anyone." Relatives said they would have no hesitation in having constructive conversations with the registered manager and the provider.

End of life care and support

- The service supported people to have a dignified and pain-free death. Plans were developed to document people's individual wishes and spiritual needs. Documentation we viewed evidenced that people, and their relatives when appropriate, were involved in this area of care.

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 for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had not ensured the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. Improvements were required to ensure the requirements of Regulation 19 (Fit and proper persons employed) were consistently met.
- The registered manager carried out audits and checks at the service. These identified areas of improvement and action was taken to rectify these. Outcomes of audits and checks were shared with staff. Staff told us discussions took place on the outcomes and if changes were required, these were made.
- The provider was introducing further audits and checks. The provider had recruited two staff who would be visiting the home to identify what was being done well and what needed to improve. They hoped this would drive improvement and support their oversight of the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 worked openly and transparently, and supported people and staff to raise compliments, concerns and their views with them.
- People told us they liked the registered manager and they were able to share their views with them. One relative said the manager went, "Above and beyond" and was approachable and easy to speak with.
- Staff spoke with pride of the culture at the home. They said there was teamwork, care was person-centred and they enjoyed supporting people. They found the registered manager was supportive, approachable and open.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service engaged with people and others acting on their behalf to enable them to influence the service provided. Relatives told us they were asked for their views and this was acted upon when possible.
- The registered manager told us they engaged with other health professionals to support collaborative working. For example, consulting with external DoLS assessors to help ensure people's rights were upheld.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment checks were not consistently carried out to help ensure persons employed were of a suitable character to work with vulnerable people at Carlin Lodge. Regulation 19 (1) (2) (3) (a)