

Solar Care Homes Limited

Clinton Lodge

Inspection report

11 Clinton Road
Redruth
Cornwall
TR15 2LL

Tel: 01209698595
Website: www.solarcarehomes.com

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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.

The service was led effectively by a recently appointed registered manager with support from the provider's nominated individual, who had previously been the registered manager. Staff said they were well supported by their managers. One staff member commented, "[The registered manager] is brilliant, so easy to work with." A relative told us, "Both [the nominated individual and the registered manger] are really good people."

Most of the people we met had limited verbal communication skills. However, people did tell us they were happy and enjoyed living at Clinton Lodge. Relatives told us, "The quality of the care is unbelievable" and "I wish every care home could be the quality of Clinton Lodge. It is really well run".

One relative who was visiting on the day of our inspection told us, "[Person's name] has chosen to stay here because he feels safe. We want to go out but he doesn't. He has never done that before."

Staff understood how to protect people from abuse and avoidable harm. Risk assessments had been completed and staff were provided with guidance on how to ensure people's safety while encouraging independence. Regular fire drills had been completed and emergency evacuation plans which described how to support each person in the event of an emergency had been developed.

Staff had the skills and experience necessary to meet people care needs. Training was updated regularly and tailored to staff needs by the provider's training lead. Staff told us, "Everything is refreshed six monthly or yearly depending on the course" and "I could not name all the training we do there is so much of it." New staff received formal induction training and completed a minimum of three supernumerary shifts with each person before they were permitted to provide support independently.

Recruitment practices were robust and the service was consistently staffed appropriately to meet people's care needs. On the day of our inspection each person was supported by their own member of staff. Staff rotas showed these staffing levels were routinely achieved and that each day a supernumerary manager was available within the service to provide additional support if required. Staff told us, "We always have enough staff" and "They always make sure it is covered if someone is sick. We never have a situation where we have less people than needed."

Managers and staff understood the requirements of The Mental Capacity Act 2005 and the importance of respecting people's decisions and choices. Staff involved people in decision making throughout the day of our inspection and told us, "I involve my clients in everything. I like to make sure I offer three choices. I think

people like to be involved" and "[Person's name] tells you what he wants. He understands that he can choose." One relative told us, "[Person's name] is having his own life here. He is making his own decisions."

Staff knew people well and understood their individual care and support needs. People's care plans provided staff with detailed information on their individual likes and preferences. This included details of normal routines and information on how to provide support to help people to manage anxiety. Staff told us, "There is enough information in them, they tell you everything. [The person's] past, their daily routines, night routines everything is in there." Each person's care plans also included detailed information on their individual communication preference and staff were able to communicate effectively with the people they supported.

People lived active and varied lives. They were routinely supported to access the local community and encouraged to try new activities. On the day of our inspection three people were away from the service for most of the day engaged with activities they enjoyed. Two people had chosen to staff in the service and these choices were respected. Relative told us it was sometime difficult to contact people as they were so often away from the service participating in different activities. One person's relative told us, "They are very much focused on his experiences. They took him to laser tag the other day. I would never have thought of that." People were regularly supported to engage in activities in the evening and staff told us, "We change shift times around people's needs" and "There is never a problem with evening activities."

The service's quality assurance systems worked well and were used to drive continuous improvements in performance. Audits were completed regularly and action taken promptly where any issue were identified. People and their relatives were actively encouraged to provide feedback and the service regularly received compliments and thankyou letters from people's relatives. In addition, the service used "Out in the community" feedback forms to gather views from local people and businesses on its performance. Responses received were consistently complimentary and included, "The young lady had a lovely caring manner. She listened to the young man, gave him choice and respected his decisions. A pleasure to hear" and "Good attentive care given - impressed!!!"

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 remains safe.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remains well led.

Clinton Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 3 October 2017 and was unannounced. The inspection team consisted of one adult social care inspector. The service was previously inspected in November 2015 when it was found to be 'Good' in all areas.

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

During the inspection we met and spoke with four people who used the service, two relatives who were visiting, five staff, the registered manager, the provider's nominated individual and two visiting health professionals. Following the inspection we spoke with two additional relatives and a health and social care professional. We also inspected a range of records. These included two people's care plans, four staff files, training records, staff duty rotas, meeting minutes and the services policies and procedures.

Is the service safe?

Our findings

People were relaxed and comfortable in their home. Relatives told us, "[Person's name] knows he is safe there" while staff commented, "People are definitely safe. It's a lovely little family here."

Managers and staff had a good understanding of their role in protecting people from harm and of local safeguarding procedures. One staff member said, "I did safeguarding training last week" and records showed staff had received regular safeguarding training updates. Contact details for the local authority safeguarding team were readily available to all staff and visitors via a variety of posters displayed throughout the service.

People's care plans included detailed risk assessments and clear guidance for staff on how to ensure people's safety was maintained while encouraging as much independence as possible. These assessments included information on circumstances that may cause people to become anxious and advice on how people preferred to be supported if they were feeling upset.

There were health and safety risk assessments in place. Regular fire drills had been completed and all staff were due to receive fire safety training update in the week following our inspection. Personal Emergency Evacuation Plans (PEEPs) had been developed for each person living in the service. These documents provided first responders with details of the level of support each person would require in the event of an emergency evacuation.

On the day of our inspection there were enough care staff on duty to meet people's individual care needs. Staff rotas showed these staffing levels were consistently achieved and that there was at least one supernumerary manager or senior carer on duty each day. Staff told us, "We always have enough staff", "The registered manager is supernumerary. Today the senior took [Person's name] to college and is then office based" and "They always make sure it is covered if someone is sick. We never have a situation where we have less people than needed." Staff also reported that there was a system in place to identify staff who were available at short notice in the event of unexpected staff absences.

Appropriate recruitment checks had been completed to ensure prospective staff were suitable for employment in the care sector. These included Disclosure and Barring Service (DBS) checks and references from previous employers.

People received their medicines as prescribed. Medicines administration records (MARs) had been fully completed and staff told us, "Everyone has done meds training." Where any hand written changes were made to MARs, these had been counter signed by a second member of staff to ensure the accuracy of the information recorded. Body maps were used to provide staff with details of the area to which topical creams should be applied. Medicines which required stricter controls by law were stored correctly and records kept in line with relevant legislation. Medicine audits were completed regularly to help ensure any errors were quickly identified.

Clinton Lodge was clean and free of adverse odours. There were cleaning schedules in place and cleaning materials were stored securely when not in use. A member of housekeeping staff was on duty each morning and people were supported to engage with domestic tasks. One staff member told us, "[Person's name] did some Hoovering for me the other day." In addition, personalised visual prompts were used appropriately to support people to manage infection control risks as independently as possible.

The service held small amounts of money on behalf of people to allow for purchases during trips away from the service. Records and receipts were kept for each for expenditure and these records had been regularly audited. We checked two people's financial records and found these balanced.

Is the service effective?

Our findings

All new members of staff completed a formal induction before they were permitted to provide care independently. This included training courses the provider considered mandatory, an introduction to the service and a minimum of three supernumerary shifts where new staff observed how each person's care and support was provided. Staff told us, "The induction and mandatory training is done before people start work", "I did all my training before I started working" and "You always do three supernumerary shifts before you support anyone." In addition, staff new to the care sector were supported to complete the Care Certificate. This national recognised training programme is designed to help ensure new care staff have a wide theoretical knowledge of good working practice within the care sector.

All staff received regular training updates to ensure they had the skills necessary to meet people's individual care needs. Records showed staff had recently completed training on topics including; first aid, positive behavioural support, safeguarding, Epilepsy and the Mental Capacity Act. Staff told us they felt sufficiently skilled and commented, "Everything is refreshed six monthly or yearly depending on the course", "We have loads of training" and "I could not name all the training we do there is so much of it."

We spoke with the provider's training lead who was also one of the senior carers at Clinton Lodge. They confirmed they had completed all of the relevant train the trainer course and told us, "I try to change the training each time I do it." This was done to ensure training that was repeated regularly remained beneficial and interesting for staff. One staff member told us that the trainer had varied the content and delivery style of a recent course to meet their individual learning needs.

The provider actively encouraged staff to develop their individual skills and encouraged and supported staff to attend additional training in any topics they were interested in. One staff member said they had been supported to complete a course on occupational therapies they had requested and they found this useful.

Staff told us, "We do supervisions every month" and we found there were appropriate systems in place to support care staff. Annual performance appraisals had also been completed which staff reported were useful. One staff member commented, "I have just done my annual appraisal. We give our views and management give theirs."

The service worked well with others to ensure people's needs were met. Information was shared promptly and appropriately with health professionals where staff had identified concerns in relation to people's wellbeing. Health and social care professionals told us staff knew people well, understood their individual needs and provided them with timely and accurate information.

The Service's policy was to provide people with 24 hour support if a hospital admission was necessary. This ensured people were supported by familiar faces they knew well and who fully understood their needs. During a recent planned hospital admission the service had successfully provided this level of support for a week to help the person manage their anxiety. In addition the service had developed systems to share information promptly with health professionals in the event that an emergency hospital admission was

necessary.

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. We found that the service was working in accordance with the principles of the MCA. Staff consistently involved people in making decisions about how their care and support was provided and respected people's choices. Systems had been developed to assess people capacity in relation to specific decisions and where people were unable to make specific decisions, meeting involving relatives, staff and professionals took place to make decisions in the person's best interests.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Managers had correctly identified that some people's care plans were potentially restrictive and had made necessary application for their authorisation to the local authority.

There were appropriate systems in place to meet people's needs if they became upset or anxious. Staff were provided with detailed information on events likely to cause people distress and specific guidance on distraction techniques that had previously been used successfully. The service's policy was not to use any forms of physical restraint and staff confirmed this was correct.

People were supported to eat a varied and health diet and involved in both menu selection and food preparation. Staff told us, "We involve the people we support with cooking. People like to be involved." During the morning of our inspection one person was helping out in the kitchen and another person told us they enjoyed cooking. The kitchen was clean, well maintained and fresh fruit and vegetables were readily available. Recipe suggestions were included in activity schedules to encourage people to engage with cooking activities.

Clinton Lodge was well decorated in a homely style with numerous paintings, pictures and decorations reflecting people's individual tastes present throughout the service. Each bedroom had been individually decorated in accordance with people's preferences and included a wide variety of personal items. One person showed us around their bedroom and was particularly proud of the bright red door they had specifically requested. A relative told us, "Nothing matched but it is all the stuff that he wanted." Each person's room had an en-suite toilet and shower with a communal bathroom available on the first floor.

Is the service caring?

Our findings

People told us they were happy living at Clinton Lodge. During our inspection we saw people were relaxed, smiling and enjoying the company of the care staff. People were comfortable in their home. Staff provided reassurance and support when required while encouraging people to complete tasks independently. Relatives told us "The quality of the care is unbelievable" and "Everyone seems happy and comfortable and is having a great time". One person's relative who was visiting on the day of our inspection told us, "[Person's name] has chosen to stay here because he feels safe. We want to go out but he doesn't. He has never done that before."

Some people were unable to tell us verbally about their experiences of care and how staff treated them. However, we spent time observing how staff supported people. We found that staff knew people well and had an in-depth understanding of their individual likes and preferences.

Each person's care plans included detailed information on their individual methods of communication. This included guidance on how to recognise and interpret specific gestures and expressions which people chose to use regularly. People and their support staff were able to communicate effectively together and when support was required this was provided discreetly and with compassion. One person told us, "The staff are good." While relative's commented, "The staff are very good", "The staff are all really dedicated people" and "[Person's name] loves them to bits. I know he really likes them because you can see it in his body language when they are around."

People were supported by a consistent staff team who they knew well. Each person was supported by their own member of staff. When new staff joined the service they were matched to support individuals based on both their individual skills and personalities. Day staff normally worked 12 hours shifts supporting one person. Staff told us these long shifts were beneficial as, "People get consistency as the same person does morning and evening routines." We saw that the timing of staff shift patterns varied in accordance with people's known preferences. For example, one person liked to have a lie in and records showed their carers shifts did not start until later in the morning. When people wished to attend activities or events in the evening arrangements were made to provide any necessary support. Staff told us, "We change shift times around people's needs" and "There is never a problem with evening activities."

Relative's told us, "[Person name] is having his own life here. He is making his own decisions" and "I love that [staff member's name] is listening to [person's name] and will get the answer." People's care plans included guidance for staff on how to support people to make meaningful decision and choices. Staff described the individual techniques they used to support and facilitate decision making and one staff member told us, "[Person's name] tells you what he wants. He understand that he can choose." Where decision were contrary to relatives views staff managed these situations appropriately to ensure people wishes were respected. Relative told us they recognised and respected the staff team's detailed knowledge of their family member and accepted their advice.

Staff treated people respectfully and their contributions were valued and appreciated. People were

encouraged to engage with house hold tasks and thanked for their help. Staff took pride in people's individual achievements and spoke with obvious warmth of the people they supported. Staff comments included, "[Person's name] is absolutely brilliant" and "[Person's name] helps out in the office with photocopying and things like that. [Person's name] really enjoys that."

Relatives recognised that the support provided by Clinton Lodge had impacted positively on people's quality of life. Comments we received included, "[Person's name] looks different, is acting different and seems more mature and confident. They are coming on leaps and bounds", "[Person's name] is putting sentences together like never before, it is because he is happy here" and "They have built up his self-esteem." Staff said, "[People] are really well looked after and are mentally and emotionally supported." Health and social care professionals told us care staff had a detailed understanding of people's needs and commented, "They appear to have got the right balance between supporting people's independence whilst understanding their duty of care." One person relative told us, "When [My relative] comes home he misses being with his friends it is nice to see"

People were routinely supported to access the local community and staff told us, "The local community is really good with our guys if we go into the local coffee shop they will have the drinks ready for us." The service recognised that on occasion people's behaviour could be misinterpreted by member of the public. In order to address this, a small information card had been developed that staff handed out when they felt members of the public had become concerned. These cards explained that staff were trained in how to support people and included a contact telephone number that people could use to report any concerns they had. In addition the service used "Out in the community" feedback forms to gather views from local people and businesses on their observations the support provided by care staff. Responses received were consistently complimentary and included, "Staff were very polite, kind and very respectful to me and individuals they were with" and "The young lady had a lovely caring manner. She listened to the young man, gave him choice and respected his decisions. A pleasure to hear" and "Good attentive care given - impressed!!!" One person relative told us they had recently unexpectedly seen their relative in a local town centre. They had observed how staff were providing care and told us, "I saw how they were looking after [my relative], it was great ."

People were supported to maintain contact with friends and family and relative were encouraged to visit the service whenever possible. Relatives said there were always made to feel welcome and one relative told us, "I turn up as and when and every time the staff are always welcoming and really pleased to see me ." Where relative were unable to visit regularly staff supported people to make regular phone calls and appropriately shared information about how people had chosen to spend their time. Wi Fi internet access was available throughout the service and two people used tablet computers to contact their relative regularly

Staff respected people privacy. Monitoring system were used appropriately to ensure people's safety while enabling people to spend time alone if they wished.

Is the service responsive?

Our findings

Before people moved into the service detailed assessments of their specific individual needs were completed. These processes were designed to ensure both that the service could support the person's needs and that they were likely to enjoy living at Clinton lodge. Information gathered during the assessment process formed the basis from which the full care plan was developed. When a person decided to move in staff worked with any previous care provider to ensure a smooth transition between services. The relative of one person who had recently moved into the service told us, "It was a really lovely transition that went on for a couple of months, They spent time getting to know [my relative] and what he likes, They caught on to his sense of humour really quickly." Records showed the person had regularly visited the service before moving in to enable them to get used to the new environment and develop bonds with their care team.

People's care plans were detailed, informative, and designed to help ensure people received personalised care that met their needs. Particularly important information including details of the person's preferred methods of communication, current interests and likes and dislikes was highlighted for staff at the beginning of these documents. Where routines were important to people these were fully documented to ensure staff understood how each person preferred to be supported. Staff told us, "It starts with an introduction to the person and then goes into detail" and "There is enough information in them, they tell you everything. [The person's] past, their daily routines, night routines everything is in there." Each person's care plan was set out and formatted in accordance with their individual tastes. For example, one person particularly liked the sea. Their care plan was written in blue ink on paper with an aquatic theme.

People's care plans provided staff with sufficient detailed information to enable staff to meet their individual needs both within the service and while being supported in the local community. People and their relatives had been involved in the development and review of individual care plans. One person's relative said, "We have regular meetings and updates." While staff commented, "We discuss it with [person's name] as much as we can" and "[Care plans] get updated pretty regularly. Everything is kept on top of." During our inspection we observed staff effectively using specific support techniques described within people's care plans. Daily care records demonstrated people were routinely supported in accordance with their individual care plans.

Health and social care professionals complemented the service on the quality and accuracy of their written care records and associated documentation. We found that the service's daily care records included accurate details of the care and support staff had provided, together with information on activities they had engaged with, their mood and details of any observed changes in support needs. Where specific charts were required to monitor ongoing health care needs these were fully completed and provide the reader with a detailed picture of the support provided.

The service was supported by the provider's activities coordinator who produced weekly suggested activity schedules. Staff used these as a starting point and supported people to choose each day what they would like to do. On the day of our inspection one person was away from the service for most of the day while two

others chose to catch the train to Penzance for a walk on the Promenade. A third person initially intended to meet them in Penzance later in the day but subsequently changed their mind. One person's spent the day with visitors in the service. We saw people being supported to complete crossword puzzles, domestic tasks and spending time enjoying the company of support staff and visitors.

The service was able to use the provider's minibus and wheelchair accessible cars to enable people to access the wider community. In the week prior to our inspection we saw people had travelled to South Devon to engage in a variety of activities. Relative's told us, "[My relative] does get out a lot on day trips and things" and "Activities are first class. He is having a really good social life." One person's relative told us, "[Person name] goes out ever such a lot" and commented that it was sometimes difficult to speak to them as they were so busy out doing things away from the service.

One person told us, "I go out a lot for walks. I like watching the surfers and the swimmers" and the person then looked out their window, smiled and commented, "I see a lot of birds." A number of bird feeders had been fitted outside the person's window to attract wildlife for the person to watch from their room.

A 'Lads day' had been introduced on Thursdays where people went out together to do a group activity. Relative's told us these events were popular. Their comment's included, "[Person's name] loves it" and, "They are very much focused on his experiences. They took him to laser tag the other day. I would never have thought of that." In addition, the provider regularly arranged gathering, events and competitions between it's local care services. People had recently enjoyed a variety of sporting events and there were plans under way for a Halloween party. Staff told us, "There is definitely enough for people to do, I really enjoy doing arts and crafts with the guys" and "We are always doing all sorts of activities, We're always going out."

There were systems in place to ensure any complaints received were fully investigated and acted upon. Relatives told us if they reported any minor issue or raised any concerns these were promptly addressed. One relative told us, "I had a little word with them about a couple of things and they have been sorted out." Another relative commented, "I cannot say anything bad about it. You won't get any complaints out of me." Records showed relatives regularly wrote to thank the service and staff team for the level of care and support provided. Health and Social care professionals had also written to the provider to congratulate them on the quality of care and support the service provided.

Is the service well-led?

Our findings

People's relatives were highly complementary of Clinton lodge. They told us "It is not like a care home it is a home. It is a small family community" and "I wish every care home could be the quality of Clinton Lodge. It is really well run".

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

The registered manager had recently been appointed at Clinton Lodge while the previous registered manager was now the provider's nominated individual. The transition of management responsibilities had been well organised and the new registered manager told us they felt well supported. During our inspection the nominated individual visited the service to provide reassurance and additional support for the registered manager and wider staff team.

Relatives were complimentary of the leadership provided by both the nominated individual and registered manager. Their comments included, "Both [the nominated individual and the registered manger] are really good people" and "[The registered manager] is lovely very supportive, really good." Health and social care professionals also told us that the service was well managed and that staff team was stable and well-motivated. Staff were well supported by service's leadership team who they respected and valued. Staff comments included, "[The registered manager] is brilliant, so easy to work with", "[The registered manager] is lovely to be honest, they are good people, you can go to them with anything" and "She is fair, definitely somebody you want in your corner."

The registered manager told us the service aimed for a, "Friendly family vibe." During our inspection we saw that people were relaxed, comfortable and happy within their home. When support was required, it was provided promptly and at the person's own pace. Professionals complimented the service on its philosophy and the positive impact it had on the people they supported.

There was a positive culture within the staff team and staff spoke of the positive impact their work made to the lives of the people they supported. People's relative told us they had confidence in the service's ability to meet their relative's needs. One relative told us, "This is the only place where I will let them buy clothes for [My relative] because I trust them."

Team meetings were held regularly. Staff told us these meeting were useful and the minutes showed staff were actively encouraged to provide feedback and make suggestion that could improve people's experiences of care. Notices within the office demonstrated there were systems in place to ensure staff supervision and training needs were met.

There was an on-call system in place to provide staff with managerial support outside of office hours if required. All staff who provided on call support had previous experience of supporting people who lived in Clinton lodge. Staff told us, "On call works well, I know I can call then and they will help."

Staff career development was actively encouraged. A number of staff had been promoted internally and the provider had developed trainee senior and trainee managers positions to facilitate this. In addition two staff had been supported to become care ambassadors. This role involves visiting local schools, colleges and career events to raise the profile of careers in the care sector.

The nominated individual and Registered manager both had a good understanding of the regulatory requirements and planned changes to the care quality commission's inspection procedures. The service's policies and procedures were being reviewed and updated to reflect these changes.

Senior staff meetings were held each month. These were attended by the provider's directors, nominated individual, registered managers and senior care workers. The meetings were used to share information about planned changes within the organisation. They also provided opportunities for senior staff to openly and honestly discuss performance in each service, people's experiences of care and to identify and share best practice.

The services quality assurance system were robust and designed to drive continuous improvement in performance. Regular audits of medicines, finances and accidents and incidents had been completed to ensure all staff were complying with relevant procedures. The service actively sought and encouraged feedback on its performance from people, their relatives and health and social care professionals. Recently received feedback was consistently positive and complimentary. In addition the service had developed the "Out in the community" system to encourage local businesses to provide feedback on their observations on staff performance while supporting people to access their services. In addition, the registered manager completed regular spot checks outside of office hours to ensure people received constant support in accordance with their individual care plans at all times.

Where quality assurance systems identified any issues, action plans were developed. These detailed the specific issue to be addressed and stated which staff were responsible for the action and set time scales for the identified actions. Each action plan developed was reviewed regularly by managers to ensure any identified issues had been resolved.