

Pro-Care Disperse Housing Ltd

# Pro-Care Dispersed Housing Ltd - Clevedon Lodge

## Inspection report

23 Clevedon Road  
Blackpool  
Lancashire  
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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

Clevedon Lodge delivers care and support for a maximum of six adults with a range of mental health problems. At the time of our inspection, five people lived at the home. Clevedon Lodge is situated in a residential area of Blackpool close to the promenade. The home has two communal lounges, one of which contains a dining area, and a kitchen. There were sufficient facilities for people to meet their personal care needs.

At the last inspection on 07 October 2015, the service was rated 'Good'. At this inspection, we found the service remained 'Good'.

During this inspection visit, people we spoke with said they felt safe whilst living at the home. One person stated, "I absolutely feel safe." Care files we looked at contained risk assessments intended to protect people against unsafe or inappropriate care. The provider had a good system to review accidents and whether there were lessons to learn to improve the service. Staff displayed a good understanding of safe infection control standards to ensure people lived in a hygienic environment.

We saw information about safeguarding and whistleblowing was made available to staff, people and visitors on a display board in the hall. One staff member commented, "I would have no hesitation to whistleblow poor practice."

We found the registered manager ensured staff had medication training to underpin their skills. They completed regular audits of associated procedures to maintain safe medicines management.

The management team had recently recruited staff in ways that protected people from the employment of unsuitable personnel. We saw there were sufficient numbers of skilled employees to continuously meet people's needs. A staff member stated, "It's great here, I can be more one-to-one with people I have the time to support residents." Staff files we looked at showed employees completed regular training, which was refreshed to update them to new evidence-based practices.

We found people were offered a choice of nutritious meals and they told us they enjoyed their food. Care records we saw included a 'dietary requirements' document that covered special diets, medical conditions, allergies, swallowing difficulties, hydration needs and preferences.

People commented staff had a kind, respectful attitude. One person told us, "In all the homes I've been in, the staff here are by far the best, they really care." People said they were fully involved in their care planning and able to explore their mental, physical and social needs with experienced staff.

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

Care files we reviewed included details about people's backgrounds, choices and preferences to support and treatment. This guided staff to provide person-centred care based upon each person's individuality.

Records we looked at contained confirmation of the management team completing regular quality assurance audits. People were complementary about the management team and expressed the home was well run. The provider sought people's views and experiences of life at the home.

## 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 good.

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service remains good.

# Pro-Care Dispersed Housing Ltd - Clevedon Lodge

## **Detailed findings**

### Background to this inspection

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

Clevedon 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, both of which we looked at during this inspection.

This inspection took place on 11 January 2018 and was unannounced. The inspection team consisted of an adult social care inspector.

Before our unannounced inspection, we checked the information we held about Clevedon Lodge. This included notifications the provider sent us about incidents that affect the health, safety and welfare of people who lived at the home. We also contacted other health and social care organisations such as the commissioning department at the local authority and Healthwatch Blackpool. Healthwatch Blackpool is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced living at Clevedon Lodge.

Furthermore, we looked at the Provider Information Return (PIR) the provider had sent us. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Additionally, we spoke with a range of individuals about this home. They included four people who lived at Clevedon Lodge. We further discussed care with two staff members and the registered manager.

We observed care and support in communal areas and looked around the building to check environmental safety and cleanliness. This enabled us to determine if people received the care and support they needed in an appropriate environment.

We examined care records of two people who lived at the home. This process is called pathway tracking and enables us to judge how well Clevedon Lodge understands and plans to meet people's care needs and manage any risks to people's health and wellbeing. We checked documents in relation to three staff members. We also looked at records about staff training and support, as well as those related to the management and safety of Clevedon Lodge.

# Is the service safe?

## Our findings

People were unanimous when they expressed how safe they felt at the home. One person told us, "I'm not safe living on my own at the moment, that's why I'm here, but the staff are helping me to get there." Another individual said, "It's the safest place on earth for me."

We saw information about safeguarding was made available to staff, people and visitors on a display board in the hall. This described what abuse and poor practice was and included the contact details of the local authority and the Care Quality Commission (CQC). Records we looked at contained evidence to demonstrate staff had relevant training. When we discussed this with them, they demonstrated a good awareness of their responsibilities. One staff member stated, "I would write up what I'm told and report it to the manager, CQC and safeguarding."

Care files we looked at contained risk assessments intended to protect people against unsafe or inappropriate care. These related to, for instance, fire safety, self-neglect, falls, harm to others, missing persons, substance misuse and medication. The assessments looked at the level of risk to the individual and actions for staff to support them. They were discussed and agreed with people who lived at the home in order to maintain everyone's safety and understanding of risks. A person gave us an example about their medication risk assessment. They said, "It's a really good system here. It keeps me safe because I don't get confused."

The local authority told us before our inspection they had visited Clevedon Lodge and identified concerns in one person's bedroom. This related to an area of damp caused by a missing external brick on the window frame. During our inspection, we found the registered manager had dealt with this to maintain the person's welfare. The individual said, "It never affected me and they sorted it dead quickly." The provider had an accident and incident log system to strengthen environmental safety. Although there had not been any recent accidents, we found this form covered analysis of outcomes and actions to reduce the potential for reoccurrence. This scheme was good practice in reviewing any concerns and whether there were lessons to learn to improve the service.

We found the home was clean and bright. Staff displayed a good understanding of safe infection control standards to ensure people lived in a hygienic environment. Posters were displayed in toilets advising everyone about the importance of hand washing. Staff told us they had suitable training and retained up-to-date records to indicate when tasks had been completed. Additional procedures included current service safety certification for electric, gas and legionella, as well as fire protection and fire fighting equipment maintenance. On arrival, we saw visitors were required to read the fire procedures and sign to evidence they had understood them.

The management team had recently recruited two staff members in ways that protected people from the employment of unsuitable staff. For example, we found staff files included references and criminal record checks, as well as the candidate's full employment history. The management team obtained this information before employing staff to confirm they were suitable to work with vulnerable adults.

Consequently, Clevedon Lodge had attained its full complement of staff. We observed they went about their duties calmly and provided people time they required, including sitting down and chatting with them. We saw there were sufficient numbers of skilled employees to continuously meet people's needs. One person said, "There's enough staff." A staff member commented, "We have enough staff to meet everyone's needs, no worries there."

We found the registered manager ensured staff had medication training to underpin their skills. They completed regular audits of associated procedures to maintain safe medicines management. The provider used a closed system, which prevented the risk of contamination and enhanced people's safety when they went on leave. Staff told us those who lived at the home had regular medication reviews from their GP or consultant. This ensured they received the right medicines and checked the effectiveness of treatment. Staff completed people's medication records in line with the National Institute for Health and Care Excellence guidelines. For example, there were no missing signatures and new stock was countersigned to evidence it was correct.



## Is the service effective?

### Our findings

Those who lived at the home told us they felt staff were skilled and experienced. One person said, "[The outreach worker] is excellent, he really knows his stuff." Another person added, "They are there when I'm struggling." A third person commented, "Most definitely staff are well-trained."

Each staff member had a training needs analysis to identify what additional training would be useful. On completing the courses, a member of the management team signed and dated the document to demonstrate the staff member's needs had been met. Staff files we looked at showed employees completed regular training, which was refreshed to update them to new evidence-based practices. This included food hygiene, Mental Capacity Act, fire safety, medication, safeguarding and first aid. A staff member told us, "I am willing to do any training and managers support me in this." Following successful employment, staff were additionally required to undergo induction training. The management team supported staff through regular supervisions. These covered, for example, personal care, recordkeeping, training needs and review of their annual appraisal goals.

Each person was assessed prior to admission to ensure the home could meet their needs. This formulated their care plan and staff agreed with the individual how they wished to be supported. Part of this process included the development and review of the 'Recovery Star.' This is an evidence-based tool that measures how successful strategies are in meeting people's needs. We saw care planning was adjusted in order for care delivery to continue to be effective.

Staff received food hygiene training to protect people from unsafe meal preparation. Cleaning records and appliance temperature checks were up-to-date to meet food safety standards. Care records we saw included a 'dietary requirements' document that covered special diets, medical conditions, allergies, swallowing difficulties, hydration needs and preferences. Any identified risks, or where potential harm could arise, were assessed by staff, who implemented control measures to protect people against malnutrition. Additionally, those who lived at the home were regularly weighed to monitor for possible health concerns. We found people were offered a choice of nutritious meals and they told us they enjoyed their food. One person said, "The food is excellent." Another person added, "I don't like beans so they make sure I don't have that on my plate."

An outreach worker was employed in the group of homes within the provider's organisation. Part of their role included supporting people, where requested, to attend health appointments. Those who lived at Clevedon Lodge told us this was very important support for them. This was because they often forgot information or felt anxious attending on their own. One person said, "The staff come with me, which helps me to remember things." Staff recorded the outcome of appointments and amended care planning where this was necessary. They further reviewed and discussed any changes with the person's care co-ordinator and other healthcare professionals involved. This was good practice in maintaining each individual's continuity of care or transfer between services.

Care records we reviewed contained evidence of people consenting to their care and treatment. This was

agreed on admission and throughout their placement to ensure the person consented to any changes. A staff member explained how those who lived at the home preferred staff to attend appointments with them. They added, "If someone has an appointment I will still ask first because it's their decision." People additionally signed their care plans and risk assessments after these had been discussed and agreed. They told us staff supported them to make their day-to-day decisions and enable them to be as independent as possible. One person said, "The staff are very respectful, I've never seen them take over."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). None of those who lived at Clevedon Lodge required a DoLS to support them. We observed people were able to come and go as they pleased.

During our inspection visit, we found the premises, décor and environment were suitable to meet people's requirements. There were sufficient washing facilities to assist individuals with their personal care and bedrooms were spacious and decorated to their personal tastes.

## Is the service caring?

### Our findings

When we discussed staff attitude with people who lived at the home, they told us they found staff were kind, respectful and caring. One person said, "The staff are lovely." Another individual added, "They're my family." A staff member commented, "I love the guys and feel rewarded in my work."

Multiple sources of information were available to staff, people and visitors to highlight diversity and anti-discrimination. This included a range of policies, the statement of purpose and the service user handbook. There was a theme of inclusivity and a desire to celebrate difference, for example, the visitors' policy stated, 'Any visitors making derogatory remarks...towards the staff or other service users...will be asked to leave the premises.' To enhance their skills, staff were required to read and sign the provider's equality policy. Care records contained information related to protected characteristics as defined in the Equality Act 2010. For example, staff gathered information about people's sexual orientation to assess if they had additional requirements. People told us they felt valued as individuals. One person said, "The staff are very respectful."

Information was made available to people about advocacy services. This enabled them to access this if they required support to have an independent voice. Staff sought and documented people's consent to sharing of their confidential information, where applicable.

When we discussed the principles of dignity and privacy, staff had an in-depth awareness of the importance of this to people's wellbeing. One employee commented they did not do anybody's laundry and added, "It's better for their privacy if they did it themselves. I won't enter a bedroom or let a contractor in until I get the person's permission." We observed staff engaged with people with compassion and kindness. One person said, "You can have a laugh with the staff. They're friendly." They additionally supported people to maintain their important relationships with relatives and friends. For example, the visiting policy on display in the entrance lobby advised relatives they could have a meal if they had travelled long distances.

People said they were fully involved in their care planning and able to explore their mental, physical and social needs with experienced staff. One person commented, "They are the experts on me and know how to support me with my mental health. Fantastic." Staff checked people's preferences, likes and dislikes and obtained an outline of their backgrounds to better understand them as individuals. Support was very much based on the person's insight into their issues, goals and objectives. We found staff supported them to communicate their health conditions and gave explanations in ways that helped them to understand. One person stated, "I don't get things sometimes, but the staff will sit down with me and explain it until I understand."

## Is the service responsive?

### Our findings

People told us staff provided care personalised to their requirements because they were fully involved in the ongoing development of their support plans. One person said, "I meet regularly with my keyworker to agree goals and review my care plan and risk assessments." Another person added, "I want to reduce weight, so the staff are developing a care plan with me."

We found detailed care records focused upon the person's expressed and identified needs. Information was personalised to aid staff to get to know people and their different requirements. Staff reviewed information regularly through the 'Recovery Star' to best appreciate how responsive support actions were in helping people to optimise their independence. A staff member said, "I have the time to support people to become more and more independent." We saw evidence where people were able to recognise their ongoing improvement and sense of self-worth. One person stated, "It's about relearning those skills I've lost. The staff work with us to help us become more and more independent." Information was made more accessible to people who lived at Clevedon Lodge and their families and friends. For example, the complaints procedure was available in easy read format for those who had communication difficulties.

The home's complaints policy was on display in the entrance lobby. This provided response timescales and information about how people should expect their concerns to be managed. Staff had not received any complaints in the last 12 months, but they demonstrated a good level of awareness about responding to issues raised. People we spoke with said they had no complaints but were fully aware of how to feed back any concerns.

Care files we reviewed included details about people's backgrounds, choices and preferences to support and treatment. This guided staff to provide person-centred care based upon each person's individuality. For example, information included people's choice about smoking, hobbies and interests, night checks by staff, food and personal care. We saw one person had identified they did not like paperwork. Consequently, for review of their care or the implementation of new forms staff asked them if they wished to be involved. Documentation was kept to a minimum and staff gave clear, simplified information, whilst checking the person understood each process.

The home had a detailed end of life policy, which staff were required to read and sign to confirm their understanding. Care records included comprehensive information about people's advanced and end of life decisions.

Staff had access to technology in order to improve people's lives. For example, they had equipment to allow them to search the internet for guidance, medication information and medical conditions. A staff member added, "We are also supporting two service users with their new mobile phones by helping them to work out how to use them."

On arrival, we found people who lived at the home were sat in the lounge next to the main office with a staff member. This occurred frequently and enabled staff to check on their progress, whilst providing an informal

setting for socialising. Care records included details about each person's preferred hobbies and support they required to maintain their interests. This covered access to the local community, including the pub, shopping, volunteering, college and paid work. One person said, "No, I never get bored. I go out shopping, visiting family and friends and to the pub." Staff additionally supported people to improve their basic life skills, such as cooking, cleaning and budgeting. A staff member told us, "If the lads want to, they can come and cook with me. It helps them to develop their skills." An outreach worker employed to support people within the organisation's group of homes also assisted them with their activities. This included taking a group of individuals on holiday. Another person stated, "We're going on holiday soon, I can't wait."

## Is the service well-led?

### Our findings

We discussed the management and organisation of Clevedon Lodge with those who lived there. People were complementary about the management team and expressed the home was well run. One person told us, "You can have a laugh with [the registered manager]. I think that's what keeps him coming to work. He's always around and knows us well." Another person commented, "It's a good home and it's managed really well."

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

We observed Clevedon Lodge had a calm, welcoming atmosphere and people were relaxed and smiling throughout. The management team demonstrated they had a good understanding of each person who lived there. We observed people approached the registered manager with respect and in a friendly way. Staff we spoke with said they felt valued and able to approach the management team if they needed to discuss anything. People said the management team was accessible and visible about the home. They told us they felt able to raise concerns and their ideas were sought in relation to the home's development. One person stated, "I feel very able to ask for things or make suggestions because they have made us comfortable and confident to do so."

The provider sought people's views and experiences of life at the home. Care files we looked at included each person's regular survey response. Questionnaires focused upon the individual's sense of progress, any new issues and the support they received. They also reviewed staff attitude, respect for privacy, safety and the home's environment. We found outcomes were positive and people's statements were complementary about Clevedon Lodge. Comments seen included, 'If I have a problem I can see the manager and it can be put right.' Additionally, regular 'service user meetings' were held between staff and people who lived at the home. These looked at, for instance, maintenance, housekeeping, new staff and house rules.

A range of up-to-date policies were retained in the 'staff policy folder' to guide all employees about correct procedures to follow. Staff told us they felt the management team listened to them and were open to new ideas or improvements. One staff member said, "The general manager is great and supportive. All the managers are great to talk with if I have any problems." Records we looked at contained confirmation of the management team completing regular quality assurance audits. Assessments monitored, for instance, environmental and fire safety, medication, water safety, DoLS, maintenance and lone working. In order to maintain everyone's welfare, any identified concerns were actioned in a timely way. As an example, we noted staff recorded the vacuum cleaner had stopped working and further documented when this had been addressed.

We saw evidence of the provider working with other organisations to maximise people's living experiences at Clevedon Lodge. We observed a multi-disciplinary approach to care and treatment. For example, care

plans included information from the care co-ordinator, who met regularly with staff and those who lived at Clevedon Lodge. There was good evidence of the management team working with other providers in maintaining holistic care for people.

The service had on display in the reception area of the home their last CQC rating, where people who visited the home could see it. This is a legal requirement from 01 April 2015.