

The Lodge Rest Limited

Claro Homes

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Claro Homes is a care home providing accommodation, personal and nursing care to up to 54 people. The service provides support to people with mental health needs. At the time of our inspection there were 52 people living at the service.

The service is divided into different units, including one area for females only. There are communal areas and a newly developed garden courtyard, all of which can be accessed by anyone.

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

People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. Staff had received training and knew how to apply it. They worked with a range of other professionals to safeguard people.

Staff assessed, monitored and managed safety as far as possible to protect people and minimise risk. 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.

We were assured that people were protected by the prevention and control of infection, although some areas of the service required refurbishment or repair to reduce potential risks. A plan was in place to carry out improvements and refurbish some areas.

People were supported to take their medicines safely and as prescribed. Staff who helped people take medicines had been trained to do so. Staff knew people well and understood their health and wellbeing needs. There was regular communication with other professionals and referrals were made to specialist services as required.

The numbers and skills of staff met the needs of people using the service. Staff knew people well and were able to consider their individual needs, wishes and goals. Safe recruitment practices were in place.

There was a positive culture where staff felt valued and were able to support people to develop and achieve their potential in individual ways. Staff applied the provider's values in their practice.

The management team were visible and led by example. They had a good oversight of the service and responded to people's changing needs. Governance processes were effective and helped improve standards to ensure high quality care and support was provided. The provider sought feedback from people and others who supported them. The management team were open and responsive to feedback.

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

Rating at last inspection

The last rating for this service was good (published 07 December 2017).

Why we inspected

We received concerns in relation to the safe care of people at the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We found no evidence during this inspection that people were at risk of harm from the concerns we had received.

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.

The overall rating for the service remains good based on the findings of this inspection.

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

Follow up

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Claro Homes

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 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

This inspection was carried out by one inspector.

Service and service type

Claro Homes is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Claro Homes is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Before the inspection we reviewed the information we had received about the service since the last inspection. This included the statutory notifications the provider had sent to CQC. A notification includes information about important events which the service is required to send us by law.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with some people living at the service at length and had briefer interactions with others. In total we spoke to nine people. We spent time observing people in the communal areas of the home to help us understand their experiences.

We spoke with seven members of staff, including the manager, deputy manager, quality assurance lead and a range of staff.

We viewed records and documents. This included four people's care records and medicine records. We looked at three staff files in relation to recruitment and staff supervision. We checked a variety of records relating to the management of the service. This included policies and procedures, quality assurance and health and safety documents.

We received feedback from five professionals who had regular contact with the service. We considered this information to help us to make a judgement about the service. The views of everyone we spoke with have been incorporated into this report.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had not ensured care and treatment was always provided in a safe way because people were not always protected from risks linked with health and safety. This included cross contamination risks from cleaning equipment, poor food hygiene standards and inconsistent use of personal protective equipment. These issues had not presented a breach of regulations at the last inspection, and improvements were found to have been made at this inspection.

- People were protected from the risk of harm because the service assessed, monitored and managed safety as far as possible.
- Risk assessments gave staff clear guidance about how best to support people with different needs. For example, managing medicines, financial safety, fire risks and self-neglect. Risk assessments were documented and updated in care records and supported staff to keep people safe.
- Risk assessments were regularly reviewed to accurately reflect people's needs and ensure staff provided appropriate levels of support which did not reduce people's independence.
- One unit was specifically for females who lived at the service. This unit was accessed via coded keypad entry and provided additional physical and relational security to people who required it.
- Regular checks and monitoring ensured environmental risks were assessed. Records showed building, equipment and fire safety were monitored and issues were addressed as required.
- The provider had clear policies, guidance and appropriate smoking areas, but some people continued to smoke indoors at times. Additional fire safety equipment, such as sprinkler systems, had been installed to manage and reduce this risk where required.

Systems and processes to safeguard people from the risk of abuse

- There were processes to ensure people were protected from the risk of abuse.
- People told us they felt safe living at Claro Homes and felt well supported by staff. One person said, "I told [registered manager] that I wasn't happy about [the actions of another person] and it was sorted out straight away. There's been no more problems. It's all ok".
- Staff had received safeguarding training and were clear they would raise concerns if needed to protect people from harm or abuse. Staff were confident that they would be supported by the registered manager if they raised concerns. One member of staff told us, "Things are always reported, and the managers follow up on actions".

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 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Staff and managers understood their responsibilities under the MCA. Training was provided and policies and procedures ensured staff worked within the principles of good practice.
- Mental capacity assessments were in place and best interest decisions were made in line with guidance. Assessments of people's capacity considered issues such as financial safety, medical treatment and smoking habits. These helped staff know how to keep people safe in the least restrictive way.
- Staff worked closely with other professionals to ensure support was delivered in line with standards and legislation and promoted a good quality of life for people.
- People told us staff asked their permission before supporting them with tasks. One person said, "They have to help me with [personal care]. They always check I'm ok with it".

Staffing and recruitment

- There were enough staff employed to meet people's needs.
- People and other professionals felt there always seemed to be enough staff. One professional said, "There's always someone around to help", and another added, "I always find them well organised, helpful, and extremely hard working".
- There was a stable staff team and some core team members had worked at the service for many years. This ensured there was continuity of care and people's needs and abilities were well known.
- Shifts were managed to ensure people received the support they required in day to day activities, as well as to access the community and attend appointments.
- We looked at staff recruitment files and found necessary checks had been carried out before staff started to work for the service. These included obtaining written references, proof of identity and a criminal record check to confirm staff were suitable to care for people.

Using medicines safely

- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely. Staff who helped people take medicines had been trained to do so.
- People were supported to receive their medicines as prescribed. People's preferences for how they liked to take their medicines and details such as allergies were recorded. Staff had up to date information available to support them in keeping people safe.
- The medicines administration records (MAR) we looked at were complete and signed appropriately with no gaps in signatures.
- Medicines with secure storage requirements were protected from misuse because staff followed the correct procedures in line with statutory requirements.
- Regular medicine audits were carried out to monitor safety and ensure risks were highlighted and managed.

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 supporting people living at the service to minimise the spread of

infection.

- 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 responding effectively to risks and signs of infection.
- 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 somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. The environment was clean overall, but some bathrooms required refurbishment or repair. Their condition meant they were difficult to keep clean and presented a higher risk of contamination. This had already been identified by the provider and an improvement plan was in place.

Visiting in care homes

- The provider supported families and friends to visit in line with government guidance. This enabled people to maintain contact with those who were important to them.
- Visitors were able to come into the service and people accessed the local community on a regular basis.

Learning lessons when things go wrong

- Incidents and accidents were recognised and reported as required. The registered manager investigated, made changes when necessary and shared learning with the team. This helped the provider to monitor trends and reduce reoccurrence in the future.
- When concerns were raised about the service, these were treated seriously, and actions taken to improve where necessary.

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.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

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

- People told us they enjoyed living at the service. Comments included, "I love it here" and "I do like it a lot really".
- The management team were well known, visible and led by example. During the inspection we saw managers engaging with people who lived at the service and staff about a wide range of matters. They were open and empowering and promoted an honest and positive culture.
- The provider's statement of purpose described their aim as being to deliver specialist services to people with complex needs with a focus on recovery and fulfilling potential. The management team stressed the importance of this philosophy, and we saw staff applying the principles in the way they supported people. The team were proud of the progress people made and celebrated the achievements in individual's recovery journeys.
- Staff told us they felt valued and liked working as part of a team who supported each other. Comments included, "We're an open staff group. We chat if there are troubles", and "The managers are the easiest people in the world. Any issues, I can talk to them. They're amazing".
- One professional told us, "The staffs' knowledge of people is phenomenal. They have historical knowledge of them which really helps in getting the best 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 provider understood their responsibilities about informing people and families, the Care Quality Commission and other agencies when incidents occurred within the service. Their management team were open and honest when things went wrong.
- There was clear communication with people, their families and other agencies when incidents occurred within the service.

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

- The registered manager understood their role and worked with the management team to meet regulatory requirements. For example, statutory notifications were submitted in line with legal requirements, health and safety checks were carried out and regular audits were completed.
- Robust quality assurance processes were in place to monitor and improve standards and ensure high quality care and support was provided. The provider employed a compliance lead, and a wide range of

audits and checks were carried out regularly. Regular audits included medicines, care records and infection prevention and control systems. Action plans were in place and reviewed to ensure improvements were achieved.

- People and professionals told us they could speak with the managers as and when they wanted. They felt the management team were approachable and responsive. One professional said, "The managers are proactive, and always make sure they keep me updated".
- Staff had access to a range of policies and procedures which were current and guided them in their roles.
- The previous CQC rating was displayed in the service and on the provider's website. The display of the rating is a legal requirement which informs people, visitors and anyone seeking information about the service of our judgments.

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

- We saw staff listening to people, treating them with respect and engaging them in making choices and expressing their views.
- People and staff were encouraged to give feedback and bring issues of concern and suggestions to the attention of the management team.
- There were regular opportunities for people and staff to discuss concerns and share ideas. This included keyworker, resident and staff meetings. Records of meetings showed topics such as safety in the home, environmental changes and trips and events had recently been discussed.

Continuous learning and improving care

- The management team were open and responsive to feedback during our inspection.
- When concerns had been raised, these were thoroughly investigated and shared with the staff team so that lessons could be learned and acted upon as necessary.
- The provider sought feedback through satisfaction surveys which were completed annually. These were due to be repeated, but the responses from the previous year's survey were positive and feedback helped to develop and improve the service. The management team told us the provider was supportive and invested in the service.

Working in partnership with others

- Staff worked with a range of health, social care and specialist services. This included GP, nursing, mental health teams and advocacy services.
- The local GP came to the service every week and effective systems were in place to ensure each person was seen on a regular basis, as well as changes in need being reviewed and addressed promptly. The GP knew people well and worked very closely with the staff team to maintain people's health outcomes.
- Feedback from professionals who had worked with the service was positive. One professional told us, "I have been very impressed by the caring and supportive relationships that are very much in evidence between staff and residents". Another said, "I could rave about this place. The work they do and they way they know people is amazing. They're great".
- The management team told us the service was embedded in the local community and benefited from its support.