

SUSASH Blackpool Ltd

Carlin Lodge

Inspection report

40 Carlin Gate
Blackpool
FY2 9QT

Tel: 01253596369

Date of inspection visit:
08 November 2023

Date of publication:
14 December 2023

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Carlin Lodge is registered to provide support and residential care for up to 17 people who may be living with dementia in one adapted building. At the time of the inspection 16 people were receiving care and support at the home.

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

Medicines were not always stored securely. Care documentation required improvement, and audits and checks had not identified the concerns we found on inspection. People were cared for in a clean and homely environment by staff who knew people's needs and wishes.

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 vulnerable people and staff had completed training to support their skills and knowledge. Staffing was arranged so people could be supported when they needed or requested support. Risk assessments relating to care were carried out to help minimise the risk of avoidable harm and staff knew the help and support people needed.

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 consulted and asked their views on the service provided. People told us they were happy at the home and were confident any comments they made would be listened to. Staff told us they felt supported by the manager and senior management team and they were able to approach them if they needed support and guidance.

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

Rating at the last inspection and update

The last rating for this service was requires improvement (published 02 October 2021) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last 2 consecutive inspections.

Why we inspected

The inspection was prompted in part due to concerns received about the safe management of medicines, cleanliness, and culture. A decision was made for us to inspect and examine those risks. 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.

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

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

The provider responded swiftly to our concerns and took action to improve the service. This has minimised associated risks.

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

Enforcement and Recommendations

We have identified breaches in relation to the safe management of medicines, care documentation and good governance.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. 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?

The service was not always safe

Requires Improvement ●

Is the service well-led?

The service was not always well-led

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 Health and Social Care Act 2008.

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

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

Carlin Lodge is care home'. People in care homes receive accommodation and personal and/or nursing care as a single package under one contractual agreement dependent on their registration with us. Carlin Lodge is a residential care home that provides personal 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 no registered manager in post. We were informed by the provider, the manager at the service was in the process of applying to register with the CQC.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection including information from the public. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 6 people who used the service about their experience of the care provided, in addition we spoke with 2 relatives. We also spoke with 4 members of staff including the manager and 3 care staff. In addition, we spoke with the nominated individual and 2 directors. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed 4 recruitment records and a variety of certificates and documentation relating to the management of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating remains 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.

Using medicines safely

- Medicines were not always stored securely. We were informed that the lock on a medicine's cupboard had recently broken, and the medicine's room was not locked. We also observed this to be the case during the inspection.

Medicines were not always stored safely and securely. This posed the risk that people who were not authorised to access medicines could do so. This was a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed the lock on the cupboard where medicines were stored had been repaired and staff had received guidance to minimise the risk of reoccurrence.

- Staff administered medicines in a person centred way. People were asked if they were ready to receive their medicines and their drink of choice was available for them.
- Arrangements were in place to ensure medicines that required refrigeration were stored safely.
- The provider ensured staff received training and their competency to administer medicines was assessed.

Assessing risk, safety monitoring and management

- Documentation required improvement. One care record did not include guidance for staff on the equipment a person needed to use to support their skin integrity. A further record did not contain guidance for staff on how falls management equipment should be used. This placed people at risk of avoidable harm.

This was a breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as documentation did not contain sufficient information for staff on how to minimise risks.

The provider responded immediately during and after the inspection. They confirmed documentation had been updated to minimise the risk of staff delivering care that did not meet people's needs.

- The provider ensured appropriate individual health risk assessments were carried out to help maintain people's safety in relation to their care. Risk assessments in nutrition, skin integrity, falls and the use of equipment were completed and reviewed. We noted one risk assessment for the safe use of bedrails had not

been reviewed within the timescale stipulated on the assessment. This was reviewed prior to the inspection concluding.

- Staff supported people to mobilise safely. One person shared how they had been nervous of their mobility equipment, but staff had helped them understand the reasons for the equipment and now they were confident when it was used. .
- Equipment had been serviced regularly to help ensure it was safe and suitable for use.
- There was clear information to guide staff to support people to evacuate in an emergency.

Staffing and recruitment

At our last inspection the provider had failed to consistently carry out recruitment checks to help ensure persons employed were of a suitable character to work at Carlin Lodge. This was a breach of regulation 19 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- The provider followed processes to help ensure prospective employees were recruited safely. We reviewed 4 recruitment records and found criminal record checks with the Disclosure and Barring Service were carried out and appropriate references were sought. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider ensured staff had access to an induction, training and shadowing opportunities to help ensure staff were skilled and knowledgeable of the people they supported. Shadowing is when a new employee works with an experienced member of staff so they can learn about the service and the people they support.
- The manager arranged staff to enable timely delivery of support. People and staff told us there were enough staff to meet people's needs. One person told us, "There's always someone to help, they come quick as anything." A further person said, "If I need anything, staff are there for me."
- Staff raised no concerns with staffing arrangements and said they had enough time to support people and we observed people being supported quickly on the day of the inspection.

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.
- A relative shared they were fully involved with decisions regarding their family members care. They commented, "No decision is made without my input."

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 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.
- The provider and manager supported visiting in line with current guidance.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding, and knew the action to take if they felt people were at risk of harm and abuse. Staff told us they would raise concerns to the manager and could also raise concerns with the local safeguarding team if they felt this was appropriate.
- People told us they felt safe. People told us, "I feel safe here, it's a nice feeling."

Learning lessons when things go wrong

- The provider had processes in place to ensure reviews of incidents and accidents took place and action was taken to minimise the risk of reoccurrence. For example, equipment to support safety was introduced if this was required.
- Staff had referred people to health professionals if analysis of risk indicated specialist advice was required. One person shared, "They called the doctor for me when I needed them and I got the medicine I needed."

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 requires improvement. At this inspection the rating remains 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.

Leaders and the culture they created promoted high-quality, person-centred care. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;
Continuous learning and improving care

- Audits did not consistently drive improvement. The care records audit completed in September 2023 had not identified that a risk assessment required review and that further information was needed regarding falls management equipment. In addition, internal processes had not identified medicines were not being stored safely.

This was a breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as audits did not consistently drive improvement.

The provider responded immediately during and after the inspection. They informed us audits had been refined to capture further information, to support improvement and minimise associated risks.

- The manager understood their responsibilities to report certain events to the CQC.
- Staff told us they were confident any concerns they had would be responded to by the manager and directors.
- The provider told us they supported managers to attend relevant forums and training to improve care and remain up to date with latest guidance.

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 manager had just started their role as manager at the service. They told us they worked openly and transparently, and supported people and staff to raise compliments, concerns and their views with them. People told us they could raise concerns with the manager. One person said, "They'd just sort it out for me." A further person commented that the manager was, "Doing a good job."
- Relatives shared they felt they could talk to the manager, and they had no concerns with the way the service was managed.
- Staff told us they enjoyed working at the home. One staff member commented, "It's the best place to work."

- The providers representative told us they offered support and guidance to the manager and they maintained an oversight of the service so any concerns could be quickly explored and addressed.

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

- The provider had systems and processes to engage with people and others acting on their behalf to enable them to influence the service provided. Documentation showed people and relatives were involved in decision making about the care provided. They were also invited to share feedback on the service to drive improvement. A relative told us they were kept well informed and had regular updates regarding their family member when this was required.
- Documentation showed staff and the management team worked with a range of other health professionals to help ensure people received person centred support that met their needs.

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 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not always stored safely and securely. Regulation 12 (1) (2) g
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Care records did not consistently record some people's current needs. Audits did not consistently drive improvement. Regulation 17 (1) (2) (a) (c)