

SUSASH Blackpool Ltd

Carlin Lodge

Inspection report

40 Carlin Gate
Blackpool
FY2 9QT

Tel: 01253596369

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22 February 2021

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31 March 2021

Ratings

| Overall rating for this service | Inspected but not rated |
|---------------------------------|-------------------------|
| Is the service safe? | Good ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

About the service

Carlin Lodge is registered to provide care for up to 15 older people or people living with dementia. It is a detached home close to Queens promenade in North Shore Blackpool. Bedrooms are situated on all floors and are all en-suite. There are also separate assisted bathing facilities. There is a choice of communal lounges and seating areas. There is a small garden seating area at the front of the home. At the time of our inspection 13 people lived at Carlin Lodge.

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

There had been recent concerns in relation to people with who had high care needs receiving the support they needed, staffing and management. The home had been without a manager for several weeks and we were told care for people with higher care needs had not been good enough during this time. A new manager had been employed and in the short time they had been there had made improvements to care and staffing. The new manager was developing management systems, monitoring care practice so people were cared for safely, and supporting staff. We received positive feedback from people supported and staff about the manager and the changes they had made in the short time they had been managing Carlin Lodge.

Although there had been concerns about care, people who were less dependent on staff told us they were satisfied with the care they had received. They said they were able to be as independent as possible and felt safe and supported by the staff team. Where people were unable to talk with us, we observed care, which had improved and staff interactions which were frequent and caring. Staff were able to tell us about how to safeguard people from the risk of abuse. Staff assessed and helped people manage avoidable risks. Staff supported people with their medicines according to national guidelines.

The home was clean and hygienic. This reduced the risk of infection outbreaks. The infection prevention and control policy was up to date. We saw and people told us staff followed infection control guidance and encouraged people to do the same. The building was maintained, and equipment serviced as required.

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

This service was registered with us 02/05/2019 and has not yet received a comprehensive inspection.

Why we inspected

We received concerns from health and social care professionals regarding care, record keeping, staffing and management of the home. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. The issues raised had been improved upon when we inspected.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. The service has not yet been given an overall rating.

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 coronavirus and other infection outbreaks effectively.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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.

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 safe and well led domains but did not provide an overall rating for the service under the Care Act 2014.

We inspected because we had received concerns about care provided, management of the home, staffing and needed to discuss the safety of people supported, staff and visitors. 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 two inspectors.

Service and service type

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

The service did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

We started the inspection activity on 22 February 2021 and ended on 26 February 2021. This included face to face, telephone or video calls to people supported and staff and information sent to us by the service. We visited the service on 22 February 2021.

What we did before the inspection

We reviewed information we had received about the service since registration. This included notifications we had received from the provider, about incidents that affected the health, safety and welfare of people supported by the service. We sought feedback from professionals who work with the service, including Blackpool health service and local authority. We used this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with three people who lived at Carlin Lodge about their experience of the care provided. We spoke with the manager and three care staff. We also spoke with one of the directors of the organisation.

We reviewed a range of records. This included two people's care records and several medication records. We looked at quality audits, staff rotas and two staff recruitment records. We also looked at a variety of management records. We did this to ensure the management team had oversight of the service and they could respond to any concerns highlighted or lead in ongoing improvements. We walked around the building to check the home was clean, hygienic and a safe place for people to live.

After the inspection

We continued to seek clarification from the provider to validate evidence. We looked at COVID-19 information and management records.

Is the service safe?

Our findings

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

This key question has been rated good. This meant people were safe and protected from avoidable harm. We will assess all of the key question at the next inspection of the service.

Staffing and recruitment

- Before we inspected, we had been informed that staffing was of concern and there was a shortage of sufficient, suitably skilled and experienced staff to meet people's needs. When we inspected the new manager had recruited new care staff, kitchen and domestic staff. This had made a significant difference to the care and support provided and meant there were enough staff to care for people safely.
- Staff recruitment was thorough and reduced the risk of appointing unsuitable staff. The manager had made recruitment checks before any new staff member could work at the home.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- Concerns had been raised about the care provided before the inspection, particularly that of people more dependant on staff support. When we inspected the most dependent people had moved to other services. The care practice we saw was safe and personalised and record keeping had improved and was informative. We saw staff interactions with people were cheerful and patient with staff providing prompt and sensitive care.
- We saw staff were managing risks. They had completed assessments and followed these to make sure people were safe from avoidable hazards and remained as independent as they were able. The building was maintained, and equipment serviced as required.
- People said they were happy with their care and felt safe and protected from the risk of abuse and avoidable harm. Staff knew what to do if they felt someone was being harmed or abused. One staff member said, "I would always do what I could to make sure people are safe." The management team had contingency plans to support people in emergency or unexpected situations.

Preventing and controlling infection

- The home was clean and hygienic throughout and had robust safety, hygiene and infection prevention and control (IPC) practices. People told us staff cleaned the home effectively. One person said, "They're always cleaning, always."
- The infection prevention and control policy was up to date. Staff followed this correctly and used personal protective equipment (PPE) effectively and safely. There was easily accessible PPE, hand washing and sanitising facilities throughout the building, which helped reduce infection risks. Staff and visitors used PPE effectively and safely. This was monitored by senior staff.
- Staff had completed infection control, PPE and Covid-19 training and told us they felt competent after this. They had an area within the home to change into and out of uniforms and PPE as needed, and had washing and sanitising facilities throughout the home. Staff and people supported were accessing testing and vaccinations which helped reduce the risk of infection.

Using medicines safely; Learning lessons when things go wrong

- People received their medicines safely. We observed staff giving people their medicines as prescribed and in line with good practice guidance. Staff were trained in medicines management. Medicine administration records (MARs) were completed accurately and medicines stored securely.
- The manager had started monitoring and reviewed any accidents, incidents and near misses. This helped staff learn from situations that did not go as well as planned and reduced the risk of repeat incidents.
- The manager was aware of their responsibility to report any issues to relevant external agencies.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care. We will assess all of the key questions at the next comprehensive inspection of the service.

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

- The manager who was registered at the last inspection, had left Carlin Lodge to manage another home within the organisation and was no longer registered with CQC. This left a gap in management support although they were available by telephone. The provider told us they were also in the home several times a week to provide support and maintain oversight. There had also been a COVID-19 outbreak during this time this situation impacted on the care which people received.
- The new manager was employed shortly before the inspection. We were confident the manager was making a difference. We could see they had quickly acted on the issues which professionals had raised before the inspection, about care, staffing and management. Staff told us the manager was consulting and involving them in any changes in the home and had met with staff individually and as a team. They had recruited new staff safely and were monitoring and auditing care practice and standards of quality in the home.
- There was a clear staffing structure and lines of responsibility and accountability which people understood. The manager had developed improved systems to check people were supported correctly. They spoke with people and their relatives regularly. They carried out informative daily walkarounds and frequent audits on the quality and safety of the service and took action if shortfalls were found. The manager met with the provider to keep them informed about the management of the home.
- The manager followed current and relevant legislation along with best practice guidelines. This helped them keep people safe and to meet their diverse needs. They understood and acted on legal obligations, including conditions of CQC registration and those of other organisations.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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 new manager was open and transparent and focused on ensuring a good standard of care. They had started updating care records and making sure care was safe and person-centred.
- People were complimentary about the new manager and positive about the changes they had made. Staff knew people and their care and support needs and made sure these were met.
- The manager sought people's views and those of their relatives and had regular contact with them. We saw comments from a relative praising the care their family member received. People said the manager and staff team were patient and caring. One person said, "I like the staff. They are a good bunch here." Another

person told us, "He's good [pointing to manager], very kind."

- Staff told us they felt the manager had already made a difference, even though he hadn't been at Carlin Lodge long. They felt that care had improved because of the increase in staff and management support. One staff member told us, "[The manager] is a good communicator. They are enthusiastic and very keen on team working. They are very approachable and supportive." Another staff member said, "It was difficult without a manager. We needed a manager to move forward together. They have involved us in making some good changes."
- The provider and manager understood the requirements and their responsibilities under the duty of candour to apologise to people and/or their relatives when mistakes were made and act on their duty of candour. They told us there had been no recent events that had required such a response.

Continuous learning and improving care; Working in partnership with others

- The manager had checked staff learning needs and had started to update training. They had carried out supervisions and team meetings to assist in providing good outcomes for people.
- The management team looked at current legislation, standards and evidence-based guidance. They evaluated any accidents and incidents to see if lessons could be learnt and to reduce risks of similar events.
- The manager worked with and fostered relationships with partner agencies to keep people safe and improve their well-being. Staff had developed links within the local community, although most of these were on hold because of the restrictions in relation to the Coronavirus pandemic.