Care Quality Commission

Sirona Care & Health CIC

Cleeve Court Community Resource Centre

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Overall summary

This inspection took place unannounced on the 17 and 22 December 2014. The previous inspection took place in April 2014 and we found breaches of Regulation 9 Care and welfare of people who use services, Regulation 12 Cleanliness and infection control and Regulation 13 Management of medicines. We asked the provider to tell us how compliance with these regulations was to be achieved. The provider wrote to us with an action plan of improvements that would be made. On this inspection we found improvements in the care planning process, the cleanliness of the property and the management of medicines.

Summary of findings

Cleeve Court provides personal care and accommodation for up to 45 people. The accommodation was arranged over two floors. On the first floor (Kelston Rise) there were 24 people living with dementia and on the second floor (Lansdown View) 20 people were accommodated.

The day to day management of the home was from a registered manager. 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.

People told us they felt safe and gave us examples on how this feeling of safety was achieved. Members of staff told us they had attended safeguarding adults training and the procedure on display told people and their relatives how to report suspicions of abuse. We found safe systems of medicine management and good standards of cleanliness. Staffing levels were not always maintained at peak periods and we saw people were not supported in a timely manner.

People told us the staff were kind and knew how to care for them. They told us the types of decisions they were able to make and who helped them make complex decisions. Mental Capacity Assessments 2005 (protects and supports people who may lack the mental capacity to make their own decisions about their care and treatment.(MCA)) were not undertaken for each person. This meant people's capacity to make decisions was not always established. Applications to the supervisory body for Deprivation of Liberty Safeguards (DoLS) authorisation were in progress for people subject to continuous supervision.

Staff told us the essential training they attended to meet the needs of people. They told us one to one meeting was held with a line manager (supervision) but it was not regular for all staff. This meant staff were not able to discuss their performance, training needs and concerns with their line manager on a regular basis.

People told us the staff were caring and kind and that the meals were good. They told us care plans on how staff were to care for them were in place and they were kept in their rooms. Care plans were devised on all aspects of people's daily living. The care plans for people with mental health care needs did not include the signs of deterioration. This meant staff may not take prompt action because they did not recognise the early signs of deterioration. People told us they knew who to approach with their complaints.

The views of people and their relatives about the service were gathered using surveys. Their feedback was to be used to improve the care and treatment provided. There was an effective quality assurance system in place to assess the quality of service provision.

Staff were knowledgeable about the vision of the service but they said the re-organisation of roles across three services may have an impact on staff which had caused uncertainty.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not safe. People were not supported in a timely manner by the staff during peak periods.

People told us they felt safe and explained how this feeling of safety was achieved. The staff knew the signs of abuse and the actions they need to take if they suspected abuse.

We found safe systems of medicines and the standards of cleanliness were adequate.

Is the service effective?

Requires Improvement

This service was not effective. People told us the staff were kind and the staff knew how to care for them. They told us the food was good and choices of meals were provided.

Staff told us the types of training provided which ensured they had the skills to meet people's needs but one to one meetings with their line manager were not taking place regularly.

Mental Capacity Act 2005 (MCA) assessments were not undertaken for each person to determine their capacity to make decisions.

Deprivation of Liberty Safeguards (DoLS) applications were in progress for some people living with dementia and with mental health care needs. These individuals were subject to continuous supervision and lacked the option to leave the home without staff supervision.

Is the service caring?

Good

The service was caring. People told us they were respected by the staff. We saw the staff interact with people in a kind and caring manner. We saw staff help people to settle when they became distressed.

Members of staff knew spending time with people and getting to know their likes and dislikes was important in getting to understand people's behaviours.

Is the service responsive?

Requires Improvement

The service was not responsive. Some care plans were not detailed and some lacked detail about all aspects of people's health and welfare needs. People knew they had a care plan and that it was kept in their rooms. Care records included people's life history and their preferred activities.

People told us activities were taking place regularly.

Summary of findings

Is the service well-led?

The service was well led. People's views were sought and action was to be taken to improve the service for people. The staff knew the vision and values of the organisation. They told us the registered manager was approachable but re-organisation was causing them uncertainty.

Good

Cleeve Court Community Resource Centre

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.

This inspection took place on 17 and 22 December 2014.

The inspection was carried out by an inspector and an expert by experience who had knowledge of dementia care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we spoke to and looked at information from commissioners of the service, previous inspection reports and notifications. Services tell us about important events relating to the care they provide using a notification. We asked the provider to complete a Provider Information Return (PIR). This 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. This enabled us to ensure we were addressing potential areas of good practice or concern.

During the inspection we spoke with people, their relatives, the staff on duty, the registered manager and other visitors including a social worker and entertainers. We interviewed staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us and observed the interactions between people and staff and we reviewed records.

We looked at the care records of six people, policies and procedures, quality assurance system, schedules and monitoring charts, audits of systems, reports of accidents and incidents and medicine administration records.

Requires Improvement

Is the service safe?

Our findings

The people on the first floor (Kelston View) were living with dementia and many were unable to express their views verbally. We asked people if they felt safe. People who were able told us : “I am comfortable and can relax here, nobody bothers me”, “I can walk around and go out into the garden when the weather is nice”, “I am fine here, lots of people to look after me”, “Nothing to worry about; now and again people make a fuss but it doesn’t bother me; staff sort it out.”

The people on Landsdown View (second floor) told us they felt safe. One person said “yes I feel safe.” A relative of a person told us their family member was safe. Another relative said “Staff have a lot of patience, they have an unhurried approach and my relative feels safe with the staff, they are respectful and will repeat things in a way that makes sure my relative understands

The safeguarding adult’s procedure was on display in the reception area and on each floor. An easy to follow flow chart described to people and visitors the types of abuse and how to report their suspicions of abuse.

Members of staff were fully aware of their responsibilities regarding safeguarding people from abuse. Staff told us they had attended safeguarding adults training. They knew the types of abuse and who to report their suspicions of abuse to. An agency worker told us the procedure for their agency was to report suspicions of abuse to the agency manager. Permanent and bank staff told us suspicions of abuse would be reported to the home’s registered manager.

On the first floor we saw the staff were able to respond to people’s needs in a timely way. Staff commented that there were usually enough staff on duty to enable them to spend time with people other than when they were providing personal care. On the day of our visit there were two agency carers on duty, one knew people well from previous occasions and had a good rapport with them. One visitor commented: “There’s always adequate staff, no-one is left unattended; staff are very proactive, always checking residents safety; they seem to be aware of where people are and if there is any movement; and they are good at making sure people are alright if they are quiet”.

One person on the second floor said “yes I get as much attention as I want.” Another person told us "they tell me I am not the only one, they say there are 20 other people but I am one of those 20 people. The staff say it’s the best that I can do." A relative of a person living on the second floor gave us their observations of the staffing levels. They said “not always enough staff, at the moment there is a problem with a bug [virus]. They are short at night because of this bug.”

At lunchtime on the second floor we observed staff were not able to respond in a timely way to people who required attention. We saw one person was struggling to eat their meal and another person requesting attention from the staff. We saw there were three staff on duty. One member of staff was plating up the meal while the agency worker was serving the meals to people and the senior on duty was administering medicines. A member of staff told us “we are short at the moment, more staff are needed to serve meals. At the moment there is one member of staff doing the meds [administering medicine], another serving and one giving the meals out.” This meant there were no staff to offer support or encouragement to people to eat their meals

We spoke to the manager about the staffing levels following our observations of people not receiving support to eat their meals. The manager told us the second floor staffing levels during the day were one senior and three support workers and two waking staff at night. On the first day of our inspection visit the staffing levels were not maintained as there were two support workers on duty instead of three staff. The rota for the second floor showed staffing levels were not always maintained during peak periods. For example, meal times and early evenings. . The manager told us part of their role included working "hands on" to maintain the staffing levels. We were told recruitment was suspended due to restructuring (re-organisation of staff roles which may impact staff) across the organisation) although, there were two support worker and two senior vacancies. It was stated bank staff were used to cover vacant hours. The manager told us the use of agency staff was rare and on the day of the inspection they were used to maintain staffing levels. This was due to an outbreak of communicable infection to staff and people.

People on the second floor told us they had observed people expressing their frustrations using inappropriate language. One person said “the staff ignore the behaviour. I think it’s easier than causing a row.” Another two people

Requires Improvement

Is the service safe?

told us “sometimes people shout and the staff use distraction. The staff will use magazines with pictures”. Members of staff told us distraction techniques were used when people became anxious and used inappropriate repetitive language. They told us offering refreshment or activities helped distract people. However, this information was not included in the care plan for behaviours which others found difficult to manage.

The manager said people were supported to take risk safely and described risk management as an "enabling approach to risk reduction". Staff told us people’s dependency levels were assessed during the admission process. Where risks were identified a care plan was developed on how to reduce the level of risk. We saw risk assessments were in place for moving and handling, the potential of people falling and for developing skin damage and malnutrition.

Environmental risk assessments such as checks of the property were completed to ensure the property was safe for people and the staff. Plans were in place for dealing with emergencies which may affect the smooth running of the home. The plans were sectioned into types of emergencies and the level of response required. For example, in the event of a fire people were to be moved to another location within one hour.

People were protected from unsafe medicine systems. We saw safe systems of storage and administration were in place. Medicines were administered to people from a medicine trolley by the senior staff member on duty. We looked at the medicine file on the second floor and included was the procedure for handling and administering medicines and protocols for medicines to be administered when required. These protocols gave guidance to staff on the purpose of the medicine, the direction, possible side effects and maximum dose to be administered within 24 hours. Individual profiles included the person’s photograph to assist staff to identify the person. Medicine Administration Records (MAR) chart were signed by the staff when they administered the medicine.

People told us the standard of cleanliness was good. One person said “Yes my room is clean, they come in everyday to clean my room and they change the towels daily.” The staff told us they had attended infection control training. The manager told us the organisation had a designated infection control lead. Housekeeping staff told us schedules were introduced to ensure the home was clean which reduced the spread of infection. Infection control audits were used to assess standards which covered the general management of infection control prevention, the environment and personal protective equipment. Action plans were devised where standards were not met. For example, replacing mattresses that were covered with impermeable fabric.

Requires Improvement

Is the service effective?

Our findings

People told us the staff were kind and knew how to care for them. Bank and agency staff told us they had received an introduction to the home when they came on duty. The agency member of staff told us they had attended training needed to meet the needs of people at the home. For example, safeguarding adults, mental health, first aid and Mental Capacity Act 2005 (MCA). Permanent staff told us the training provided met the changing needs of people which included mental health and dementia training. The training matrix showed the types of training provided, the dates the training was undertaken and the dates for updates. We saw the training included MCA, moving and handling and fire training.

The registered manager told us the line manager's had one to one meetings (supervision) with staff. The manager supervised senior support workers and support workers were supervised by senior support workers. Support workers told us their supervision was irregular and bank staff told us supervision was not taking place. The supervision matrix in place showed five staff had not had regular one to one meetings with their line manager . This meant staff were not able to discuss concerns, their performance and training needs with their line manager.

People told us the types of decisions they were able to make. One person said "they asked if I was for resuscitation and I said no." Another person told us they made day to day decisions, they said "they ask what I want from the wardrobe". A relative of a person living on the second floor told us their family member made their own decisions and "they [relatives] followed these decisions."

The manager told us as concerns arose about the person's capacity, MCA assessments were being undertaken. It was acknowledged that MCA assessments were not in place for each person. The staff we spoke with showed a good understanding of the principles of the Mental Capacity Act 2005. A member of staff told us people on the second floor had capacity to make decisions about their personal care, meals and routine. We saw for some people MCA assessment had taken place and care plans were devised for people who lacked capacity. We saw cigarettes and lighters were restricted for one person. Although the person had agreed with their relatives to the restriction, an MCA assessment and best interest meeting had not taken place.

The manager told us Deprivation of Liberty Safeguards (DoLS) applications were in progress for some people living with dementia and for those who may have mental health care needs. These individuals were subject to continuous supervision and lacked the option to leave the home without staff supervision. DoL's provide a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict or deprive them of their freedom.

The Care Quality Commission is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Mental Capacity Act 2005 sets out what must be done to make sure that the rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care or treatment. This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this.

The cook told us gluten free and enriched meals were served. They told us people were helped by the staff to select their preferred meal from the menu choices the day before. On the first floor we saw the meals, which had been selected the previous day, were served by carers who asked people individually if they would like hot vegetables or salad with their main course. Staff warned people if the plates were hot and we heard them tell the people what they were being given as they placed the meal in front of them. Serviettes were given to people and people were asked if they needed support to cut up their meal.

People on the second floor told us the food was good and if needed alternatives were served. One person said "meals are good, I have vegetarian meals. We can have what we want within reason." We observed the staff offered choices of refreshments. We heard staff offer choices and support to people, they said "Do you want salad or vegetables with your flan," "do you want me to cut up your meat," and do you want gravy". We saw staff offer alternatives when the selected menu choice was not wanted.

People told us the GP was contacted to visit when needed. Another person told us their GP had advised them about their medical condition. This person also said other health

Requires Improvement

Is the service effective?

care professionals such as the dentist were involved in their care. Individual records of social and healthcare professionals visits were maintained in people's care files and described the nature of the visit and the outcome. We saw people were referred for specialist treatment for example speech and language therapy.

Good

Is the service caring?

Our findings

On Kelson Rise (first floor) staff were seen to interact with people in a kind and caring manner. People responded in a positive ways towards staff's friendly manner. A visitor told us "I would recommend this place to anyone". "This is a loving environment where staff make people feel safe; there is a feeling of connection because most staff are local". On Landsdown View (second floor) one person said "I know the staff and I get the attention I need from the staff."

On Kelson Rise we saw staff help people who became distressed to settle. One person said "They look after me very well; they take time and ask me how I am". Another person said "staff are superb, this is a beautiful place without a doubt" and "this is a good place to be, staff are great, we have a laugh". Visitors said their family members were well cared for. A relative told us "I have every confidence in the staff and how they care for my relative in every way".

Staff explained the importance of spending time with people. They said they had time to speak to people when they were providing personal care. Staff discussed with people their life story and what was important to them. This gave them an insight into some of their behaviours and what topics might cause them to become upset.

We saw the staff had been awarded by the organisation when they received positive feedback from visitors and relatives about the staff's caring approach towards people. We saw notice boards were used to keep people informed about the staff on duty, the weather and the day's menu. This meant people were helped to remember who was on duty and the meals to be served.

People on Landsdown View (second floor) told us their rights were respected by the staff. One person said bedrooms were lockable and another person told us "they [staff] don't intrude, they always knock before they come in." Another person said "the night staff knock on my door and ask if I want to get up. I usually say yes please." Staff's comments showed an understanding of people's rights. They were able to give us examples on the way people were respected.

Requires Improvement

Is the service responsive?

Our findings

People told us they had a care plan which was kept in their room. One person said "I have a care plan in my bedroom. I haven't looked at it; my keworker told me about it." Staff told us they acted as keyworkers to specific people and this role included organising personal care, supporting people with clothes shopping and ensuring care plans were up to date.

Care records included people's background information, and their preferred activities. Care plans were developed for all aspects of daily living which included personal care, medicines and food and fluid. They described how the person liked their care to be met which the person signed to show agreement with the action plan. Care plans for people diagnosed with a mental health care needs were not in place for some people. This meant staff were not given guidance on how these medical conditions affected people's daily living and how to recognise signs of deterioration.

A member of staff said during the admission process, risks were assessed for example, people at risk of falling or malnutrition. We were told risk assessments were reviewed monthly to ensure the actions were current and relevant. Risk assessments were reviewed and updated to reflect new guidance given.

On the first floor (Kelston View) people's daily routine was kept in their bathroom. Routine sheets were designed to give the staff an accurate account of the person's routine and needs to ensure continuity of care. Staff said they regularly updated people's care plans and daily routine sheets.

Relatives of people living on the first floor told us they were invited to care plan reviews. They told us any changes in their family member's situation was discussed with them at the time, either by 'phone or during a visit'. They added that staff were always available and happy to talk to them when they visited. Staff said part of their role was to develop care plans, document changes and update daily routine charts kept in the person's bathroom.

Staff told us they were kept informed of people's changing needs during handovers. An agency workers told us "I have worked in this home before. On the back of people's doors there is a daily routine plan telling you how the person likes their care delivered."

The registered manager told us although there were plans to employ an activities coordinator, there was an expectation from staff to engage with people and undertake activities. The registered manager placed great emphasis on activities and encouraged staff to support people in a wide and varied programme, from sing-a-longs, aromatherapy,snooker, arts and crafts, and minibus outings. Staff used the College of Occupational Therapy 'living well through activity in care home toolkit', which suggests the activities that can be done with people in short sessions.

On the first floor we observed there was an hour-long music session from a charity. The people and staff participated in this interactive session; we were told later by the presenter that this was always the case on this unit, adding that there was always a good atmosphere when they visit because staff interacted with people in a positive and stimulating way. Visitors we spoke to said they often took their relatives out. People on the second floor (Lansdown View) told us how they spend their day. They told us "I take the paper; you can order the paper, I read a lot." Another person told us "there are quizzes, singing, making Christmas decorations and watching television." A third person told us "I like doing art, drawing pictures and making cards. I do it here sometimes."

The environment on Kelston Rise was appropriate for people living with dementia. Corridors, which had non-slip flooring and hand rails on both sides, all ended in a seating area with a mural or painting above so that people who liked to walk around were able to take a rest and were not faced with a blank wall leading nowhere. There was good use of colour to indicate different areas and help orientate people. There was an assortment of tactile and sensory objects randomly placed along corridors for residents to touch, pick up or use at their will.

People told us they approached the registered manager with complaints. Another person said the staff took immediate action when they complained. We were told "I complain about the meals. You just have to ask." We were told when issues were brought to the registered manager's attention prompt action was taken to resolve their concerns.

We saw Customer Care Service forms were available in the home which told people and their relatives how to complain. Relatives said they were aware of the complaints procedure but had never had cause to complain. The staff

Requires Improvement

Is the service responsive?

were aware of the complaints procedure, they told us complaints were passed to the registered manager but if necessary they passed complaints to the appropriate professional.

Good

Is the service well-led?

Our findings

We saw information on display which included the vision and values of the organisation. The manager told us a value of the organisation was to treat people as a member of the family. Bi-monthly newsletters were available to all visitors. Copies of this as well as information for carers and notices of upcoming events were displayed in prominent positions.

The people on Kelston Rise (first floor) said they were happy. One person said: “It is not home but I am lucky to be here”. Another said: “It is a good place to be”. One person on Lansdown View (second floor) said “they come around occasionally and ask about the running of the home.”

Surveys were used to seek the views from people, their family and friends about the running of the home. Positive responses were received about the service but comments were made on areas for improvements which included activities and laundry

The staff said the registered manager was approachable but there was uncertainty because of re-structuring (re-organisation of the establishment which has an impact on staff working in community resource centres). The manager told us bank and agency staff were used to cover vacancies while there was a freeze on recruitment. Staff told us there were staff shortages but there was a freeze on recruitment. Some staff members said they felt they were not supported by "management" and their voices were not heard. On the second day of the inspection visit we were told consultation with staff affected by the restructuring was taking place. We were told from January 2015 a report to the senior leadership team was to be developed on the feedback received from staff, people living at the home and their visitors. This meant steps were being taken to consult the staff about the restructure.

The head of services told us the standards assessed to ensure the quality of the service. Finance, training, staff performance and complaints were assessed and an action plan was to be developed where standards were not fully met.

Patterns and trends were identified from incidents and accidents. Reports of incidents and accidents were devised by the staff and analysed by the manager. The preventative action set was included in the report where appropriate.

Audits were undertaken to ensure people received appropriate and safe care and treatment. Care plans, medicine, infection control and nutrition were audited monthly to assess standards of care were maintained. Where standards were not fully met action was taken to meet the standards. For example, cleaning schedules were developed for the laundry and kitchen.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.