Achieve Together Limited

Cleveland House

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

We expect health and social care providers to guarantee people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, Right care, Right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

About the service
Cleveland House is a care home registered to accommodate and support up to 11 people with mental health needs, learning disabilities and/or autism. At the time of the inspection, 10 people were living at the home.

People's experience of using this service

Right support:
People and relatives told us they were involved in developing and reviewing care plans and risk assessments. Staff supported people to integrate and be part of the community. Staff knew people's needs and ensured that each person received care and support that met their needs. People were able to make decisions about their care.

Right care:
People and relatives told us the care and support people received was excellent. Staff understood how to protect people from poor care and abuse. The service worked in partnership with other health and social care professionals to ensure people received effective care. People received kind and compassionate care from staff who had training and experience in providing personal care.

Right culture:
Staff placed people's wishes, rights and needs at the centre of everything they did. The registered manager understood the importance of communicating and working closely with relatives. One relative told us, "Staff told me everything [about an incident], we have good communication with the home."

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.

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 5 July 2022).

Why we inspected

The inspection was prompted in part by notification of an incident following which a person using the service sustained a serious injury. This incident is subject to a criminal investigation and as a result this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk of harm to people. This inspection examined those risks. We found no evidence during this inspection that people were at risk of harm from this concern.

We undertook a focused inspection to review the key questions of safe and well-led only. The overall rating for the service has remained Good based on the findings of this inspection.

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.

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

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.

Cleveland House

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 one inspector

Service and service type
Cleveland House 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. Cleveland House is a care home without 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
The inspection was unannounced.

What we did before inspection
We reviewed information we had received about the service since registration with CQC. We sought feedback from the local authority. 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 spent time observing how staff supported people and communicated with them. We spoke with one person who used the service, two relatives, two staff and the registered manager. We reviewed three people's care files, three staff files in relation to recruitment, and other documents such as supervision, staff rota, medicines, and a variety of records relating to the management of the service.

Good

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 Good. The rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from poor care and abuse. The service had safeguarding systems and processes in place to ensure incidents of abuse were reported, investigated and action taken.
- People and relatives felt people were safe in the service. One person told us, "I am happy living here. Yes, I feel safe here." A relative told us, "[My relative and the other service users] are safe. Any reported incidents of abuse are dealt with professionally. I am exceptionally happy with the service."
- Staff had training on how to recognise and report abuse and they knew how to apply it. A member of staff said, "I have attended training on safeguarding, and I know the whistle blowing policy. I report any incident of abuse to my manager."

Staffing and recruitment

- People were supported by staff who had relevant training and experience. Staff recruitment and induction training processes promoted safety, including those for bank staff. All staff went through the provider's recruitment process which included completing application forms, attending interviews, providing documents such as written references, evidence of personal identity, and undergoing criminal background checks.
- The numbers and skills of staff matched the needs of people using the service. One relative told us, "The service has enough staff."
- People's records contained essential information about them to ensure new or bank staff knew how best to support them. The registered manager told us they had embarked on recruiting permanent staff to help the service provide consistent quality care.

Assessing risk, safety monitoring and management

- People felt safe living in the service. One person told us, "Yes, I feel safe." A relative told us, "The service users are safe [in the home]".
- The service helped keep people safe through formal and informal sharing of information about risks.
- Staff managed the safety of the living environment and equipment through checks and actions to minimise risk. Fire risk assessments and regular health and safety checks were undertaken to ensure people lived in a safe environment.
- People had risk assessments which outlined possible risks to their health and safety and the actions staff were required to take to mitigate the risks.
- People and relatives received support from staff following incidents and allegations of abuse. One relative told us, "I cannot thank [staff] staff enough. They gave us full support. They dealt with [incident] professionally."

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.

Using medicines safely

● The provider had effective medicine management system. Medicines were stored securely and regularly audited by staff.
● The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
● People could take their medicines in private when appropriate and safe.
● Staff reviewed each person's medicines regularly to monitor the effects on their health and wellbeing and provided advice to people and carers about their medicines.
● People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.

Learning lessons when things go wrong

● People received safe care because staff learned from safety alerts and incidents. Staff drew lessons from incidents and accidents to ensure that they did not recur.
● The service managed incidents affecting people's safety well. Staff recognised incidents, reported and recorded them appropriately. Managers investigated incidents and shared lessons learned, and this helped keep people safe.

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.
● People could have visitors to the service as they wished. Visiting relatives, friends and professionals were asked questions regarding COVID-19 on entry to the service and were required to follow suitable protocols to minimise the spread of the virus.

Good

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. The rating for this key question 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.

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

- Staff gave honest information and suitable support, and applied duty of candour where appropriate. One relative told us, "Staff told me everything [about an incident], we have good communication with the home."
- Staff gave honest information and suitable support, and applied duty of candour where appropriate. A relative told us; "Staff are honest and supportive."
- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say.
- Managers worked directly with people and led by example. We observed people were comfortable when interacting with the registered manager.
- The service took equality and diversity seriously. Staff had good knowledge of how to promote equality and diversity. When people and staff raised concerns about equality and diversity, the provider investigated the concerns and took appropriate action.
- Management and staff put people's needs and wishes at the heart of everything they did. Staff knew people and how to support them to meet their needs.

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

- The management of the service was good. People and relatives were satisfied with the management of the service. One person told us, "I am happy here." A relative said, "The service is cool." Another relative commented, "This is a top-notch service."
- The registered manager had been in post for many years and had the skills and experience to perform their role effectively.
- There was a clear management structure and staff knew their roles. Staff were able to explain their role in respect of individual people without having to refer to documentation.
- Staff reviewed and updated care plans and risk assessments on an ongoing basis as people's needs and wishes changed over time. This ensured people received appropriate and timely support that met their needs.
- The provider invested in staff by providing them with training to meet the needs of all individuals using the service.

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

● The registered manager embarked on continuous learning to improve the service. We noted the registered manager attended the provider's management meetings, where they could share ideas on social care policies and practices

● The provider had good systems in place to ensure people and relatives were involved in the development of the service. A relative told us, "We are involved in the development of the service."

● The provider sought feedback from people and those important to them and used the feedback to develop the service. The provider had sent out annual survey questionnaires to relatives and was waiting for their return at the time of our visit.

● Monthly meetings offered people and staff an opportunity to discuss and influence the quality of the service.

● People's records contained their equality characteristics such as their religion, gender and ethnic background. Staff considered these when providing care.

Continuous learning and improving care; Working in partnership with others

● The provider kept up to date with national policy to inform improvements to the service. Policies and procedures were up to date and staff followed these.

● Staff worked in partnership with health and social care professionals, which helped to give people using the service a voice, improving their wellbeing. Staff told us and records confirmed people were supported to access health care and social care. Feedback from social care professionals confirmed they had good working relationships with the service.