

Endurance Care Ltd

Cleveland House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Cleveland House is a care home that was registered for up to 25 people. Cleveland House provides care and support to adults living with learning disabilities, limited verbal communication abilities and behaviour that challenges.

People's experience of using this service:

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensured people who live at the home could live as full a life as possible and achieve the best possible outcomes that include control, choice, inclusion and independence.

People told us they received a good service and felt safe. Accidents and incidents were recorded, and risk assessments were in place. The registered manager understood their responsibilities about safeguarding and staff had been appropriately trained. Arrangements were in place for the safe administration of medicines.

People received planned and co-ordinated person-centred care which was appropriate and inclusive for them.

There were enough staff on duty to meet the needs of people. The provider had an effective recruitment and selection procedure and carried out relevant vetting checks when they employed staff. Staff were suitably trained and received regular supervisions and appraisals.

People were supported with good nutrition and could access appropriate healthcare services. People's wellbeing was monitored and promoted.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were involved in planning and reviewing their care and support.

People's needs were assessed before they started using the service. Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

The registered manager and staff team supported the values of promoting choice and control and independence and inclusion. People were supported to achieve their own goals and be safe.

Systems were in place to monitor the quality and safety of the service. The registered manager and staff were keen to drive improvement that would impact positively on people's lives.

Rating at last inspection:

Since the last inspection the service has undergone a change of provider. This is the first inspection of the service with the new provider.

Why we inspected:

This was a responsive inspection. We had received a number of notifications from the provider which identified an increase in incidents taking place within the service. We undertook a responsive inspection to check whether people were receiving consistently safe care.

Follow up:

We will continue to monitor intelligence we receive about the service.

For more details, please read the full report which is on the CQC 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 effective?

Good ●

The service was Effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was Caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was Responsive.

Details are in our Responsive 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one inspector.

Service and service type:

Cleveland House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Cleveland House accommodates up to 25 people in one adapted building.

The home had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was announced.

What we did:

We reviewed information we had received about the home. This included details about incidents the provider must notify us about, such as allegations of abuse. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During inspection we looked at the following:

- The environment
- We met the people living at the home
- We spoke to three members of staff, the registered manager.

- Care records
- Medicines records
- Records of accidents and incidents, specifically the incident reports around concerns and action taken.
- Audits and quality assurance reports
- Three staff recruitment files
- Staff training records
- Rotas
- Health and safety information

Following this inspection, the registered manager provided us with additional information we requested around updating care plans.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse;

- People and their relatives told us they felt safe and supported by members of staff. One relative told us, "My [relative] feels safe and secure at Cleveland House."
- Staff were aware of how to recognise abuse and protect people from harm. They felt confident raising any concerns with managers and were aware of the whistle-blowing policy.
- Staff told us about the safeguarding training they had received and how they put it into practice. Staff were able to tell us what they would report and how they would do so.
- Information about how to report safeguarding concerns was readily available in the service's communal areas and records showed safety concerns had been appropriately resolved.

Assessing risk, safety monitoring and management

- Risks in relation to the environment had been assessed. There was a significant amount of building work taking place at the service. Risks around this had been assessed to make sure that people remained safe. If people wanted to visit the area of the service that was being redeveloped they were able to do so and were provided with hard hats and high visibility jackets.
- People's support needs had been assessed. Staff understood how to manage identified risks and people's care plans included guidance for staff on how to ensure people's safety.
- Where people experienced periods of confusion or anxiety staff knew how to respond effectively. Care plans included information on how to distract or otherwise support people if they became upset or anxious.

Staffing and recruitment

- Recruitment processes were safe and ensured people were protected from the risk of unsuitable staff being employed.
- There were sufficient numbers of staff available to meet people's needs on the day of our inspection and records showed these staffing levels were routinely achieved.
- Staff responded promptly to people's request for support throughout our inspection. People were able to access the community with support when they wanted too.

Using medicines safely

- Appropriate arrangements were in place for the safe administration and storage of medicines.
- Records described the support people required with medicines, medicine administration records were regularly audited, and staff were appropriately trained.
- Staff followed organised systems to ensure safe and timely administration of medicines to people.
- When people were prescribed their medicines on an 'as required' basis, we saw guidance was available for staff to follow. Records we looked at confirmed staff were following the guidance in place.

Preventing and controlling infection

- Systems were in place to protect people from the spread of infection.
- There were signs throughout the service reminding people about the importance of washing their hands. These were in pictorial format so that all people using the service understood them.
- Staff had received training in infection control and appropriate equipment was available throughout the service to manage infection control risks.

Learning lessons when things go wrong

- All incidents and accidents that occurred were reported to the care manager or deputy manager and investigated.
- The service had put measures in place to stop incidents from happening. For example, they had moved people's room away from one another. Reward charts and incentives had been put in place to encourage positive behaviour. The registered manager told us that over the last few weeks there hadn't been an incident. People told us they liked getting stickers on their reward chart.
- Where investigations identified trends or opportunities for learning this information was shared promptly with staff to prevent similar events from reoccurring. For example, one person's behaviours had increased since building work had begun at the service. Measures had been put in place to provide this person with additional support.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices.

- People's needs were assessed before they started using the service and used to develop support plans. The service was in the process of changing all of the support plans over to the new providers format. Following the inspection, the registered manager sent us a schedule of when they would all be completed.
- Assessments of people's needs were thorough. People were supported to identify outcomes, goals and aspirations.
- Care and support was reviewed to reflect people's current needs and make changes where needed.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled; and carried out their roles effectively. They received an induction and ongoing programme of training.
- Staff were knowledgeable about the people and topics we asked them about.
- Staff told us the training was good, relevant to their role; and they felt well supported to deliver good standards of care.
- Staff received regular supervision and appraisal to review their individual work and development needs. Observations and competencies were carried out to ensure staff continued to meet the required standards. For example, competency checks were completed around the administration of medication.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat a varied and nutritious diet based on their individual preferences. People told us that they were happy with the food provided.
- People were involved in shopping and decided what would be on the menu for the week.
- People had access to the kitchens within the service and were able to make meals and drinks for themselves. We saw staff encouraging people to do this. One person was making cookies with the cook while we were there.
- There was a pleasant relaxed atmosphere during the lunch time meal. Where people required support with their food this was provided discreetly and promptly.
- People enjoyed going into the local town for lunch and drinks. One person told us, "I go to [coffee shop] to get a cappuccino, I do this on my own. I love cappuccino."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's care records showed that staff were proactive in contacting health professionals if they had any concerns about people's mental or physical health.
- People had a Health Action Plan (HAP) which offered an overview of their healthcare needs. Hospital

passports were also in place. These were documents to help provide important information when a person is admitted to hospital. For example, how the person wishes to communicate and any allergies they have.

- Healthcare records and plans were comprehensive and offered clear guidance for staff for all people's healthcare needs.
- Detailed records were maintained for all health appointments, for example with their GP.
- The service worked in partnership with community based mental health professionals and other healthcare professionals to ensure people received effective care. Records showed one professional had commented, "They have an excellent relationship with our organisation."

Adapting service, design, decoration to meet people's needs

- The service was undergoing a substantial redevelopment. Work began in March 2019 and was due to be completed in January 2020. The work was being completed in three phases to create as little disruption as possible.
- Once work was completed the service would comprise of a six bed residential unit and six supported living flats. The first phase of the work was to complete the six bed residential unit. This was due to be completed in June 2019.
- People told us they had been involved in the development of the service and were excited about moving into their new flats. One person told us "I can't wait to get my dream flat."
- The area of the service that was not yet being redeveloped was homely, with photographs of people enjoying activities. We observed people moving freely around the service and other people supported to access areas of choice with the support of staff.
- Risks in relation to premises were identified, assessed and well-managed.
- Each bedroom was different and decorated in line with people's preferences and needs. Where possible people and relatives were involved in this process.

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 Act 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. DoLS applications had been made and authorised where appropriate and people's capacity to make specific decisions had been assessed.
- One staff member told us, "We should always presume a person has capacity, we should support a person to make their own decisions." And "Any decisions made should be in that person's best interest."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were respected and valued as individuals; and empowered as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff we spoke with were kind and caring. They knew people's preferences and used this knowledge to support them in the way they wanted.
- People and relatives spoke positively about the home and the staff. One relative said, "[Relative] seems very happy with his life at Cleveland House and his friendships." Another person said, "I am so happy here, this is my home."
- Staff and people shared jokes and laughed together. It was clear staff had developed trusting and strong relationships with people and they knew each other well.
- People were supported to maintain relationships that were important to them. Visitors were welcome at any time. Relationships were supported within the service. The service had supported people to access contraception and talk to them about sexual safety.
- People had completed a survey about their views. Symbols were used to support people to give feedback. People indicated staff treated them with respect and this made them happy.
- Advocates were used where people did not have someone to speak on their behalf.

Supporting people to express their views and be involved in making decisions about their care

- Where people were unable to communicate their needs and choices verbally, staff understood their way of communicating. Staff observed body language, eye contact, simple signs and gestures to interpret what people needed.
- We observed lots of listening, encouragement and very attentive support from staff towards people.
- People said they felt listened to and staff acted on their wishes. One person liked lorries and had posters and models in his room. We observed the person talking with staff about this and saw staff engage in conversation with him about his passion.
- People and their relatives were involved in care decisions daily and through reviews and surveys.
- Residents' meetings were held every month. People we spoke with told us that they attended these meetings. We saw suggestions were acted upon. For example, cinema trips had been arranged for specific one night events.

Respecting and promoting people's privacy, dignity and independence

- Staff were conscious of maintaining people's dignity and promoting independence. We saw people were involved in the day to day running of the home, including shopping for items, cleaning and food preparation. We saw people had a sense of pride and fulfilment in being involved in the running of the service.
- We observed that all staff spoke with people at eye level and took time to sit and chat.
- The lunchtime experience was positive and sociable. People and staff all ate together, some people

required support but were gently encouraged to participate.

- People told us and we saw staff knocking on their doors and waiting to be asked in.
- People's care records were kept securely and staff understood their role in maintaining people's confidentiality.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff knew people's likes, dislikes and preferences. They used this knowledge to provide personalised support in the way people needed and wanted. Examples included, daily routines, behavioural routines and recognising emotional actions and gestures.
- We saw evidence in care plans of adapting and altering support when people's needs changed and accessing specialist's advice and support when required. For example, additional support being provided to people due to changes in behaviour since building work had started.
- Information was provided in an accessible way to people that they could understand. The service identified people's communication needs by assessing them. Care documentation explained what communication aids people required in line with the Accessible Information Standard (AIS). Staff used a range of methods to support effective communication including symbols and pictures.
- Activities were provided and reflected what people enjoyed doing. Over the course of the inspection we observed people had access to a range of individual activities. This included work placements, cinema, bowling, bingo and going out for a shopping and lunch trip. There was a strong focus on people having personalised plans. People and staff told us about previous and planned holidays.
- A teacher comes into the service twice a week, one day they do art and the other day they do numeracy and literacy. This has increased people's basic skills. People told us they found this useful and that they had learnt things since joining the group. For example, one person had learnt to tell the time.
- People's care plans we reviewed were up to date and reflected their needs.
- People were involved in regular reviews, that included healthcare professionals.

Improving care quality in response to complaints or concerns

- A clear complaints procedure was in place. Concerns and complaints had been clearly recorded and appropriate action taken.
- People and relatives told us they knew how to complain and would feel comfortable talking to staff or the manager if they had any concerns. One person told us, "I would talk to [registered manager]"
- An easy read guide to the complaints process was available using symbols. This helped people who used the service to understand how to raise concerns.

End of life care and support

- No-one living at Cleveland House was receiving end of life care at the time of our inspection.
- Elements of people's preferred options regarding hospitalisation and care during illness were recorded, but these needed to be discussed in more detail with people and their representatives.
- The registered manager recognised that the recording of end of life care plans and people's last wishes was an area for development.

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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The service was well run and organised. The registered manager and team were committed to providing high quality, person-centred care. We observed the registered manager had developed a positive rapport with people and relatives. The registered manager attended daily handovers. This meant they communicated with all groups of staff on a regular basis.
- The registered manager had complied with the requirement to notify CQC of various incidents, so we could monitor events happening in the service.
- When incidents had taken place we saw that the registered manager had contacted families. There were records of when families had been contacted and the outcome of the conversations. Regular updates were provided to families for people whose behaviours had changed recently.
- The registered manager completed regular comprehensive audits of all aspects of the service. We were updated on the future redevelopment plans. We saw the registered manager had a good relationship with the company completing the building work. The registered manager was provided with regular updates from them about the progress of the development. The registered manager fed this back to people and their relatives.

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

- The registered manager and staff we spoke with were clear about their role and responsibilities and had a very good knowledge of the service.
- Quality assurance systems, such as audits, checks, managers observations and daily monitoring were used effectively.
- Staff praised the home and the way it was run. They described team morale as being good.
- Accidents and incidents were clearly recorded and received oversight from the provider and registered manager. Risks were assessed and documented, they were reviewed by the registered manager and measures taken to reduce the risk occurrence. The registered manager told us, "We will do everything we can to stop incidents taking place."
- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service and on the providers website, where a rating has been given. This is so people, visitors and those seeking information about a service can be informed of our judgements. The provider had displayed the rating in the service.

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

characteristics

- People, staff and relative's views were sought about the running of the home. The registered manager had recently carried out an annual survey with people, staff and relatives. The feedback was generally positive, and we saw suggestions had been acted upon. The registered manager was passionate about fostering team work which made people feel valued and included.
- Relatives said the registered manager was approachable.
- Staff and resident meetings, one to one supervisions and management meetings were held regularly. These were an opportunity for any quality issues to be discussed and for staff and people to share ideas.

Continuous learning and improving care

- The registered manager had a vision for improvements both within the home environment and areas to improve in care planning and support. A new format for support plans was being introduced. Following the inspection the registered manager sent us a schedule of when this would be completed.
- Staff and relatives told us the management team and senior care staff were visible and approachable, positively encouraging feedback and acting on it to help try to continuously improve the service.
- The registered manager continued to attend local provider and registered managers forums held by the local authority and external organisations.
- The registered manager and staff were proactive in seeking out relevant advice and guidance to support peoples individual and specific care needs, and acted upon this to inform and improve their practice.

Working in partnership with others

- The registered managed had developed good working relationships with the local safeguarding team and nurses from the clinical commissioning group (CCG) for the benefit of people in the service.
- They had an effective working relationship with the local GP surgery health staff. These relationships helped support the needs and preferences of people in the service and provide them with safe health and care support when needed.
- The service worked closely with other agencies including mental health services, the community learning disability team, specialist nurses and district nursing teams.