

Bupa Care Homes (GL) Limited

Cleveland House Care Home

Inspection report

2 Cleveland Road
Edgerton
Huddersfield
West Yorkshire
HD1 4PN

Tel: 01484512323

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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 Care Home provides personal and nursing care for up to 45 older people. At the time of our inspection there were 38 people living at the service.

The care home has three floors accessed by passenger lifts. A lower ground floor and first floor contains single bedrooms, shared toilets and bathing facilities; the ground floor contains single bedrooms, toilet and bathing facilities, plus shared lounges and a dining area. Outside there is a garden with seating areas.

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

People felt safe living at the home. Risks were well managed. Medicines were managed safely. Staff helped people to stay healthy and people had access to a range of health care professionals.

Staff received the training and support they needed to carry out their roles effectively. Staff members had been safely recruited and there were enough staff to provide people with the person-centred support they needed.

The home was clean and maintained.

People were involved in decisions about their care and support. The provider was working within the principles of the MCA.

Staff interacted with people in a kind and respectful manner. People seemed relaxed and comfortable in the company of staff. Staff and managers knew people really well and showed an understanding for the people who lived at the home.

Care records were person-centred and were reviewed regularly. They gave sufficient information to staff to guide them on the care and support people needed.

There was a range of activities on offer, both in the home and in the community to help prevent people becoming socially isolated and to keep people active.

Everyone was very positive about the registered manager and the way the service was organised and run.

Audits of the service, company policies and procedures and staff practice all helped to evidence how the service was meeting the regulations. The quality assurance records that we saw demonstrated how the registered manager maintained good oversight of the service.

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 and update

The last rating for this service was requires improvement (published 18 June 2018) and there were three breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

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 Care Home

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 Care Act 2014.

Inspection team

Two inspectors and a specialist advisor conducted the inspection on day one. Day two of 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 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.

The service 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 first day of inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and four relatives about their experience of the care provided. We spoke with ten members of staff including the registered manager, regional director, clinical services manager, nurse, senior care workers, care worker, activity co-ordinator, house keeper and the chef. We spoke with two healthcare professionals who regularly work with the home.

We reviewed a range of records. This included four people's care records and nine medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to demonstrate the safe administration of medicines. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- Medicines were safely managed and were administered by nurses and senior care staff who had received specific training. The staff we observed administering medicines knew people well. People were asked how they were feeling and given the time they needed to take their medicines. We saw one person self-medicated and found staff encouraged and supported them to do so. Oxygen cylinders were safely stored.
- We found some medicines, for example, eyedrops and topical creams did not always have the date of opening recorded. Current NICE (National Institute for Clinical Excellence) guidelines advises, 'to securely maintain accurate and up-to-date records about medicines for each person receiving medicines support'. We fed back this observation to the registered manager who assured us they would take immediate remedial action.
- Where people were prescribed medicines to take 'as and when required' detailed information was available to guide staff on when to administer them.
- Controlled drugs, which are prescription medicines controlled under Misuse of Drugs legislation, were stored securely, logged in a register and managed appropriately. A random sample we checked found the amount of medicine remaining was correct and tallied with the register.
- The registered manager had systems in place to check staff competency and confidence before staff worked unsupervised. We saw checks had been made with the Nursing and Midwifery Council to ensure nursing staff did not have any restrictions placed on their practice.

Preventing and controlling infection

- We did not observe residents being asked if they wished to wash their hands before mealtimes. However, we observed hand wipes were available for people to use in the dining room. We found mealtime audits had also identified and recorded the same observation. The registered manager told us they had held further discussions with staff to ensure people were appropriately supported.
- People told us and we observed staff wore gloves and aprons when providing personal care and assisting with meals. Staff we asked told us they had access to adequate supplies.

- Staff had received training in infection control.

Assessing risk, safety monitoring and management

- People were protected from avoidable risks. Risk assessments were undertaken by the management team for a range of risks, such as those associated with falls, nutrition and hydration and skin integrity. A relative told us, "They've [referring to staff] told [Person] to always ask for help and not try to walk on their own. Staff are worried [Person] will fall as they need assistance to walk." We found one person who was self-medicating did not have a risk assessment relating to medicines in their room being kept in an unlocked drawer and this was contradictory to their care plan which stated the drawer must be locked at all times. However, we did not find the person was put at risk. We brought this to the attention of the registered manager who said they would immediately rectify this matter.
- The environment and equipment were safe and maintained.
- Moving and handling plans were in place to provide staff with information to safely help people to move.
- Equipment was used to help keep some people safe, such as pressure mats and bed rails. The associated risks were assessed and consideration was given as to whether the equipment was necessary to keep the person safe.
- Emergency evacuation plans were in place to ensure people were supported in the event of a fire.

Systems and processes to safeguard people from the risk of abuse

- People were supported to understand how to keep people safe and to raise concerns when abuse occurred.
- Staff knew how to recognise abuse and protect people from the risk of abuse.
- The provider had reported abuse to safeguarding when it was identified.

Staffing and recruitment

- The registered manager used a dependency tool to help determine the numbers of staff required and rotas showed the number of staff identified as being required, were deployed.
- Staff we spoke with did not have any concerns around staffing arrangements; they told us there were enough staff to meet people's needs.
- We asked people and relatives whether there were enough staff and we received a positive response. A relative told us, "Yes, I do think there is enough staff around."
- Recruitment practices were of good quality and suitable people were employed.

Learning lessons when things go wrong

- People benefitted from a service that used lessons learned to improve, and to minimise the risk of accidents and incidents occurring. The registered manager reviewed and monitored these for any themes or patterns to take preventative action and shared lessons learnt with staff at monthly staff meetings.
- The management team encouraged reflective practice after each accident or incident to support staff and consider any lessons learnt, so that people were supported safely.
- Records showed appropriate actions were taken to reduce reoccurrences, such as changes to people's care plans.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care records included a detailed pre-admission assessment. This included information about people's wishes, choices and the support they needed. This helped ensure the home met people's needs. These assessments were used to develop care plans and risk assessments.
- People told us their support needs were met at the home. A person told us, "I don't have to bother about anything at all here."
- People's care and support needs were reviewed monthly by the management team or when people's needs changed. Staff told us and documents we looked at evidenced changes to people's needs were recorded in people's care plans and discussed at the daily handover meetings.

Staff support: induction, training, skills and experience

- New staff completed a four-day induction, followed by a period of shadowing more experienced staff.
- Staff had the skills, knowledge and experience they needed to carry out their roles effectively. A person told us, "Staff are excellent, amazing. I can't fault them." A relative said, "Staff are brilliant."
- Records showed staff completed a range of training the provider considered mandatory. We found the average complete rate across mandatory and non-mandatory subjects was 91.7%. Staff were positive about the training provided.
- Regular staff performance conversations were held throughout the year with the management team to support staff to develop in their roles. Staff received annual appraisals.

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

- We found people's nutritional needs were met. Food was stored and prepared safely. The home had received a five-star food hygiene rating. Five is the highest score available.
- People told us the meals were good and there was always plenty to eat and drink. We observed a lunch time meal and saw people were given choices as to where they could sit and with whom. People seemed to enjoy their meals and were given time to eat at their own pace. The lunch time food was home cooked and looked appetising. We heard A person tell staff they did not wish to eat any of the food on the day's menu and we saw staff quickly arranged for the person to have the food they wanted to eat. People said, "I have no complaints about the food" and "The food is good."
- People told us they could have drinks anytime they wanted and there were always fresh jugs of water available in their bedrooms. We also saw two types of juice and snacks were available for people to help themselves to in the lounge. We saw that regular hot and cold drinks were served throughout the day.

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

- The registered manager told us the home was shortly due to be refurbished with the communal areas being refurbished under phase one of the plans, followed by the bedrooms in phase two. Two relatives confirmed they were aware of the proposed refurbishment, as it had been discussed at a residents and relatives meeting.
- The design and layout of the building was appropriate for the needs of the people who lived there.
- We saw that some bedrooms were personalised and contained pictures and photographs of things that were important to people.
- Secure outdoor spaces were accessible for people to use if they so wished.

Supporting people to live healthier lives, access healthcare services and support

- Records showed people had access to external health professionals and we saw this had included GP's, district nurses, chiropodists, dentists, and speech and language therapists.
- The provider participated in the 'React to Red' scheme. This is a pressure ulcer training package for care homes that supports staff to check, recognise symptoms and mitigate the risk to a person from developing a pressure sore.

Staff working with other agencies to provide consistent, effective, timely care

- Information was shared with other agencies if people needed to access other services such as hospitals. For example, the provider participated in the 'Red Bag' scheme initiative which gives reassurance to people that they have everything they need with them when they are admitted to hospital. The bags also provide hospital staff with up-to-date information about a person's health.

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people were deprived of their liberty, the registered manager worked with the local authority to seek authorisation for this to ensure it was lawful.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; policies and systems in the service supported this practice.
- The care plans we looked at contained appropriate and person specific mental capacity assessments which ensured the rights of people who lacked the mental capacity to make decisions were respected.
- Staff had received appropriate MCA and DoLS training and could explain what it meant.
- Care plans were developed with people and where appropriate, their authorised representative. We saw consent had been sought for people to receive care and treatment.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

At our last inspection the provider had failed to ensure people were treated with dignity and respect. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 10.

- Staff understood it was a person's human right to be treated with respect and dignity and to be able to express their views. We observed all staff consistently spoke to people at eye level to engage fully with the person and give them their undivided attention. Staff were consistently polite and courteous and engaged and treated people respectfully.
- Staff we spoke with understood the importance of maintaining people's privacy and dignity and gave examples of how they would implement this. For example, a member of staff described how they would knock on a person's bedroom door prior to opening it and gain permission to enter before doing so. We observed this practice by various staff throughout our inspection.
- People were supported to remain independent.
- People were able to maintain contact with those important to them. We observed visitors were greeted in a warm and friendly manner and it was clear staff knew them well.

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

- We observed staff interacted with people in a kind and sensitive manner. People seemed relaxed and comfortable in the company of staff. We saw staff were caring and took a genuine interest in the people they supported. A healthcare professional told us, "It's a lovely home. Really good. Staff are so caring."
- All staff we spoke with were knowledgeable of people's likes and dislikes and it was clear staff knew people well. There was a lot of laughter and friendliness observed between staff and people throughout the inspection.
- Everyone we spoke with was positive about the staff and managers. People who used the service said, "Staff are very good and kind" and "Staff are caring. Excellent. I can't fault them."
- Staff supported people with whatever spirituality meant to them. People could attend religious services if they so wished. Where people had religious needs, we saw these recorded in the care plans we looked at.

The registered manager told us they knew how significantly important faith was to a person and had researched the person's religious needs to establish gain a better understanding of their faith. They contacted the faith place of worship who now visited the person twice a week to provide pastoral care. The activity co-ordinator also told us they would spend one to one time with the person to read out aloud passages from the bible and this was evidenced in the person's activity records we looked at.

- A visiting healthcare professional told us, "This care home has been fantastic. The home is proactive and try to think of different ways of working to support the residents."

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

- People's care was tailored to meet their individual needs and preferences. People looked well cared for, clean and tidy. A relative told us staff always asked [Person] what they wished to wear in a morning. They also told us, "[Person] always looks nice when we visit."

- People we spoke with were happy with the care that was offered to them by staff and informed us that staff considered their preferences and respected their choices.

- The registered manager understood when advocacy services would be appropriate and they knew how to access this. An advocate is a person who can speak on another person's behalf when they may not be able to do so, or may need assistance in doing so, for themselves.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Records included a "My day, my life, my story" document. This detailed what was important to and for the person, their preferences, likes and dislikes. They contained people's life histories and information about what their interests and hobbies were.
- Staff told us the care records helped them provide the support people needed. A staff member said, 'I read the care plan. Everything is in there.'
- We saw there was a range of activities on offer, both in the home and in the community to help prevent people becoming socially isolated and to keep people active. A staff member said, "The manager (referring to the registered manager) asked me to attend a residents and relatives monthly meeting. I got lots of interesting ideas what people wanted to do and have planned activities around these."
- The home had created a wishing tree in the lounge where people could write and leave messages relating to things they wished they could do. A staff member told us, "A person asked to visit a particular café at a local park, another person wanted to eat ice cream in the park. It's great to do what people really want to do."
- Children from a local nursery visited the home every week. We were told people really enjoyed spending time with the children, playing music, doing crafts and baking.
- The home arranged and provided a 'high tea' monthly event for people who lived at the service and relatives were invited to join.
- The provider encouraged people to keep in contact with friends and family. The home provided free Wi-Fi for people to use. The registered manager told us they would email relatives on behalf of people when they were asked, to help people maintain contact with their loved ones.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager understood the Accessible Information Standard. We saw evidence that the identified information and communication needs were met for individuals.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy with systems and procedures in place. We saw evidence that

complaints received were taken seriously and appropriate actions taken to address the complaint and improve the service where possible.

- People who used the service knew how to make a complaint. People told us if they had a problem they would talk to the managers. A person said, "I have never had any complaints here but if I did I would speak to the managers." A relative said, "I talked to [Name] referring to the registered manager. They were only minor things and she was very quick to respond."

End of life care and support

- Not everyone living at the service had a plan in place which captured their wishes for end of life care. We discussed these findings with the management team who had already identified the same observation. They were extremely receptive to working towards respectfully gathering information to enable person centred care to be provided at the end of a person's life. We also found where a person did not wish to discuss end of life care this was recorded appropriately.

- The home had recently received a written compliment regarding the quality of end of life care provided by the registered manager and staff, which stated, 'Nothing was too much trouble for all the staff and we found that very gratifying'.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

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

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

At our last inspection the provider had failed to ensure the systems used to assess, monitor and improve the service were sufficiently robust. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- The registered manager had effective oversight of what was happening at the home and made themselves easily available to people using the service, relatives and staff. Potential issues and concerns were identified by the registered manager on their daily walk-around and actions taken before these could escalate further. They told us they felt extremely supported by the provider and the wider management team.
- Staff at all levels understood their roles and responsibilities and spoke very highly of the registered manager. Two staff members described the registered manager as "Very supportive". They also said they regularly saw senior managers at the home.
- The service had submitted relevant statutory notifications to us promptly. For example, details about incidents the provider must notify us about, such as serious injuries. This ensured we could effectively monitor the service between our inspections.
- A range of audits was used by the service to measure health, safety, welfare and people's needs, which meant the service could evaluate if people's needs were being met appropriately. Monthly home reviews were carried out by the provider and where identified remedial action taken. However, we found audits of medicines needed to be more robust to find some minor issues identified earlier in our report regarding recording the date of opening of some medicines and topical creams.
- Under the Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2015, registered providers have a legal duty to display the ratings of CQC inspections prominently in both the office and on their websites. We saw the ratings from last inspection were clearly displayed at the home as well as on their website.

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

- The registered manager promoted best practice in person-centred care. There was a clear culture based on achieving positive outcomes for people. They held weekly 'drop in' sessions for people, relatives and staff to raise concerns or discuss ideas regarding the service.
- Everyone was positive about living at the home. A person said, "[Name] referring to the registered manager has a sense of humour and we get on well" and "They often do a walk around at lunchtime and see what is going on." A relative told us, "We are really pleased with everything."
- The home had received three written compliments in May 2019 regarding the quality of care provided.

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 service had a policy and an understanding of their responsibility of duty of candour. Duty of candour is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

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

- The registered provider sought the views of people and their relatives and feedback was used to continuously improve the service. A resident survey in Feb 2019 found 82% of residents rated themselves as being 'satisfied' in having a say with how the home was run and 18% rated themselves as 'extremely satisfied'.
- Residents and relatives' meetings regularly took place where people had the opportunity to express what they thought about the home and whether anything could be improved. We saw minutes which showed these were well attended by people and their relatives.
- Staff were formally asked for their feedback and consulted with regarding proposed changes to the service.
- Staff meetings were held, and staff were also consulted during handovers between shifts.
- Staff told us the registered manager was approachable and they felt listened to.

Continuous learning and improving care

- The registered manager had a system in place that enabled them to review any accident, incident, safeguarding or complaint. This helped ensure they could identify good practice and where improvements were needed to be made.
- They were also supported by the provider to develop into their role and there were systems in place to ensure the registered manager was given up to date information in relation to ensuring their home was working to best practice.

Working in partnership with others

- The registered manager continued to work in close partnership with other agencies, including the local authority and healthcare professionals.
- There was a good working relationship with commissioners and health staff to ensure that the people they supported received appropriate and timely care. This showed a multi-disciplinary approach had been taken to support the care of people receiving the service.
- The registered manager had forged good links for the benefit of the service within the local community. For example, annual events such as open days, summer fair and Christmas celebrations whereby the local community were invited to join in with the festivities.

