

Cleeve House Care Limited

Cleeve 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: Cleeve house is a residential care home that was registered to provide personal care for up to 23 people. At the time of this inspection 22 people were living there.

People's experience of using this service:

People received safe care and support as the staff team had been trained to recognise signs of abuse or risk and knew what to do to safely support people. People received support with their medicines by competent staff members. The provider followed effective infection prevention and control procedures.

The provider supported staff in providing effective care for people through person-centred care planning, training, supervision. They ensured the provision of best practice guidance and support met people's individual needs. People were promptly referred to additional healthcare services when required. People were supported to maintain a healthy diet. The physical environment within which people lived supported their mobility and orientation needs.

People received help and support from a kind and compassionate staff team with whom they had positive relationships with. People were supported by staff members who were aware of their individual protected characteristics. People were supported to maintain their independence.

People took part in activities that they found interesting and stimulating. People were provided with information in a way that they could understand. The provider had systems in place to encourage and respond to any complaints or compliments from people or visitors.

The provider had effective systems in place to monitor the quality of the service they provided and to drive improvements where needed. The provider and management team had good links with the local community which people benefited from.

More information in Detailed Findings below.

Rating at last inspection: Good (published 09 March 2018)

Why we inspected: This was a planned inspection based on the rating at the last inspection, 'Good.' At this inspection we found the service remained good in all key questions with an overall rating of 'Good.'

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Cleeve 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 as part of our regulatory functions. This inspection checked 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.

Inspection team:

One inspector carried out this inspection.

Service and service type

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

The service had 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.

Notice of inspection

This inspection was unannounced.

What we did:

Before our inspection visit, the provider completed 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. We also reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the provider is required to send us by law.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. We used this information as part of our planning. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care services.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with three people and two relatives. We also spoke with the registered manager, team leader, two care staff members and an externally employed movement and exercise instructor. We looked at the care and support plans for three people including assessments of risk and medicine records. We confirmed the safe recruitment of one staff member and looked at records relating to the providers quality monitoring, health and safety and staff training.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

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

Supporting people to stay safe from harm and abuse, systems and processes:

- People were protected from the risks of ill-treatment and abuse as staff members had received training and knew how to recognise and respond to concerns.
- Information was available to people, relatives and visitors on how to report any concerns.
- The provider and management team knew the correct process to follow in order to share any concerns with the relevant agencies in order to keep people safe.

Assessing risk, safety monitoring and management

- People's care plans contained risk assessments linked to their support needs. These explained the actions staff should take to promote people's safety and ensure their needs were met appropriately. We saw people were supported by staff members to safely move throughout their home with the use of appropriate mobility equipment.
- Checks to the physical environment were completed regularly to ensure it was safe for those living there. At this inspection we saw a staff member undertaking fire safety checks throughout Cleeve House.

Staffing levels

- People told us, and we saw, that they were supported by enough staff to promptly meet their needs.

Using medicines safely

- People were safely supported with their medicines by a trained and competent staff team.
- The provider had systems in place to respond to any medicine errors, including contact with healthcare professionals and if needed retraining of staff members.
- People had individual care and support plans which detailed how they preferred to take their medicines. We saw staff respected people's preferences when supporting them.

Preventing and controlling infection

- The provider had effective infection prevention and control systems and practices in place.
- Staff members were provided with personal protective equipment to assist in the prevention of the spread of infection.

Learning lessons when things go wrong

- The provider reviewed and investigated any incidents or accidents to see if any further action was needed. This minimised the risk of reoccurrence.

Systems and processes

- The provider followed safe recruitment processes when employing new staff members. The provider had

systems in place to address any unsafe staff behaviour including disciplinary processes and re-training if needed.

- The environment and equipment was safe and well maintained. People had personal emergency evacuation plans in place which contained details on how to safely support them at such times.

Is the service effective?

Our findings

Effective – this means 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; delivering care in line with standards, guidance and the law

- People's needs were assessed and regularly reviewed. People's physical, mental health and social needs were holistically assessed. Staff members could tell us about people's individual needs and wishes.
- People were supported by staff who knew them well and supported them in a way they wanted.
- The provider supported staff to deliver care and support in line with best practice guidance. For example, accurate assessments had been completed regarding people's risk of impaired skin integrity and appropriate support plans were developed to support them effectively.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their needs assessment. Staff members could tell us about people's individual characteristics and knew how to best support them.

Staff skills, knowledge and experience

- People were supported by a well-trained staff team who felt supported by the management team.
- New staff members completed an introduction to their role. One staff member told us they were supported to complete basic training, including fire safety, before supporting people. They went on to say they worked alongside a more experienced staff member until they were competent and confident to work with people.
- Staff members were encouraged and supported to develop professional qualifications in care. For example, one staff member told us they had completed a level two qualification in health and social care and they were being encouraged by the management team to progress to their level three.

Supporting people to eat and drink enough with choice in a balanced diet

- People were supported to have enough to eat and drink to maintain their well-being. When it was needed the management team monitored people's food and fluid intake and referred onto healthcare professionals for advice and guidance. For example, to the GP or dietician.

Staff providing consistent, effective, timely care

- People had access to healthcare services when they needed it. This included foot health, GP, district nurses, opticians or audiology services. The provider referred people for healthcare assessment promptly if required. People had regular healthcare reviews to maintain good health.
- Staff members we spoke with were knowledgeable about people's healthcare needs and knew how to support them in the best way to meet their personal health outcomes.

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

- The physical environment within which people lived was accessible and suitable to their individual needs, including mobility and orientation around their home.

- People had personalised their own rooms.

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). The provider had made appropriate applications and had systems in place to renew and meet any recommendations of authorised applications.

People were supported to have choice and control over their lives and staff supported them in the least restrictive way possible; the policies and systems supported this practice. When someone could not make decisions for themselves, the provider and staff knew what to do in order to protect the individual's rights. At this inspection no one was currently subject to an authorised (DoLS). However, the management team understood and knew how to make such an application if they felt it was needed for those they supported in order to protect their individual rights.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: □ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- We saw people were treated with respect by a caring and compassionate staff team. People and visitors described staff members supporting them as, "Lovely," "Smashing," and "Fantastic."
- Staff members we spoke with talked about those they supported with fondness and compassion. We saw people were supported at times of upset. We saw one person started to show signs of anxiety. They were supported, promptly, by a staff member who helped them identify what was concerning them, and supported them to resolve the situation. We then saw the person appeared relaxed and happy.

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

- People were supported to express their individual likes and dislikes. These were known to staff members who supported them to meet their expressed decisions. This included, but was not limited to, food and drink and activities. We saw one person was not ready to make a choice regarding a drink. The staff member then came back a little later and the person then made a definitive decision about what they wanted.
- As part of the care assessment planning process the provider had systems in place to identify and support people's protected characteristics from potential discrimination. Protected characteristics are the nine groups protected under the Equality Act 2010. They include, age, disability, gender reassignment, marriage and civil partnership, religion etc. The care and support plans we saw clearly recorded peoples protected characteristics and the staff members we spoke with could tell us about the individuals they assisted.

Respecting and promoting people's privacy, dignity and independence

- We saw, and relatives told us, that people were treated with dignity and respect and that their privacy was supported by staff members. We saw information which was confidential to the person was kept securely and only accessed by those with authority to do so.
- We saw that people were supported to develop their independence. This included being involved in domestic activities like washing up and clearing tables after mealtimes. This approach increased people's motivation to retain existing skills.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

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

Personalised care

- People, and their family members, were still involved in the development and review of their own care and support plans. One relative told us their family member had a comprehensive assessment before they moved into Cleeve House and that this covered all areas of their life so far.
- We saw these plans gave the staff information on how people wanted to be assisted.
- We saw the care and support people received reflected their personal needs and wishes. Staff we spoke with could tell us about those they supported which included personal histories and things that were important to people. For example, one staff member told us about one person and what they used to do for a living. We saw this staff member chatting about this with the person as they knew it was something they were interested in talking about.
- We saw people's care and support plans were reviewed to account for any personal or health changes. For example, following one person's discharge from hospital their care and support plan was updated to reflect their treatment.
- People had information presented in a way that they found accessible and in a format, that they could easily comprehend. For example, one person with a visual impairment had information relevant to them read to them by a staff member assisting them.
- People took part in activities that they enjoyed, found interesting, and stimulating. The activities people took part in were based on their individual preferences and likes.

Improving care quality in response to complaints or concerns

- We saw information was available to people in a format appropriate to their communication styles on how to raise a complaint or a concern. Relatives we spoke with told us they had the information they needed should they want to express a concern. All those we spoke with felt confident that any concerns raised would be taken seriously and addressed promptly by the management team.
- The provider had systems in place to record, investigate and respond to any complaints raised with them.

End of life care and support

- At the time of this inspection Cleeve House was not supporting anyone who was receiving end of life care. However, we saw that the management team had systems in place to identify and meet people's wishes as they approached the end of life.

Is the service well-led?

Our findings

Well-Led – this means 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.

Leadership and management

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- People and relatives, we spoke with told us they knew who the registered manager and providers were, and they saw them or were in contact with them regularly. One relative told us the registered manager worked alongside other care staff in delivering care for their family member. They went on to say they found it reassuring that the management team knew and supported their relative.
- Staff we spoke with told us they could approach the management team at any time they needed, and felt they would be fully supported when required.
- We saw the management team and provider had systems in place to investigate and feedback on any incidents, accidents or complaints. The registered manager told us they used such instances to identify what could be done differently in the future to minimise the risks of reoccurrence.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- A registered manager was in post and was present throughout this inspection. They understood the requirements of registration with the Care Quality Commission. The provider had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.
- We saw the last rated inspection was displayed in accordance with the law.

Engaging and involving people using the service, the public and staff

- People and relatives told us they were asked for their opinion on the care and support their family members received. They told us they felt their opinions mattered and the management team acted on their suggestions. We saw that people had been involved in decisions regarding the redecoration of communal areas and had been involved in painting the walls themselves.
- Staff members told us they felt listened to by the management team and their views and opinions were valued. Staff members told us they were encouraged to make suggestions about where they worked and if appropriate these were implemented by the management team.
- Staff members understood the policies and procedures that informed their practice including the whistleblowing policy. They were confident they would be supported by the provider should they ever need to raise concerns.

Continuous learning and improving care

- The management team and provider had systems in place to monitor the quality of the service they provided. This included regular checks on the environment, checks of the medicine administration records and reviews of the care and support people received. Following such checks actions were identified to improve the service people received including improvements to where they lived. For example, following one provider visit they completed a quality check of the environment. They identified that a window surround would need replacing in the future and had started to plan this in for the forthcoming year.
- The registered manager told us they kept themselves up to date with developments and best practice in health and social care to ensure people received positive outcomes. This included working towards the completion of a level five qualification in management.

Working in partnership with others

- The management team had established and maintained good links with the local community and with other healthcare professionals which people benefited from. The local authority environmental health agency had recently completed their inspection of Cleeve House's catering department and had awarded them five stars. This indicated they were maintaining a high standard of food hygiene.