

Partnerships in Care (Cleveland) Limited

Cleveland House

Inspection report

Greaves Hall Ave
Banks
Southport
Lancashire
PR9 8BL

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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 registered to provide accommodation for persons who require nursing or personal care, treatment of disease, disorder or injury and diagnostic and screening procedures for up to 32 people. At the time of the inspection 32 people with significant complex needs were living at the service. The service was located in a quiet residential area. People had access to outside space of their choosing and were supported to access the local community where able.

People's experience of using this service: People and relatives told us they felt safe and the staff knew what to do to respond to any concerns. Medicines were handled safely. The registered manager confirmed the actions taken to address some gaps in the medicines records. Risks were managed appropriately, and environmental checks were completed.

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. Relevant deprivation of liberty applications had been submitted to the assessing authority. The wider professional team was involved in people's care health and support needs.

People who used the service were supported with their choices, likes and needs. People's privacy, dignity, respect and rights were supported in the service. Systems were in place to ensure people were able to communicate effectively.

There was evidence that some activities were provided to people of their choosing photographs confirmed some of the activities provided. Care plans contained good information about people's individual needs and how to support them. A system was in place to deal with complaints. The service had evidence of positive feedback that they had received.

On the whole we received positive feedback about the registered manager and the operation and oversight of the service. Audits and monitoring was taking place that confirmed the service was safe for people to live in. Team meetings were taking place that provided staff with updates about the home and its operation.

Rating at last inspection: The service was rated as good overall with good in all of the key questions, except for effective which requires improvement. The report was published on 28 April 2016. A recommendation was made in relation to ensuring capacity assessments were completed and deprivation of liberty applications were submitted appropriately to the assessing authority. During this inspection we found improvements had been made in this area.

Why we inspected: We undertook this inspection based on the previous ratings of the service.

Follow up: We will plan a follow up inspection as per our inspection programme. We will continue to monitor the service and if we receive any concerning information we may bring the inspection forward.

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 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: The inspection was undertaken by two adult social care inspectors, a nurse specialist advisor and a pharmacist specialist advisor. We were also supported by an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert-by-experience had experience of people with severe learning disabilities and/or behaviour that is considered to be challenging.

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: This was an unannounced inspection which meant the service did not know we were coming.

What we did: As part of our inspection planning we looked at all of the information we held about the service. This included, any complaints, concerns or investigations. We also reviewed the statutory notifications that the service is required to send to us by law. We checked the information that the service sent to us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We contacted professionals to ask for feedback about their views of the service. We used a planning tool to collate all this evidence and information prior to visiting the service.

To understand the experiences of people living in the service we spoke with four people who used the

service, four visiting relatives and one professional. We also spoke with 11 staff members, the director of clinical services and the registered manager who took overall responsibility for the service. We looked at a number of records which included six peoples care files and medication administration records. We also checked four staff files, supervision and training records and records relating to the operation and management of the service. These included, duty rotas, team meetings, feedback, audits and servicing checks.

Is the service safe?

Our findings

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

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

Using medicines safely

- The storage, disposal and audits of medicines in the service was safe. Staff had undertaken relevant training and medicines were observed being administered safely.
- Medicine administration records had been signed by staff following administration. We noted some gaps in the information on administration records such as allergies, administration of topical creams and the coding system for gaps on the records. The registered manager took immediate action that ensured all the relevant information was available to the staff team.
- Policies and procedures were in place however, these reflected generic guidance and were not specific to the service provided. The registered manager confirmed action would be taken to ensure protocols were in place to guide staff about the administration of specific medicines which could pose a risk to people.

Systems and processes

- Systems were in place to deal with safeguarding allegations. Training had been undertaken to support staff in this process.
- Staff we spoke with were able to discuss the actions they would take to deal with any allegations. They said, "I would report any concerns to the [registered] manager and I am confident these would be acted upon. I feel everyone is safe."
- People who used the service and relatives told us they felt they were safe in the home. One person told us, "Just the feeling of the place and the staff always checking [name] makes me feel [name] is safe here."

Assessing risk, safety monitoring and management

- Regular environmental and servicing checks were being undertaken that ensured the home was safe and monitored for people to live in. Environment and fire risk assessments had been completed and an emergency contingency plan had been developed that ensured guidance was available to staff on how to deal with an emergency in the service.
- Care plans contained good information about people's individual risks and how to support them safely.
- A chronological system was in place that ensured any incident or accidents were acted upon appropriately. Any actions taken and who was responsible for this was recorded.

Staffing levels

- Duty rotas were completed for each unit in the service. We observed appropriate numbers of staff in all areas of the home. Staff we spoke with told us staffing supported the delivery of care. People who used the service told us, "They are very attentive, when I use my call bell, they respond really quickly." However, one person said, "They are very understaffed. I don't like them always using agency staff, they don't know [name]."
- Staff records confirmed they were recruited safely to the home. These included proof of identity,

completed applications forms and references which confirmed their suitability for their post.

- Records that confirmed nurses were registered with the Nursing and Midwifery Council were seen. This ensured nurses met the requirements of their registration.

Preventing and controlling infection

- Policies and guidance was available to support staff in the prevention and control of infection. Evidence of cleaning checks, housekeeping and cleaning audits being completed were seen. Our walk around of the service confirmed this.
- Staff were seen making use of personal protective equipment such as gloves and aprons. Hand wash, liquid soap and paper towels were available in all areas of the home.

Learning lessons when things go wrong

- Where incidents and accidents had occurred, records confirmed the actions taken to address the incident and the actions required to prevent any future risks. This would support any lessons learned to be shared with the staff team.

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

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 files contained information that confirmed comprehensive planning and assessments of people's needs were completed prior to them moving into the service.
- Records that confirmed regular reviews of people's care was undertaken. This ensured up to date information about people's individualised assessed needs was available to all of the staff team.

Staff skills, knowledge and experience

- The staff team were observed delivering care and support to people according to their needs. Where required staff were seen ensuring specialist care and interventions were provided to people.
- We received generally positive feedback about the support staff provided. Comments included, "I have been so looked after, it's so personal, this is my home for the time."
- Staff told us and staff files and training records confirmed staff received a variety of training that supported them in the delivery of care to people. We saw a number of staff attending face to face training on the day of our inspection. On commencement to their role staff completed an induction that would ensure they had the required information to support them in their new role.
- Staff told us they received, "Regular supervisions." Records we looked at confirmed staff received supervisions that would ensure they were supported by the management in their role and their personal development.

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

- Care files contained good information about how to support people with their individual dietary requirements.
- People's individual needs in relation to food and fluids was maintained. We looked in the kitchen and saw meals were sourced from a specialist service that provided variety of meals that people required to enable them to eat meals safely. People we spoke with about the food told us, "The food is not too bad." However, another person told us "The food is all microwaved it is not very good, I do choose what I want as I go along."
- Where required, specialist equipment and supplementary foods were provided to people that ensured they received appropriate nutritional support.

Staff providing consistent, effective, timely care within and across organisations

- Care files clearly demonstrated relevant professionals had been involved in regular and timely reviews of their needs.
- The service had a dedicated team of occupational therapists and physiotherapists employed by them, that ensured specialist therapy was provided to ensure people were supported to optimise their health and abilities.

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

- The service was purpose built across two floors with all bedrooms of single occupancy. A range of bathrooms, dining and lounge facilities were available for people. Corridors were wide and accessible with lift access to the first floor.
- There was a wide range of specialist equipment available to support people's assessed needs.

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

- A range of professionals from the wider team were involved in all aspects of people's care where it was required. The registered manager told us a local GP was responsible for all the people living at the service and they undertook a weekly clinic. This ensured people's health was optimised.

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.
- Records were seen that confirmed relevant capacity assessments, best interest's meetings and DoLS applications had been completed. We noted one person's records identified a need that required a DoLS to be submitted to the assessing authority. The registered manager took immediate action to ensure this was done.
- We saw that where relevant consent was recorded in people's care files.

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported

- On the whole people and relatives, we spoke with confirmed the care they received was good. Comments included, "They treat me very well, they remember things about me, they make me laugh, and tell me funny stories, they always check and ask if I am ok." However, one relative told us of some concerns in relation to how their family members personal care was managed by the service. We discussed this with the registered manager during our inspection.
- During our inspection we saw kind and positive interactions taking place, people received good care. Light hearted conversations were heard and staff, in general, responding to people in a timely manner. Staff understood people's individual needs well and how to ensure these were safely met.
- However, we observed two occasions where staff did not engage in meaningful conversations with people. We spoke with the registered manager who confirmed that they would ensure all staff were aware of the importance of positive and meaningful interactions at all times. Staff told us assistive technology was used effectively in the service to support people's individual needs.

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

- People and relatives we spoke with, told us they were offered choices around the care and support they received. Comments included, "I am always asked if I want my door open or closed, I mainly have it open as I feel connected with everyone" and "After the first few days, staff knew my likes and dislikes."
- During our inspection, we observed people's care and support needs being discussed with them. Choices on the whole were offered and staff were seen knocking on doors and waiting to be invited in before entering.
- The service had made use of advocacy services in the past that had supported people with important decisions. Information about how to access advocacy services was on display in the entrance to the home. Advocacy seeks to ensure that people are able to have their voice heard on issues that were important to them.

Respecting and promoting people's privacy, dignity and independence

- People were treated with privacy, dignity and respect and their choices, needs and rights were supported by the staff team. Policies and procedures were in place that ensured staff had information and guidance to support people's diverse needs.
- Systems were in place to support people to optimise their health moving towards an independent life, where able.
- Confidential information relating to people who used the service, staff and the operation of the service was being held securely. This supported the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs
People's needs were met through good organisation and delivery.

Personalised care

- Care files confirmed that pre-admission assessments had been completed prior to anyone moving into the home that would ensure the service was able to meet people's individual needs. Care plans and risk assessments were in place.
- Care plans were up to date, and evidence was seen that reviews of people's care had been completed. However, not all people confirmed that they had been involved in the reviews of their care plans. One person said, "I am not involved in [names] care plan."
- Some people and relatives we spoke with confirmed activities were provided to them, however, not all confirmed this. Comments included, "At Christmas there is choir and a buffet, there is no set activities but if I wanted to do something they would arrange it" and "That is a bugbear of mine, [name] has only left the unit twice in the time [name] has been here. If they are running a unit like this then they need to take that into account." There were some records that confirmed activities were taking place.
- Assistive technology was used to good effect in the service. Computer systems were used to develop audits, monitoring and access to the provider systems such as policies, procedures and on-line training.

End of life care and support

- People confirmed decisions in relation to do not attempt cardiopulmonary resuscitation (DNACPR) had taken place that would ensure people's choices in relation to the end of life care was discussed and agreed by them. One person told us, "Everything was clearly explained to me about my DNACPR and they helped me to understand."
- Policies and guidance was available to support staff to deliver good end of life care to people if it was required.
- End of life care and support was discussed as part of the care planning process.

Improving care quality in response to complaints or concerns

- The feedback about the service was complementary. Comments included, "I do feel listened to if I raise any concerns, at one point there were a few little bits that I needed to raise, I feel comfortable if I needed to raise a concern and I would talk to whoever was around."
- Staff knew how to deal with any concerns or complaints. Policies and procedures were available to support and guide staff about how to deal with any concerns as well as providing people with information about how to raise any concerns. Records were in place that demonstrated the actions taken to deal with any complaints. These included any recommendations and lessons learned to share with the staff team.

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

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

- A wide range of policies and procedures were available to guide and support staff in their role and the delivery of the care provided to people, as well as the operation and management of the service.
- Audits and reviews of the service and its operation had been undertaken. We saw evidence that actions had been taken to act on the findings. This would support improvements and demonstrated openness in relation to the service delivery.

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

- People who used the service and relatives told us, "I know where to find the [registered] manager if I need her, she does come in and see [relative] now and again." However, one person told us, "I don't really see the manager, just now and then."
- Staff we spoke with were complimentary about the registered manager and the support she provided. Comments included, "I am really happy. I can go to the manager with any concerns she is supportive. I just wish she was more visible."
- It was clear that the registered manager had a good understanding of the needs of people as well as the operation and oversight of the service. Staff understood their roles and responsibilities they held as part of their working day.

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

- A variety of certificates that confirmed their registration and the ratings from the last inspection were on display in the entrance to the service.
- Evidence was seen that team meetings were held regularly. These provided staff with information about the operation and oversight of the service. Minutes from these were developed and shared with all of the staff team. Dates were on display for regular relative meetings that would enable them to be involved in discussion about the service.
- Surveys and feedback was completed with staff, people and relatives to gain their views about their experiences of living and working there. Whilst positive feedback had been received from the staff team none of the surveys submitted to family members had been returned. The registered manager confirmed they were looking at new ways to engage with people to obtain their views.

Continuous learning and improving care

- Systems were in place that demonstrated audits were completed regularly and actions taken as a result of these. The service demonstrated the providers commitment to ensuring the results of audits and monitoring

were submitted to the Clinical Commissioning Group as part of their contractual agreements.

- Senior management audits and reviews were seen that confirmed the provider had an understanding and oversight of audits and reviews that supported the monitoring and quality of the service.

Working in partnership with others

- The service was working in partnership with the wider professional team. This supported the delivery of good care and promoted positive outcomes for people who used the service. Professionals involved included, GP, consultants, nurse specialists, dietician and speech and language therapy.