

# Delrose House Limited

# Cloud House

## Inspection report

50A Roycraft Avenue  
Barking  
Essex  
IG11 0NU

Date of inspection visit:  
26 June 2018

Date of publication:  
15 August 2018

### 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

We carried out an unannounced inspection of this service on 26 June 2018. Cloud House is a care home, specifically caring for up to ten women living with mental health conditions, learning disabilities or substance misuse problems. At the time of our inspection seven people were living in the service.

People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. This service provides personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a registered manager in post. 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.

At our last inspection on 30 January and 2 February 2017, the service was rated 'Requires Improvement'. We identified four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The systems for the safe management of medicines had not been maintained which meant people had not received their medicines as prescribed. Quality assurance systems and audits had not operated to assess and improve the quality and safety of the service provided. Recruitment processes had not been operated to ensure staff were of good character and the service had not maintained records as required. Staff had not received the training required to perform their roles. We also found one breach of the Care Quality Commission (Registration) Regulations 2009, as the service had not submitted notifications of incidents or allegations of abuse.

At this inspection we found the service had addressed all previous breaches and improvements had been made. The service has therefore been rated as 'Good.'

Safeguarding procedures were in place and staff demonstrated a clear understanding of what abuse was and how to safely report any concerns. The service had detailed risk assessments in place to guide staff to best support people using the service. Infection control was being managed in a safe way and staff were provided with personal protective equipment to prevent the spread of cross infection. Staff were recruited safely to ensure they were suitable to support people and staffing levels were sufficient. People's medicines were managed safely by staff who had received appropriate training.

The service completed pre-admission assessments to ensure they were able to meet people's individual support needs. Staff had completed specific training, received an induction and had regular supervision to allow them to provide high quality support. There was clear evidence of the service working in a way which promoted equality and diversity and aimed to protect people from discrimination. Staff understood the Mental Capacity Act 2005 (MCA). MCA is law protecting people who are unable to make decisions for themselves. People who had capacity to consent to their care had signed their care plans and risk

assessments and where consent was not applicable, the appropriate authorisation procedures had been completed. These are referred to as the Deprivation of Liberty Safeguards (DoLS). The service promoted healthy living through encouraging people to participate in activities and eat healthy food as well as access support from other health and social care professionals. People had choices around their meals. A weekly menu was prepared with people.

Records and observations confirmed the service worked in a person-centred way and detailed people's individual preferences and support needs. People were observed to be able to approach staff at any time for support and staff were seen to be caring in their responses. Advocacy services were available to help people have their views and wishes heard. The service had involved people in making decisions about their care and support. The service promoted people's privacy, dignity and independence and treated people with respect.

Staff were observed to deliver personalised care to people and demonstrated an understanding of their individual needs particularly around how best to communicate. The service had a complaints and compliments procedure in place and all complaints had been fully investigated and actioned.

People, relatives and staff told us they felt supported by the registered manager and there was a clear understanding of the values of the service evidenced throughout the inspection. There were effective systems in place to monitor the running of the service and to respond to feedback to improve the overall quality of the service for people living there.

## 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 had improved from 'Requiring Improvement' to 'Good'.

People were protected from abuse because staff knew how to identify and report concerns.

Records were in place to monitor where people were at risk and what action staff needed to take to protect them.

The service undertook all necessary recruitment checks. There were sufficient numbers of staff to meet people's needs.

People's medicines were managed safely by staff who had received appropriate training.

There were systems in place to manage infection control.

Good ●

### Is the service effective?

The service had improved from 'Requiring Improvement' to 'Good'.

The service had ensured staff were suitably trained and had the right skills to support people.

Detailed pre-assessments were completed to ensure the service could meet people's needs.

The service worked with other professionals to provide people with holistic care and encourage healthy living.

Staff understood the Mental Capacity Act 2005 (MCA) and sought people's consent and views of their care and support.

Good ●

### Is the service caring?

The service remained caring.

People and their relatives told us staff were kind, caring and respectful.

Good ●

People were involved in making decisions about their care and support.

Staff ensured people's right to privacy and treated people with dignity and respect.

People were supported to be as independent as possible.

### **Is the service responsive?**

**Good** ●

The service remained responsive.

Person centered care plans were in place and these reflected people's individual preferences.

People were encouraged and supported to engage in activities of their choice.

The service had a complaints and compliments procedure in place and complaints had been responded to in full.

### **Is the service well-led?**

**Good** ●

The service have improved from 'Requiring Improvement' to 'Good'.

The management team and staff had a good understanding of the ethos of the service.

There was an effective system in place to monitor the quality of the service and identify shortfalls.

# Cloud House

## Detailed findings

### Background to this 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 was planned to check 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.

We carried out an inspection of Cloud House on 26 June 2018. This inspection was unannounced and carried out by two inspectors.

This was a scheduled inspection. At the last inspection Cloud House received a rating of Requires Improvement. We went to see if the service had made the recommended improvements.

Before the inspection we reviewed relevant information that we had about the provider. Healthwatch confirmed they had not heard anything adverse about the service. The Local Authority, who have a commissioning role, sent us a copy of their Quality Assurance Monitoring Report which provided feedback and recommendations that had been made to the service. We also received a provider information return (PIR) from the service. A PIR 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.

During the inspection we spoke with the four people who used the service and one relative. We also spoke with the registered manager and four members of care staff. We reviewed documents and records that related to people's care and the management of the service, including three care plans, three risk assessments, three staff files, the staff rota, Medicine Administration Records (MAR), service audits and health and safety policies and procedures and records. After the inspection we received further documents including the staff training matrix, the staff code of conduct and the employee handbook. Following the inspection, we spoke with two people's relatives.

# Is the service safe?

## Our findings

At our last inspection on 30 January and 2 February 2017, we found people had not received their medicines as prescribed and the medicines record keeping systems were not effective. During this visit, we saw the service had appropriate arrangements in place to ensure that people's medicines were safely managed and that people were provided with the support they needed in this area. People told us they trusted staff with the management of their medicines. We found accurate records were in place for the ordering, receipt, storage, administration and disposal of medicines. We looked at Medicines Administration Records (MAR) and noted they were signed by staff to indicate people had taken their medicines. There were daily checks carried out by staff to make sure people received their medicines safely and when they needed them.

Staff who were responsible for the administering medicines had received medicine training to ensure they were competent to do so. One staff member told us they did not yet administer medicines as they had not completed all of their training and would start once this had been completed. Medicines were kept locked away when not in use. We saw each person that required medicines had an individual MAR profile which clearly stated the person's name, photograph, date of birth and allergy status. Any medicines prescribed to be given as necessary were monitored and there was guidance which explained when these medicines should be administered. Records showed that the management team was in regular contact with GPs to review what medicines people were taking and to make sure they still needed to have them. For example, we saw one person had their medicines reviewed recently due to their medical condition.

At our last inspection on 30 January and 2 February 2017, we noted that the service had not followed their recruitment policy and had not completed safe recruitment of staff. During this visit, we found the service had acted to make sure they had safe recruitment procedures in place. When we asked people if they felt safe with staff, one person said, "Yes, I like them." We looked at three staff files and saw that appropriate checks were carried out before staff began. Checks included previous employment history, photographic identity, written references, health questionnaires and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and this helped to ensure people were not exposed to staff who had been barred from working with people in need of support. We found records of interviews were kept on files. Staff confirmed that they had an interview and a number of checks were done before they started to work for the service.

People felt there were enough staff working in the service to support them with their needs. One person said, "Oh yes, there are always staff around." The registered manager told us and records confirmed that the number of staff working on each shift would depend on the needs of the people who used the service. One person said if they needed help, "I can't just get up but staff support me. They help with walking." This shows that if a person needed staff to support them at any point, this was in place.

We looked at the staff rotas for the last four weeks and found the service had sufficient staff to meet people's needs. The registered manager said they did not use agency staff and any shortfalls, due to sickness or leave, were covered by existing staff. This meant people were looked after by staff who knew them. This helped to ensure people's needs were met in a consistent way. During our visit, we saw staff responded

promptly when people needed assistance. There was always a member of the management team available to support and advise staff during out of office hours.

At our last inspection on 30 January and 2 February 2017, we found that some incidents that should have been escalated to safeguarding had not been. We noted that incidents of aggression between people should have been raised with the local safeguarding teams for them to investigate although no injuries had been sustained. This meant the service had not followed best practice regarding safeguarding adults from avoidable harm and we recommended the service seeks and follows best practice guidance about safeguarding adults from harm. During this visit we saw the service had clear systems in place to ensure that accidents and incidents and safeguarding concerns were appropriately escalated and addressed. People told us they felt safe living at the service. One person said, "Yes I am safe here." This meant people who used the service were protected from the risk of abuse because the service had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

It was clear from discussions we had with staff and the management team that they understood their safeguarding reporting responsibilities. One member of staff told us, "If I feel something is not right, I will talk to the manager." Staff had received safeguarding training and knew how to recognise the signs of abuse and what actions to take if they felt people were at risk. This meant staff had the skills and knowledge to help maintain people's safety and protect them from the risk of abuse. There was a record of all accidents and incidents which occurred at the service. The registered manager reviewed all accidents and incidents to ensure that people and staff remained as safe as possible and where necessary, measures were put in place to avoid any repeat events.

The service had a whistle blowing policy in place which staff were aware of. Staff told us they would report their concerns to other external bodies such as the local authority or Care Quality Commission (CQC) if they were not being dealt with appropriately by the management team.

Risk assessments were detailed, personalised and supported staff to understand how best to manage the risks to people's health and wellbeing. Relatives confirmed their involvement in the production of these risk assessments. One relative said, "Yes, at the beginning we were communicating a lot. Staff communicate with you very well." They reviewed topics including self-harm, neglect, medicines management, physical health and risks to staff or other people within the service. People told us they were aware of and involved in their risk assessments.

Risk assessments looked at who was at risk, what the advantages and disadvantages are and what resources were needed to reduce the risk. For example, one risk assessment about a person who has diabetes said, "Staff must be vigilant to spot the symptoms of an early hypo: feeling hungry, sweating, tingling lips, shaking or trembling." This risk assessment also gave guidance of what to do once a seizure had finished, for example, "Place in recovery position." A diagram of what the recovery position looked like was attached. This allowed staff to have a full understanding of the risk. Another person had a risk assessment in place for road safety. The advantage to going outside and taking this risk was that, "[Person] is able to enjoy time out in the community and this contributes to a better quality of life." The management of this risk was to, "Encourage [person] to walk with staff, person is known to walk quite fast." This showed the service understood the importance of being able to take positive risks which were well managed to keep the person safe.

Records showed that the service ensured all equipment was maintained and serviced as per manufacturers guidance. There were also regular safety checks carried out, for example, a gas safety check was being carried out on appliances on a yearly basis and the fire alarms were tested on a weekly basis. People told us

the home was a safe place to move around and live in. When we asked them if there are fire drills, one person said, "Yes, a lot." This helped to ensure people would be safe in the event of fire. We noted that the service had acted upon the recommendation of the latest fire safety officer's visit. They had installed new electric sockets in the office as they were using an extension lead before and this was potentially a fire risk.

During a tour of the service we noted the service was clean. One person said they felt the home was clean. Relatives told us, "Every time I go it is always clean, always hoovered. Cleanliness seems at a good standard," and another said they are, "Quite satisfied with the overall standard." Staff had received training in infection control and were aware of their responsibilities in this area. The service had policies and procedures regarding the prevention and control of infection. Staff were provided with personal protective equipment such as aprons and gloves. This helped to prevent any spread of infection.

# Is the service effective?

## Our findings

At our last inspection on 30 January and 2 February 2017, we found staff had not received sufficient and specific training to enable them to carry out their roles and support people with complex needs. Furthermore, the training was inconsistent among different staff and some staff had not received training since their induction. This meant the service had not ensured staff had the knowledge and skills they required to perform their roles.

During this inspection we saw the service had taken appropriate steps to manage this. Staff completed training prior to their induction. Staff had to achieve over 70% in each area before being allowed to start work. The training covered topics including health and safety, safeguarding, medicines administration, understanding mental health and supporting people with challenging behaviour. Staff told us they felt confident they had the skills and knowledge to carry out their work. Staff said the induction was, "Very good" and they felt, "Very well supported, I shadowed for the best of two weeks." This showed the service supported their staff throughout their employment to be able to do their job well.

Internal training was delivered within the service, however; the staff who gave this had not completed a 'Train the Trainer' course themselves. This meant key information about best practice may not be given during the training which staff received. We recommended that the service considered best practice guidelines around training. Since the inspection we have been advised that the registered manager had enrolled on the 'Train the Trainer' course.

The service provided regular supervision to their staff. Staff who had been in post for over 12 months had appraisals completed. Appraisals looked at how the staff could manage their performance to ensure they led by example, find realistic solutions to resolve issues and how to address continued professional development.

The service completed detailed pre-admission assessments to capture information about people's needs. They asked questions about people's physical health and mental health needs, independent living and community skills, personal relationships and education and interests. The service also used information from other health professionals. One relative told us about staff, "I have noticed they put themselves out to make other residents happy." This showed the service was dedicated to achieving the best outcomes for the people they supported.

The service supported people to be healthy. People told us they had a choice about what they ate and were supported by staff to drink plenty of liquid. People were observed to be eating healthy breakfasts and fresh fruit during the inspection. A weekly meeting was held with people to discuss the menu. One person receiving support enjoyed eating ethnic food and staff prepared their food separately. The service had recently planted a vegetable patch. Staff received regular text messages in a staff-only group to discuss important aspects of the service. This group reminded staff to encourage and support people to keep hydrated, wear weather appropriate clothing and apply sun cream during the hot weather. Care plans evidenced that the service encouraged people to eat a nutritious and balanced diet. For example, one said,

"Staff should encourage [person] to reduce sweet intake, [person] has done well at this and buys diet sodas instead of full sugar and also likes to drink bottled water." During the inspection this person showed us their bottled water in their bedroom. One person's care plan said, "[Person] is encouraged to eat salads to assist with weight loss." This demonstrates the service were pro-active in encouraging a healthy lifestyle.

The service worked well with other health and social care professionals to provide holistic care and support and kept a record of all appointments. One person showed us their new glasses and when asked if they had help to visit the opticians they said, "Yes." We saw examples in records of people being seen by the dentist, optician, doctors, attending clozapine clinics and detailed any hospital admissions. This shows the service were understanding of the changing needs of the person.

We checked if the service followed the principles of the Mental Capacity Act 2005 (MCA). The 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. Staff demonstrated an understanding of the MCA. One staff member said, "When people are not able to make their own decisions and they need help to make decisions."

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service had applied for DoLS in line with best practice.

There was evidence of best-interest meetings being held to review people's capacity. In one person's best interest meeting their advocate and family were present. Another person's record said, "[Person's] meeting commenced in relation to capacity and [person's] wishes in relation to accommodation going forwards." This demonstrates the service working in a holistic way to ensure people feel in control of their care and support.

Where people had been assessed as having capacity for care and accommodation, this was evidenced by a signature in their care plans. Risk assessments had a section for confirming if people agreed with the documents and had any comments. However, in the risk assessments we looked at these were blank. We recommended that the service seek advice and guidance from a reputable source about how to ensure people are fully involved in their care and support and to reflect this in their documents.

The service had been adapted and designed to meet people's specific needs. One person had been assessed as having high support needs and had a separate bedroom, a separate lounge and sensory room and a separate bathroom next door to each other to create an apartment area. This ensured the person, other people living in the service and members of staff were safe from harm.

All communal doors within the property were secured via a keycode lock. People who had been assessed as having capacity had access to the code and could move around the service independently. Those who had been assessed as not having capacity were supported by staff to move around the service. This was to ensure all people including staff were safe.

The service had a grab folder in place with information presented in a concise way for emergency professionals to view. Consent to share information had been gained from each person who had capacity and where people did not have capacity, consent had been gained from relatives or professionals. Each

person's folder had people's personal details including allergies and sensitivities, relevant contacts, information about a physical or mental health diagnosis or a learning disability, capacity, current risks and whether or not the person had a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) in place.

## Is the service caring?

### Our findings

People were treated with kindness and compassion by staff at the service. When people were asked about their relationship with staff, responses were positive. One person told us staff got to know them by talking to them and said staff were, "Very nice." When people were asked if they could tell staff if they were in any discomfort, one person said, "Yes, I would tell them." Staff said they would build relationships with people by, "Communication, try and talk to people, try and be friendly." Relatives told us they were confident staff would know when their relative was not feeling well and would respond quickly. This showed that staff understood the importance of offering emotional support to provide a kind and caring service and could respond to the needs of people in a timely manner.

Care plans had information about how people communicated and what to do if people were not feeling well, for example, "Spend time with [person] each day and encourage [person] to speak about what might be bothering [person]." Staff were observed to interact with this person regularly throughout the day. One person had behavioural management strategies in place to support with relaxation and reduce anxiety. The person's care plan said when they were unsettled they liked to listen to music and their, "Favourite song is Toy Story, 'You've got a friend in me'." This showed staff understood and communicated with people appropriately to ensure they received personalised care and support.

Staff could tell us about people's preferences, interests and what support they needed. When talking about one person they said they had helped, "Wash [person's] own hair in the house three times a week, previously [person] had to go to a salon once a week." When we asked this person about the support they received they were smiling and said, "They make me tea, give me a shower and brush my hair." Staff told us that people, "Love music." They said one person's favourite band was, "Little Mix. I often put YouTube on." During the inspection music was heard to be playing in the lounge and one person was observed to be watching music videos. Staff said, "When [person] first come [they] wouldn't do nothing," but said they now, "Love snakes and ladders." There were a large variety of board games available for people to play in the lounge. This demonstrated staff managed people's well-being in a respectful, caring and meaningful way.

People were involved in making decisions about their care. One person told us they had seen their care plan and were, "Happy with what is in it." One staff member said, "We will always talk through what is in their plan." Staff demonstrated their understanding of people's choices in relation to their care and support. For example, when talking about one person they support they said they need to, "Let [person] chill out after an incident." This was reflected in this person's care plan that said, "I wish for all staff to let me calm down when I am upset for 30 minutes."

People had a choice about how their care is delivered. For example, one person's care plan said, "[Persons] preference for personal care is for [person] to be assisted by two female staff members that [person] is familiar with." Daily records confirmed this request was being met. This showed the service respected and listened to what people wanted.

Reviews of the care plans were clearly documented and feedback from the persons professional network

was sought. For example, one review said, "[Person] did not want a review this month but is happy to continue with their current care plan, [person] describes their mood as being alright, rating mood 8/10." This showed that the service valued and respected people's views and ensured their voice was central to the care and support provided.

People told us they felt independent. One person told us, "I like going out," and "I go swimming, I go cycling." One relative said, "Definitely, they encourage [person] to dress even though they are there to help. They always try to make [person] more independent. They let [person] choose own clothes." Staff told us they encouraged people to be independent and said, "Whatever they can do, we encourage them." One staff member gave an example of a person they support and said, "We started off slowly, letting [person] watch us prepare lunch or breakfast. Slowly started introducing [person] to tasks and now [person] prepares own breakfast. When we go out, I remind [person] to tap own oyster card."

Management meetings indicated that care files were to be made anonymous. The registered manager advised this is in line with best practice. This assured people that information about them was being treated confidentially.

Throughout the inspection people were observed to be treated respectfully. One person asked for their hair to be braided before they left the service and staff supported them with this. People were introduced and addressed by names of their choice. When discussing personal care one person said staff, "Knock on the door first" and asked for permission before doing anything. Staff demonstrated an understanding of treating people in a dignified and respectful way. One staff member said, "When we take them to the shower room, they always bring their bath robe and flip flops. We might have maintenance in, or a delivery driver. We want to protect them." This shows the service promotes people's dignity and works in a respectful manner.

The service had an Equality and Diversity policy in place that looked at how the service could treat each person as a unique individual. When we asked one staff member how they would ensure people who identified as Lesbian, Gay, Bisexual or Transgender (LGBT) would be protected, they said they would speak to other people to let them know that, "We aren't all the same but it is okay." This showed the service had a clear understanding of the importance Equality and Diversity and how to protect people from discrimination.

Visitors were welcome within the service at any time. Visitors could spend time with the people using the service in their bedrooms or in the communal areas. The registered manager advised us that each person had regular visitors including parents, friends and partners. This was evidenced in the records. When we asked people about visitors, one person confirmed, "I have friends come and visit me." Another person said, "Just recently my Dad and I went out" and, "My mum and sister visit." We spoke to one visitor during the inspection. This person advised they visited four or five times a week and spoke positively of the service saying staff always welcome them as a visitor with "Open arms" and felt staff were approachable. One relative told us staff, "Respect our privacy, they always say "give us a shout if you need anything" and I like that." This showed the service worked in the least restrictive way possible to promote people's right to privacy.

## Is the service responsive?

### Our findings

Staff were aware of people's interests and communication, health and support needs, which enabled them to provide person-centred care. People told us that staff were responsive and listened to them and helped them.

Care plans were person-centred and provided staff with essential information about people and their care needs. One staff member said, "[Care plans are] very helpful, probably the best care plans I have ever seen. I still refer back to them." We saw that care plans contained information in areas such as people's sexual preferences, relationships, medicines and treatments, health and well-being, personal care and independent living skills. This meant that staff had the information they needed to make sure people's needs were met.

Care plans focused on people's strengths. For example, one care plan said, "[Person] is happy to walk to local appointments, [person] is happy to use the bus to go to Barking but will not use public transport to Loughton." Another care plan read, "Offer [person] regular opportunities to develop household skills, e.g. cleaning room." During the inspection this person showed us their bedroom, and told us they cleaned and tidied it themselves as they were preparing to live by themselves. This shows people are being supported to be as independent as possible even where things might seem difficult and allows people to feel in control of their lives.

The service was recently inspected by the Local Authority and advised to review their care plans to make them more personalised to reflect people's communication needs. During the inspection we saw that care plans were in the process of being changed. We saw "One Page Profiles" which were easy to read and included information about "What people appreciate about me", "What is important to me" and, "How to support me." This shows the service are responsive to feedback to ensure they are working in a person-centred way.

The service demonstrated they communicated with people based on their individual support needs. For example, one care plan said, "[Person] is able to express [person's] wishes although [person] is not able to structure a complete sentence. [Person] will often indicate what [person] wants by showing and telling staff what [person] would like or by agreeing or disagreeing." This information ensured that staff knew how to best to engage with and understand this person and their thoughts and wishes.

The service encouraged people to participate in activities within the home and within their local community. Activities included arts and crafts, Zumba and makeup and hair appointments. One person told us, "I like drawing, I keep them in my bedroom." One person had pink painted nails and when asked if they were done here and if they liked them, they said, "Yes" and pink was their, "Favourite colour". Another person told us they liked, "Going to college, I like IT the most," and had recently completed their first ever exam and passed. One relative told us staff are, "Quite amenable to [person's] requests, if [person] asks for something they will go along with it. They are relaxed, there isn't a huge amount of stress, which is positive." The service demonstrated a responsive approach to meeting people's individual needs which would allow people to

feel more happy and positive.

The service had a complaints and compliments procedure in place. There was clear evidence of responses to all complaints and compliments and action plans recorded. People we spoke to had no concerns or complaints they wished to raise but said they would speak to staff if they did. Relatives told us they would feel comfortable to raise a complaint. Records show that one relative had recently raised concerns around the apparent high staff turnover. The registered manager responded and advised that eight out of 14 staff at Cloud House had been in post over 12 months. They explained that as the accommodation is managed 24 hours a day it may appear that different staff are working each time the family visits but for people using the service they are familiar with the staff. All complaints were marked as completed once the complainant had confirmed they were satisfied with the response.

The service had a feedback box in place downstairs for people to leave feedback anonymously if they felt more comfortable with this. Staff advised they had not received any anonymous feedback and people appeared to feel comfortable speaking to staff directly. In the last twelve months there were records of seven complaints, five of which were from relatives and two from people using the service. This showed the service listened to people's feedback to improve the quality of care and the service overall.

## Is the service well-led?

### Our findings

At our last inspection on 30 January and 2 February 2017, we found that the registered manager had failed to notify the Care Quality Commission and the local authority of safeguarding incidents. A notification is information about important events which the registered manager is required to send us by law. This was to ensure that we were aware of any incidents that had taken place and what action the service had taken to address them. During the inspection we spoke with the registered manager and they were clear about their obligations to submit notifications and there were processes in place to oversee this. Since our last inspection the registered manager had sent notifications to us in a timely manner.

During our last inspection on 30 January and 2 February 2017, we noted that the registered manager and staff completed regular audits and health and safety checks. However, the audits were not effective as they had not identified or addressed repairs we identified during our visit such as radiators and the wall fixtures for grab rails were rusted and the paint was peeling off the bath. People used the bath daily and its condition posed an infection control risk. Observations also showed the carpets were dirty and stained, as were some of the chairs in the living area of the service.

During this inspection we found that the service was completing weekly maintenance audits, monthly health and safety and cleaning audits and quarterly infection control audits. We saw that the service had acted to resolve the concerns we had identified during our last inspection. For example, we saw the enamel on the bath had been renewed and it looked clean. This shows that that the systems in place allowed for the service to identify and act upon any issues quickly. The service had a range of other policies and procedures in place to govern how the service needed to be run. The registered manager informed us that they had recruited an external consultant who would review and update the policies and procedures with the latest guidance and regulations within the health and social care field.

The registered manager had worked at the service for many years, first as carer, then interim manager and now as the registered manager. They knew the people well and had a very good working relationship with people, relatives and staff. People told us they liked living here and when asked if they would recommend Cloud House they said they would. One person described the service as, "Good." Relatives described the registered manager as, "Fantastic, brilliant" and, "Very amenable." One relative said, "It's a thumbs up from me. I would recommend Cloud House." Staff told us the registered manager was approachable and they felt supported. One member of staff said, "The manager is really lovely and very supportive." Staff felt that the management team was always available if they needed any advice or support. They said they could speak to the registered manager at any time. This helped to ensure the service ran smoothly and provided good quality care to people.

Staff were aware of their responsibilities and had a clear understanding of what was expected of them. They had a good understanding of the ethos of the service and worked together. One staff member who was new to the service told us, "I was nervous but my manager is always there and will always say to us the service users' needs come first but also protect yourself." There was good communication between staff and the management of the service. Staff were kept up to date of what was

happening at the service through the monthly team meetings, daily handovers and a communication book that was updated daily. Staff told us the team meetings were a good forum to share ideas and to discuss any issues they might have." Records showed that several areas were discussed during the staff meetings such as any recent incidents, staff training and changes in how people were supported. For example, one person had an infection and staff were advised on how to care for them till they were free from that infection. There were also weekly meetings for people who used the service where they encouraged to have their say on areas such as what they would like to eat or activities they would like to take part in.

People, relatives, staff and other professionals were given the opportunity to have a say in what they thought about the quality of the service they received. These were done through yearly satisfaction surveys. We looked at some of the surveys which were completed recently and noted the feedback received was positive. One professional wrote, "Cloud House has been successful in supporting [person] to settle in the community who have had a challenging journey." Another comment was, "Cloud House provides their service users with a very high standard of care and the management team ensures the service remains compliant with relevant legislation and service guidelines. The staff members are friendly, skilled and provide excellent care to the service users."

There was evidence of suggestions for improvement, being acted upon and appropriate actions were taken. For example, the service advised of plans to begin building an extension by the end of 2018, providing the funds are available. This had been discussed in management meetings in response to visitor's feedback and would allow for additional private space for visitors to spend time with people living in the service. The service had shown they were responsive to feedback and open to further adapting the premises to meet the needs of people.

The registered manager worked closely with other external professionals, including local GPs, social workers and mental health team. This helped to ensure people needs were met. The management team had good links with the wider community. The registered manager attended regular meetings which were held by other professionals where changes in practices or regulations were discussed.