

Achieve Together Limited

Cleveland House

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, Right care, Right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

About the service

Cleveland House is a care home registered to accommodate and support up to 11 people with mental health needs, learning disabilities and/or autism. At the time of the inspection, 10 people were living at the home.

People's experience of using this service

The service was able to show how they were meeting the underpinning principles of right support, right care, right culture.

Right support:

People and their relatives were involved in care planning. Staff supported people to integrate and be part of the local community. Arrangements were in place to ensure people were safe. Risks to people were assessed, reviewed and actions put in place to keep people safe. People's equality characteristics were assessed and met by the service. Robust staff recruitment, support and training the service had in place helped ensure people received safe care. People made decisions about their care including the activities they took part in.

Right care:

Care plans were person-centred. This ensured care and support was tailored to each person's needs. Staff encouraged and supported people to be independent. People's privacy, dignity and choice was respected, and people developed positive relationships with each other and staff. 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. People's sensory and behaviour support needs were understood and met. People interacted with staff because their communication needs were assessed, and the provider ensured that systems were in place to support effective communication.

Right culture:

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. The provision of training and support for staff and the good working relationships of the service with other professionals helped people receive good quality care, support and treatment. There were quality assurance systems in place for reviewing and improving the quality of the service. People, relatives and staff were confident that their concerns were heard because there was a complaints policy in place, which the provider was able to demonstrate they acted upon. People were supported by staff who

understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 01 December 2020 and this is the first inspection. The last rating for the service under the previous provider was Good, report published on 18 October 2018.

Why we inspected

This inspection was prompted by a review of the information we held about this service. The inspection was also prompted in part by notification of a specific incident that took place in the provider's other neighbouring service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

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

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 Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector and 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.

Service and service type

Cleveland House is '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.

Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection, there was a registered manager in post.

Notice of inspection

The inspection was unannounced on 09 June 2022. We visited the service again on 10 June 2022 and gave the registered manager a short period of notice.

What we did before the inspection

We reviewed the information we already held about the service. This included the last inspection report published under the previous provider and notifications. A notification is information about important events, which the provider is required to tell us about by law. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does 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.

During the inspection, we spoke with one person using the service, six relatives, the registered manager, the deputy manager, two area managers and three care staff. We carried out observations of people's care and support. We reviewed documents and records that related to people's care and the management of the service. We reviewed three care files, which included care plans risk assessments. We looked at other documents such as policies, procedures and auditing documents. We also reviewed feedback from social care professionals and visitors.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. One person said, "I have lived here for a long time, I feel safe." One relative told us, "I see no reason to think [person] is not safe. They look after [person]." Another relative said, "[Person] has known staff for over 10 years and there have never been incidents." However, one relative told us, "Because of [a reported incident], the safety of [person] is debatable." We noted that the provider had been aware of this alleged incident and was investigating it.
- Staff had training on how to recognise and report abuse and they knew how to apply it. One member of staff told us, "If I suspected abuse was taking place, I would report it to the manager straight away."
- People and those who matter to them had safeguarding information in a form they could use, and they knew how and when to raise a safeguarding concern.

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. Each person had a risk assessment which identified possible risks and provided guidance for staff on how to mitigate them.
- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions. We observed people accessing communal facilities including the garden without restrictions.
- The service helped keep people safe through formal and informal sharing of information about risks. Staff shared information about risks to people during their handover sessions at the beginning and ending of shifts. This ensured staff had up to date information to protect people from risk of harm.
- Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk. Records showed that fire alarm testing was carried out weekly and each person had a personal emergency evacuation plan, in the event of a fire or other emergency. Fire and environmental officers, who had visited the service, had no concerns following their visits.

Staffing and recruitment

- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted. One person told us, "Yes, there are always staff to support me." A relative told us, "When I visit, there are sufficient staff." A member of staff told us, "Staffing levels are good, but it is a challenge when staff are absent at short notice." The registered manager explained that the service used bank staff to cover staff absence. They told us they were recruiting more staff.
- Staff recruitment and induction training processes promoted safety, including those for bank staff. Staff knew how to take people's individual needs, wishes and goals into account when supporting them. Staff

recruitment processes included carrying out of criminal background checks, obtaining references, proof of identify and eligibility to work. This ensured staff employed at the service were safe to work with people.

- Managers arranged shift patterns so that there were extra staff with appropriate skills and experience to support people with activities or social interests when needed.

Using medicines safely

- People were supported by staff who followed systems and processes to administer, record and store medicines safely. All staff who administered medicines had received training in medicine administration and had received competency assessment.
- Protocols were in place for medicines prescribed on a 'when required' basis (PRN), to enable staff give these medicines consistently.
- Medicine administration record sheets contained information about whether people had any allergies. This ensured staff had appropriate information to manage health and safety risks resulting from allergies.
- Controlled drugs, which are known to be particularly dangerous or open to abuse, were stored safely and securely. We saw there were systems in place to receive, administer and record these types of medicine.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements for keep premises clean and hygienic.
- The service prevented visitors from catching and spreading infections.
- The service followed shielding and social distancing rules.
- The service admitting people safely to the service.
- Staff used personal protective equipment (PPE) effectively and safely.
- The service tested for infection in people using the service and staff.
- The service promoted safety through the layout of the premises and staff's hygiene practices.
- The service made sure that infection outbreaks could be effectively prevented or managed. It had plans to alert other agencies to concerns affecting people's health and wellbeing.
- The service's infection prevention and control policy was up to date.
- The service supported visits for people living in the home in line with current guidance.
- All relevant staff had completed food hygiene training and followed correct procedures for preparing and storing food.

Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.
- When things went wrong, staff apologised and gave people honest information and suitable support. One relative said, "they do inform me [when things go wrong]. There is nothing to hide."
- Staff raised concerns and recorded incidents and near misses and this helped keep people safe. An alleged incident, which was described by the registered manager as near miss, was being investigated during our visit.

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.

This is the first inspection for this newly registered service. This key question has been rated 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;
Supporting people to live healthier lives, access healthcare services and support

- Staff completed a comprehensive assessment of each person's physical and mental health on admission. This ensured that the service was aware of and had suitable facilities to meet people's needs.
- Support plans set out current needs, promoted strategies to enhance independence, and demonstrated evidence of planning and consideration of the longer-term aspirations of each person.
- Positive behaviour support plans were in place, where needed, and there were planned outcomes to increase the person's quality of life and ability to make choices about their day to day life.
- People had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations, including their physical and mental health needs. People, and those important to them, reviewed plans regularly together with staff.
- Pre-admission assessments were detailed and contained their backgrounds, medical history, skills, abilities, and equality needs, including religion. The registered manager told us admission to the service was based on new service user's compatibility to live with existing people and the ability of the service to meet their needs.
- Staff supported people to live healthier lives. Each person had a health action plan in place, which provided guidance about supporting the person to live healthy lifestyles.
- Staff supported people to have annual medical check-ups and each person had a 'Hospital Passport' which detailed information other health professionals needed to support them effectively.
- Staff supported people to access health care professionals. Staff told us and records confirmed that people had access to annual medical check-ups and were supported to make and attend appointments with health professionals such as opticians and dentists.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant training. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have, mental health needs, communication tools, positive behaviour support, person-centred care, STOMP, adult safeguarding and oral health.
- Staff received support in the form of continual supervision, appraisal and recognition of good practice. Staff told us they had regular supervision and annual appraisal. They said these were useful for their professional development.
- Updated training and refresher courses helped staff continuously apply best practice.
- Relatives told us staff knew what they were doing. One relative said, "[Staff] seem to know what they are

doing." Another relative told us, "Yes, no matter what I ask, they normally tend to do [it]. When I see them, they know how to react to [person's] needs. Sometimes better than I, and I'm [the person's relative]."

- Staff told us the registered manager and deputy manager supported them in their roles. A member of staff said, "[Registered manager] is supportive, I can talk to them, they are approachable."

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

- People received support to eat and drink enough to maintain a balanced diet.
- People were involved in formulating a weekly menu with staff and people's preferred or favourite meals were taken into account. One person told us, "I choose what I eat." A relative said, "[Person] can choose [their] food. [Person] likes the food."
- Staff supported people to be involved in preparing and cooking their own meals in their preferred way. We observed one person being involved in preparation and cooking of meals.
- Mealtimes were flexible to meet people's needs and to avoid them rushing meals. One person said, "I eat when I want. I can cook my meals."
- People were supported to have meals that met their cultural and dietary preferences. Staff told us and records showed people's cultural and dietary preferences were considered in meal provisions.

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

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's sensory and physical needs. One person said, "I keep my room clean." One relative told us, "The home is spotless." Another relative said, "Very clean home."
- People personalised their rooms and were included in decisions relating to the interior decoration and design of their home. We saw bedrooms were painted with colours of people's preferences. We observed people had pictures, personal items such as, TV, photos and plants in their bedrooms.
- The interior and decoration of the service was adapted in line with good practice to meet people's sensory needs. The lounge was spacious and bright, and the sofas, chairs and tables were placed few metres away from each other allowing to freely and safely move around.

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 MCA 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.

- Staff had received training in the MCA and were aware of their responsibilities. A member of staff told us, "People have right to make their own decisions if they have capacity. We encourage and support them to make decisions if they lack capacity."
- Where people had conditions on the authorisation of their DoLS, the provider ensured that these were reviewed. This ensured people who were subject to DoLS were supported by least restrictive measures which were considered in their best interests.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The service promoted independence. The registered manager explained that the service built a self-contained flat for one person so that they could live as independently as possible. We also observed staff encouraged people to be involved in various tasks such as cleaning and cooking. A member of staff said, "I encourage people to do as much as possible by themselves."
- Care plans contained information about people's levels of independence and daily living skills. For example, one person's care plan stated, "[Person] can prepare cold meals with prompting. [Person] eats and drinks independently."
- Staff were caring and respectful. One person told us, "I like staff; they are kind and caring." A relative said, "[Staff] are diligent. They are very caring." Another relative commented, "[Staff] are quite friendly and helpful."
- People's right to a private life was respected and people could spend time alone in their room. One relative said, "If [person] wants to go to the bathroom, they take [person], shut the door and leave [person] to do what [person] needs to do."
- Staff told us they understood the home's confidentiality policy and did not put people's personal information at risk.

Ensuring people are well treated and supported; equality and diversity

- Staff treated people well. Staff told us they knew each person well and we observed staff spending time with people throughout the day providing care or supporting people with activities. We saw that people frequently came to and interacted with staff and the registered manager. Staff and the registered manager were respectful and sensitive when interacting with people.
- People and relatives were happy with how staff treated people. One person told us, "I am happy [living here]. Staff look after me." One relative said, "[Person] is well looked after."
- People's equality characteristics were recorded in their care plans. These included their cultural backgrounds and religious beliefs or practices and how they wanted staff to support them.
- Staff understood equality and diversity policies and were aware of the importance of the anti-discrimination of people. A member of staff told us that they had attended training on equality and diversity, and explained their understanding, "To support and treat people as individual, respect their wishes, [this] could be their religion, opinion, cultural background."

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

- Staff supported people to express their views and make decisions for themselves. We observed staff respected people's wishes during our visit. These decisions were reflected in people's care plans.

- People and their relatives were involved in decisions about their care. One person said, "Yes, I am involved in my care." A relative told us, "Yes, I am involved [in decisions'] all the time."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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; End of life care and support

- People had person-centred care plans which reflected their needs. People had choice and control to meet their needs and preferences because their care plans were written from their views and in easy read format.
- The service had a key worker system. Key workers regularly met with people and reviewed care plans to ensure care and support provided met people's current needs.
- The service was not providing end of life care at the time of this inspection. However, the registered manager explained should the need arise, they would ensure that staff had training and skill to provide effective end of life care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- Staff supported people to be part of the community. We noted that the service developed a very good relationship with the local community, who undertook voluntary work such as gardening and who attended social and leisure activities organised by people and staff. One visitor to the service wrote, "The staff are happy to see me and any other volunteers and are keen that members of the community become more involved with Cleveland House."
- Staff ensured adjustments were made so that people could participate in activities they wanted to. Relatives told us people participated in activities of their choice, which included, walks in the parks, bowling, going to the cinema, shopping and exercise classes.
- People were able to stay in regular contact with friends and family. One person told us, "[My relative] visits regularly. [My relative] is coming today."
- People were supported to maintain relationships with family and friends to avoid social isolation. They were able to have visitors and keep in regular contact with them by telephone or video call.

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.

- People's communication needs were assessed, and staff knew how to communicate with each person. One person's care plan detailed their preferred communication method and stated, "Communication methods such as Makaton, gestures and pictures, body language, vocalisation, objects of reference [must be used to communicate effectively with the person]."

- The service had obtained an electronic hand-held device ('known as talking album'), which they had planned to help effective communication. This device was not fully working during our visit but a demonstration by the registered manager showed that it had great potential to facilitate communication for people who used the service. The registered manager told us that they would ensure that the device was used by people.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. Records showed that three complaints had been recorded, investigated and responded to since the service was registered.
- The provider had a complaints procedure for the service, should people wish to make a complaint. One relative told us, "[If I have a complaint], I would go to the manager and it would be sorted. I have never had any issues."

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Management were visible in the service. They were approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. We observed the registered manager sensitive to people's needs. A visitor wrote, "I think [the registered manager] is amazing. Whilst they are very enthusiastic about volunteers visiting Cleveland House, they ensure that these visits involve manageable numbers and safe-guarding of the residents is the priority at all times."
- Staff felt respected, supported and valued by senior staff; this supported a positive and improvement-driven culture. A member of staff told us, "The manager is supportive."
- Management and staff put people's needs and wishes at the heart of everything they did. They discussed people at team meetings and ensured that care plans were kept under review so that people received appropriate and suitable care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and an oversight of the services they managed. A visitor commented, "[The registered manager] has great interpersonal skills and always retains their sense of professionalism."
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time.
- Management and staff were clear about their roles. The provider had a job description for each staff role which explained their responsibilities. The registered manager was supported by a deputy manager and senior care staff. An area manager also provided management support, for example, by undertaking audits of the service.
- People and relatives were positive about the home and staff. One person said, "I like living here, staff are good." A relative told us, "The manager is excellent." Another relative said, "[The registered manager] knows their job, so if there are any problems they get in touch."

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

- There were formal listening events for family and friends to share their views and discuss issues with staff and comments were actioned by the provider. The provider used survey questionnaires, phone calls and relatives' forum to obtain the views of relatives.

- Staff meetings were used by the management team to share important information and discuss any issues. A member of staff said, "We have regular staff meetings, mostly it is about people we support, issues of concern and staffing."
- People's equality characteristics were recorded, and action put in place to meet them.

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

- Most of the relatives, staff and visitors told us the registered manager was honest and transparent. However, we noted that there was one complaint which alleged an incident was not correctly reported. This was being investigated by the registered manager.

Working in partnership with others

- The service worked well in partnership with other health and social care organisations, which helped people to improve their wellbeing.
- The registered manager was involved in provider engagement groups organised by the Local Authority which aimed to help improve care services in the local area.