Bondcare (Ambassador) Limited

Cleveland View

Inspection report

Cargo Fleet Lane
Middlesbrough
Cleveland
TS3 8NN

Tel: 01642244977

Date of inspection visit:
22 March 2017
10 April 2017

Date of publication:
02 June 2017

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

This inspection took place on 22 March and 10 April 2017 and was unannounced. This meant staff and the registered provider did not know that we would be visiting.

Cleveland View Care is a 60 bedded purpose built care home providing personal care for older people and older people with dementia. The home has three units. The ground floor unit accommodates a maximum number of 30 people who require personal care. There are two units on the first floor of the home and within these units there are eight 'time to think' beds, which give people the option of looking at whether they need more permanent support in a care home. At the time of the inspection there were 48 people using the service.

At the last inspection in January 2015 we rated the service as 'Outstanding' in one domain, namely 'effective' and overall 'Good'.

There was a registered manager in post but at the time of our inspection this person had been on extended leave from the service since September 2016. 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.

In December 2016 the registered provider had identified that the lack of leadership and oversight had impacted the service and improvements needed to be made to the operation of the service. Subsequently they asked the previous registered manager for the service to provide oversight of Cleveland View Care Centre as well as their own care home. Since then they had been splitting their time between the two homes. They had critically reviewed the service and had started to introduce measure to ensure the service improved. During our inspection the registered provider noted the manager needed to spend more time at the service to ensure the improvements were prioritised and readily embedded into staff practice.

People and their relatives told us staff at the service provided personalised care. Care plans were person centred but over recent months had not been regularly reviewed, to ensure they reflected people's current needs and preferences. The manager had identified this slippage of staff practice and by 10 April 2017 had ensured that staff had reviewed all of the people's care records.

People were supported to access activities they enjoyed. However, on the 22 March 2017 we noted that activities were localised downstairs and people living on the dementia care unit were not benefiting from access to activities. We discussed this with the regional manager and manager, who immediately addressed this matter, and on the 10 April 2017 we found the activity coordinator had reverted to their previous practice of involving both floors in activities inside and outside of the home.

People and their relatives spoke positively about the staff at the service, describing them as kind and caring.

Staff treated people with dignity and respect. Staff knew the people they were supporting well, and throughout our inspection we saw staff having friendly and meaningful conversations with people. People were supported to be as independent as possible and had access to advocacy services where needed. Procedures were in place to investigate and respond to complaints.

People and relatives we spoke with told us they felt the service was safe. Risks to people using the service were assessed and plans put in place to reduce the chances of them occurring.

Safeguarding and whistleblowing procedures were in place to protect people from the types of abuse that can occur in care settings. People's medicines were managed safely. There were enough staff deployed to keep people safe. The registered provider's recruitment processes minimised the risk of unsuitable staff being employed.

Staff received mandatory training in a number of areas, which assisted them to support people effectively, and were supported with regular supervisions and appraisals. People's rights under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) were protected.

People were supported to maintain a healthy diet and to access external professionals to monitor and promote their health.

People and staff spoke positively about the manager who was overseeing the service, saying she supported them and included them in the running of the service. The manager and registered provider carried out a number of quality assurance checks to monitor and improve standards at the service. The manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

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 remains good

Is the service effective?

Good

The service was effective.

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through regular training.

People's consent was sought at all times. Staff followed the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguard authorisations.

People were provided with a choice of nutritious food.

People's on-going healthcare needs were managed and monitored effectively, working with healthcare professionals in the community.

Is the service caring?

Good

The service remains good

Is the service responsive?

Good

The service remains good

Is the service well-led?

Good

The service remains good

Cleveland View

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.

This inspection took place on the 22 March and 10 April 2017. The inspection was unannounced. The inspection team consisted of an adult social care inspector, a specialist advisor, who was an occupational therapist, 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 service.

We reviewed information we held about the service, including the notifications we had received from the registered provider. Notifications are reports about any changes, events or incidents the registered provider is legally obliged to send us within required timescales.

During the inspection we spoke with 14 people who used the service and seven relatives. We spoke with the regional manager, the manager, two deputy managers, three senior carers, nine care staff, the administrator, an activity coordinator, the cook, a domestic staff member, a maintenance person and a visiting occupational therapist from a local hospital. We looked at six care plans, people's activity records, medication administration records (MARs) and handover sheers. We also looked at four staff files, which included recruitment records and the records related to the overall management of the service.

Good

Is the service safe?

Our findings

People and relatives we spoke with told us they felt the service was safe. One person told us, "It's the staff that make me feel safe". One resident we spoke with told us that they had experienced some falls and made sure they always had the emergency call button to hand. They described how a surprise test was undertaken to see how long it took staff to respond. They were pleased to report that after activating the alarm the staff arrived within 51 seconds. One relative told us, "The staff are what keeps the residents safe, there is always someone here."

Risks to people using the service were assessed and plans put in place to reduce the chances of them occurring. For example, one person's health had deteriorated which had led to them have a number of falls recently. The staff, external professionals from the falls team and the person had developed a care plan to help keep them safe. Risk assessments were regularly reviewed to ensure they reflected current risk. Accidents and incidents were monitored for any trends and plans were in place to support people in emergency situations.

Regular checks of the premises and equipment were also carried out to ensure they were safe to use and required maintenance certificates were in place. However, we noted the bathrooms had signs advising the water temperature should be above 41°C, which is lower than the Health and Safety Executive recommended temperature of 43°C. Care staff reported that the bath water temperature never reached over 39°C and so failed to reach even the service's minimum recommended temperature. We also found that staff had mixed understanding of what the recommended water temperature should be with some thinking it was 37°C. We discussed this variation with the manager who undertook to rectify this immediately.

Safeguarding and whistleblowing procedures were in place to protect people from the types of abuse that can occur in care settings. Staff told us they would be confident to report any concerns they had. We saw records which confirmed that staff had received safeguarding training during 2016. The manager and staff could readily explain how safeguarding concerns would be investigated, including with referrals to relevant agencies.

People's medicines were managed safely. Staff received training to handle medicines, and medicine administration records (MARs) we reviewed were correctly completed with no gaps or anomalies. Medicines were safely and securely stored, and stocks were monitored to ensure people had access to their medicines when they needed them.

There were enough staff deployed to keep people safe. There was always a minimum of two senior and seven care staff at the service during the day and two senior and five staff member overnight. In addition to this the manager was at the service two to three days a week, two deputy managers and activity coordinator worked during the week and ancillary staff, such as catering and domestic staff, worked seven days a week.

The registered provider's recruitment processes minimised the risk of unsuitable staff being employed. These included seeking references and Disclosure and Barring Service (DBS) checks. The Disclosure and

Barring Service carry out a criminal record and barring check on individuals who intend to work with children and adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and adults.

Good

Is the service effective?

Our findings

In the January 2015 inspection we rated this domain as 'Outstanding' because the registered manager who oversaw the service had introduced an exceptional training programme for staff. Following the registered manager leaving the service in 2016 we found this training programme ceased to be provided at the service.

At this inspection all the staff we spoke with told us that they were supported in accessing a variety of training and learning opportunities. The regional manager and manager noted that in recent months there had been some slippage in staff completing refresher training but we saw a comprehensive plan was in place to address this issue. Staff were able to list a variety of training that they had received over the last year such as moving and handling, health and safety, infection control, meeting people's nutritional needs and safeguarding, amongst others. The manager discussed how they were enhancing the training programme for this year and this would include bespoke courses on Parkinson's disease and diabetes management. Staff told us they felt able to approach the manager if they felt they had additional training needs and were confident that they would facilitate this additional training.

When new staff commenced work at the home they were provided with access to the Care Certificate. The Care Certificate sets out learning outcomes, competences and standards of care that are expected. The registered provider had ensured the Care Certificate formed the basis for a comprehensive induction when new starters commenced work.

We confirmed from our review of staff records and discussions that the staff were suitably qualified and experienced to fulfil the requirements of their posts. We confirmed that all of the staff had also completed refresher training.

Staff we spoke with during the inspection told us they had received supervision sessions and had an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. We were told that an annual appraisal was carried out with all staff. We saw records to confirm that supervision and appraisals had taken place and sessions were planned for this year.

People and the relatives we spoke with told us they thought the staff were good and had the ability to provide a service which met individuals' needs.

One person said, "I'm well cared for, they know what they're doing." Another person said, "I think of the staff as friends, I wouldn't leave here." Another person stated "I didn't really want to come here due to a previous bad experience in another home but I love it here staff will do anything for you, there's always someone there for me, can't fault it." Another person said, "It's not an institution you can come and go as you please." And another person said, "Staff care about you but they're not pushy, you get choice."

Relatives told us they thought staff were well trained and were able to meet their needs and the needs of their family members. One relative said, "The care is excellent, it takes all the worry off the family. The care is very responsive. Yesterday [name of relative] was 'chesty', and today they were was seen by a GP". Another

relative said, "My relative receives good care, staff are excellent."

We spoke with an Occupational Therapist from South Tees Hospital who was visiting the service to collect some data in relation to a pilot scheme the service was involved in. We heard that it was a six month pilot scheme aimed at reducing hospital admissions through the provision of telecare equipment. The equipment consisted of bed sensors, chair sensors, epilepsy sensors and fall pendants (worn on either the wrist or as a pendant). The senior carer carried the 'care assist device' that monitored these sensors.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are 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 were being met. At the time of the inspection the staff were ensuring that, where appropriate, people were subject to DoLS authorisations. People subject to DoLS had this recorded in their care records and the service maintained an audit of people subject to a DoLS, so they knew when they were due to expire. The manager was aware of a person's right to contest the DoLS and apply to the Court of Protection for a review of this order.

The staff told us that some people who used the service were living with a dementia and lacked capacity to be involved in their care planning process. They said decisions surrounding these people's care and needs were to be made by staff, family and other professionals. Mental capacity assessments were available within the care records we looked at, however, in some instances they were not decision specific and best interest decisions were not always recorded within care plans. In other situations best interest decisions were clearly recorded. Staff had a mixed understanding of the MCA and DoLS authorisations. Some care staff stated they didn't understand what a DoLS was but would ask a senior care worker if it would be ok for someone to go out (including those without a DoLS). We heard that one resident was independent and went to the neighbouring club. However, they had to 'ask staff for permission to go out'. When asked how the freedom of residents who aren't subject to DoLS was facilitated staff were unclear in their answers. We pointed this out to the manager at the time of the inspection who told us they had identified this as a gap in staff learning so had booked additional training around the application of the MCA and DoLS authorisations.

The written records of the people using the service reflected that the staff had a good knowledge and understanding of people's care needs. We saw that the assessment forms were completed for people and these provided a comprehensive range of information about individual's needs.

We saw records to confirm that people had access to the dentist, optician, chiropodist, dietician, their doctor and other health and social care professionals as needed. The deputy managers told us community matrons regularly visited the service. Community Matrons are experienced nurses who work closely with GPs, District Nurses and other community based services, such as therapists, to help people stay as well as possible, for as long as possible. The service also had good links and worked closely with the tissue viability nurse and falls team to ensure people received the care, treatment and support needed in a timely way. People were accompanied to hospital appointments by staff and had regular health screening.

People received appropriate assistance to eat in either the dining room or in their own rooms. The tables in the dining room were set out well and consideration was given as to where people preferred to sit. People were offered choices of meals and staff knew people's personal likes and dislikes. People also had the opportunity to eat at other times.

The cook told us their expenditure was never questioned and this freedom had allowed them to ensure the food was made using fresh products and home-cooked. They discussed how they catered for different diets and met cultural needs. We saw these were well-structured and ensured the meals provided all of the nutrients people needed to remain healthy.

One person said, "The food is excellent and plenty of it." Another person said, "The food is good and there's adequate amount." The relatives we spoke with all made positive comments about the food. One relative said, "Fish and chips is very popular. I find there is always a choice, and [name of relative] often has two puddings."

We observed practices over the lunch time. The staff member chatted to the resident whilst supporting them with their meal and to others seated at the table. Music was playing and there was a nice atmosphere and conversations between people and servers.

We saw that Malnutrition Universal Screening Tools (MUST), which are used to monitor whether people's weight are within healthy ranges, were being accurately completed. We found that the majority of people had gained weight whilst at the home, including those individuals who had physical conditions which caused weight loss.

Good

Is the service caring?

Our findings

People and their relatives were complimentary about the support provided by staff at the service; describing them as kind and caring. One person said, "They are a lovely bunch and really go out of their way to make sure we are alright." Another person said, "But more importantly the staff are good fun and a pleasure to be with."

A relative said, "My relative needs help with bathing and they always shut the door." Another relative said, "Staff assist my relative to dress and always lock the door." A third relative said, "My relative is sometimes incontinent. There is no fuss when this happens and staff are very discreet." A staff member said "We don't discuss confidential matters in public areas and manage personal care behind closed doors."

Staff treated people with dignity and respect. We saw that staff addressed people by their preferred names and spoke with them in a friendly but professional way at all times. Staff knocked on people's doors and waited for a response before entering their rooms or took them to quieter areas of the service to discuss private matters.

All of the staff talked about how the ethos of the service was to make sure the needs of people who used the service were always put at the centre. One staff member said, "This is people's home and we keep that to the front of our minds as we are here to assist them not take over the place."

Staff knew the people they were supporting well, and throughout our inspection we saw staff having friendly and meaningful conversations with people. We found the staff we very familiar with people's life history and routinely engaged people in conversation about their family members. The manager and staff showed genuine concern for people's wellbeing. Staff were also appropriately affectionate with people and offered reassuring touches when individuals were distressed or needed comfort. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs. People were encouraged to remain as independent as possible.

People were supported to access advocacy services where needed. Advocates help to ensure that people's views and preferences are heard.

At the time of our inspection no one was receiving end of life care. Care records contained evidence of discussions with people about end of life care so that people could be supported to stay at the service if they wished. One staff member said, "Sometimes the residents want to talk quietly and privately and we make time for this and with their loved ones."

We noted there were no shower screens or curtains in the shower rooms. Staff on both floors reported they took their socks and shoes off and rolled up their trousers when assisting people in the shower and that there was no way of preventing them from getting very wet when assisting with this personal care task. The doors had thumb locks which could be operated from both sides of the door. Privacy and dignity could easily be compromised by the door being opened from the outside whilst in use. The lack of shower curtain

or privacy screen within the shower rooms makes this even more problematic. We discussed this with the regional manager and manager who confirmed they had sourced screens for the shower rooms. People's bedrooms had personal items within them. All the bedrooms we went into contained personal items that belonged to the person such as photographs.

Good

Is the service responsive?

Our findings

People we spoke with told us they were very happy at the service and took part in a range of activities. When we visited one person was completing puzzles and quizzes the staff had got for them and others were painting bird boxes. One person said, "I go out when I want and also find there are things to do here."

One relative told us that they visited every day and staff not only looked after their relative but also them. They told us that staff let them continue to care for their relative, so left them to assist the person to eat, which they greatly appreciated. Also the staff provided them with their dinner and tea each day, as well as drinks throughout the day, which they felt went above what would be expected when using care homes.

During our visit we reviewed the care records of six people. Each person had an assessment, which highlighted their needs. Following assessment, care plans had been developed. Care records reviewed contained information about the person's likes, dislikes and personal choices. This helped to ensure that the care and treatment needs of people who used the service were delivered in the way they wanted them to be. Care plans provided guidance to staff about people's varied needs and how best to support them. We found the care records were well-written. They clearly detailed each person's needs and were very informative.

Care plans were reviewed on a regular basis to ensure they accurately reflected people's current support needs. Daily notes and handovers were used to ensure staff coming onto shift had the latest information on people in order to provide responsive care.

An activities coordinator worked Monday to Friday. On 22 March 2017 we found they concentrated the activities on the downstairs and the people using the upstairs dementia care unit were not being included in any of these activities. We observed signs advertising some activities, for example, a lunch trip to the Pied Piper on the downstairs unit. However, such activities were not advertised upstairs and the staff and people we spoke with upstairs told us activities were not on offer. The staff upstairs told us there wasn't an activities programme and they rarely saw the activities coordinator. On the day of the inspection a priest was visiting the home. They told us all faiths were welcome to their service and to receive a blessing. However, the staff did not invite the priest upstairs to see people, nor was anyone for the upstairs unit asked if they wanted to join in the service. The staff upstairs reported that they felt that people on the upper floor were excluded from the activities programme. We spoke to the regional manager and manager about this difference in service and when we visited the service on 10 April 2017 found the activities coordinator had commenced providing meaningful activities for all the people using the service.

Staff and people told us about the recent trip to Redcar for fish and chips. People said of the trip 'it was ok but not great'. When asked how the trip might have been made better people told us that they were disappointed with the trip as they hadn't been able to get off the bus. We discussed this with the activities coordinator who told us 12 people and two staff went on the trip and, due to the number of people who needed assistance they did not have the resources to get people off the bus. We discussed this with the manager who recognised that the trip should have been organised with an appropriate ratio of staff to

people, so that they could be supported off the bus. They confirmed that action would be taken to ensure sufficient staff were provided for trips and on 10 April 2017 we found that the manager had increased the available support for trips.

The activities file showed a range of activities had been offered over the last year including; dominoes, crafting, paper Mache and plaster of Paris. Consideration was given to upcoming events such as Easter and themes such as Spring. Board games and reading material were evident and people were observed enjoying watching television in the communal lounges.

Although people's interests were outlined in their care plans, and staff supported them to continue to enjoy their hobbies, the documentation of activities participated in were kept separate from the main care plan and contained extremely limited details.

Procedures were in place to investigate and respond to complaints. Where complaints had been received the current manager had thoroughly investigated them and provided the complainant with an extremely detailed response that gave the findings as well as action being taken to prevent this from reoccurring. The complaints policy was displayed in communal areas and residents' meeting minutes confirmed people were regularly asked if they had any complaints. People and their relatives told us they knew how to complain and raise issues.

Good

Is the service well-led?

Our findings

People and staff spoke positively about the service, although some people had noticed the service had not been functioning as well in recent months. A relative said, "I'm aware that the two deputies are currently running the home but I don't really see them. The senior tends to run the first floor and does a good job. But the home has not been as good since the previous manager was in post." Whereas another relative said, "I would recommend this care home, they treat all the residents well and the staff are brilliant."

There was a registered manager in post but at the time of our inspection this person had been on extended leave from the service since September 2016. In December 2016 the registered provider had identified that the lack of leadership had caused the service to dip in performance and action was needed to make improvements in the operation of the service.

Subsequently they asked a manager, who had previously run the service, to provide operational oversight. The manager had been splitting their time between two homes, but the registered provider recognised they needed to spend more time at this service so they increased the number of management days being provided. The regional manager and manager had critically reviewed the service and had started to introduce measures to ensure the service improved. We found that where we highlighted issues on 22 March 2017 these were addressed when we revisited on 10 April 2017 and alongside this a number of the issues we raised had already been identified by them.

We found that the manager was constantly looking at improvements that could be made. We noted on the first day of the inspection that there was a divide between the two floors with the upstairs units getting a poorer quality service. However, the manager rectified this issue by the second day of the visit. They ensured activities were provided equitably across both floors and started to rotate staff so that all would be able to work effectively on both floors. We found that these simple changes made a clear difference to the operation of the service.

One staff member said, "We have managed under difficult circumstances what with the manager being off. Before then the general opinion was that the managers need to be more visible and supportive." Staff told us that since the regional manager and manager had started to oversee the service improvements were being made. The staff we spoke with discussed a recent team meeting with the manager and the regional manager. They felt this meeting was very useful and they felt both managers were supportive and approachable. A staff member said, "The regional manager and manager do seem interested in what we have to say and are determined that the home works well."

Feedback was sought from people through resident and relatives' meetings, via newsletters and surveys. Staff feedback was sought in the same way. The results of the most recent survey in 2016 showed that all of those who responded were happy with the service.

The registered provider had systems in place for monitoring the service, which the manager had fully implemented. The manager completed monthly audits of all aspects of the service, such as medicine

management and took these audits seriously. We found the audits had identified areas they could improve upon and the manager had produced action plans, which clearly detailed when action had been taken. The registered provider also completed monthly reviews of the home.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.