Partnerships in Care (Cleveland) Limited

Cleveland House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Cleveland House is registered to provide accommodation for persons who require nursing or personal care and treatment of disease, disorder or injury for up to 32 people. At the time of the inspection 32 people with significant and complex needs were living at the service.

Cleveland House acts as both a residential home and provides short or long-term rehabilitation for people. The service consists of four units which are designated in accordance with people's needs and level of support.

People's experience of using this service and what we found
People living at Cleveland House benefited from a service that was committed to providing safe and high-quality care and support and a service which was well-led.

Staff recruitment process ensured staff were safe to work with people. Risks to people were identified and were managed and mitigated by staff to lessen the risk of harm to people. Policies and procedures were also in place to keep people free from the risk of abuse and harm.

We received positive feedback from both people living at the service and their relatives about the quality of the care and support they received from staff. People's family and friends were actively involved in their loved one's care. People were empowered and supported by staff to achieve their goals and aspirations.

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.

The service adopted a positive culture which was committed to delivering high-quality and tailor-made care to people. Staff understood, shared and practiced these values. Governance and quality assurance processes helped to monitor service performance and drive up improvements.

The service worked in collaboration with other relevant organisations to help achieve positive outcomes for people and to ensure people had access to the best possible care and support for their individual needs. We received positive feedback about the service from external health and social care professionals.

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

Rating at last inspection
The last rating for this service was good (last report published 10 January 2019).

Why we inspected

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.

The inspection was prompted due to concerns received about the management of people requiring support with mechanical ventilation. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained good, based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cleveland House on our website at www.cqc.org.uk.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Cleveland House

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (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.
Inspection team

The inspection was carried out by one inspector and one nurse specialist advisor.

Service and service type
Cleveland House is a 'care home.' People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Cleveland House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection
We undertook a tour of the home to ensure it was safe and suitable to meet people's needs. We also observed the delivery of care and support at various times throughout the day, including the lunch time experience. We spoke with five people who lived at the home, the registered manager, the operations director, five members of staff, including nursing staff and an in-house physiotherapist and a visiting external healthcare professional.

We looked at records in relation to people who used the service including six care plans and systems for monitoring the quality of the service provided.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records and policies. We spoke with three relatives on the telephone to help us understand their experience of the care and support their loved one received. We also sought feedback from five external health and social care professionals who regularly worked with and visited the service.

Good

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The service took both a preventative and proactive approach to risk taking and were aware of any relevant risk factors and triggers. This approach ensured that people's human rights were protected as any decisions were taken in people's best interests. People were not told they were unable to do something simply because it was too risky, people were supported by staff to manage any potential risks to safety.
- Staff supported people to make their own choices in an informed way and understood where people required support to reduce the risk of avoidable harm. Staff were aware of the risks to people and worked in conjunction with people's family members and other health care professionals to manage them safely. Risks were reviewed regularly and were rated using a risk scoring key to ensure the service had a current and accurate picture of safety.
- The service adopted a practice of learning from any incidents, accidents and other relevant events. People's records were reviewed to monitor any safety related themes. Findings were communicated to staff to ensure the correct action was taken to help prevent any future recurrence.
- The service worked collaboratively with other professionals to help minimise the risk of incidents. An external professional told us, "The manager has referred to listening events after incidents and supporting staff. Cleveland House appear to look for the best solutions for patients."

Systems and processes to safeguard people from the risk of abuse

- People were adequately protected from the risk of any harm or abuse. Any incidents or concerns were appropriately reported and shared with relevant safeguarding authorities. Systems, policies and processes enabled thorough and transparent investigations to take place in the event of any safeguarding concerns.
- People and their relatives told us they felt the care and support provided by staff was safe. People told us, "It's safe being here, the staff know what they are doing, I feel safe with them" and "Yes I am safe." A relative confirmed, "It's definitely safe, I feel relaxed that [Name] gets safe care." An external health professional added, "[Staff] are delivering patient centred care in a safe and appropriate manner."
- Staff were trained in safeguarding matters and knew what action to take to keep people protected. An external health professional told us, "Because of [Staff's] knowledge, they are able to pick up quickly when things are not right and escalate it appropriately."

Staffing and recruitment

- Recruitment systems ensured staff were recruited to support people to stay safe. Staff files contained all required information.
- Staff were supported by an organised programme of induction, which was targeted at meeting people's needs. This included new staff shadowing more experienced staff, and bespoke training in Tracheostomy care, PEG (Percutaneous Endoscopic Gastrostomy, a procedure which allows nutrition, fluids and/or

medications to be put directly into the stomach) maintenance and physiotherapy as well as all mandatory training.
● The service was adequately staffed, and people told us they felt there was enough staff to support them safely. Where agency staff were used to fill in gaps in the rota, the service used the same agency staff wherever possible to ensure people received consistency of care and support. Staff told us, "Staffing levels are good and when agency staff are used it is regular agency staff" and "There is a good skill mix between the staff so that it's a supportive collaborative approach when working with the patients." A relative commented, "There's such good continuity of care here."

Using medicines safely
● Medicines were managed safely. Staff were supported to ensure they met good practice standards and were trained and competent to administer medicines.
● Protocols and procedures were in place to ensure controlled drugs were managed safely. Controlled drugs books were checked and were found to be up to date and daily checks were maintained by two staff. Controlled drugs are drugs that are subject to extra safety measures and legal control as they can be harmful if not used properly.
● People received their medicines as prescribed and had a person-centred PRN protocol in place. PRN protocols provide guidance to staff on when to administer as and when required medicines, for example, painkillers. PRN protocols were robust and there was evidence of how medications were monitored for their effectiveness as part of the protocol for the use of PRN.

Preventing and controlling infection
● The service managed the control and prevention of infection well. Staff followed policies and procedures on infection control which met current and relevant national guidance. Risk assessments for the management of COVID-19 were in place. The service was well maintained and clean. One person told us, "The home has good levels of hygiene."
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was supporting people living at the service to minimise the spread of infection.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was responding effectively to risks and signs of infection.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes
We saw how the service facilitated visiting during our inspection and how visitors were involved and an important part of the care of people. It was evident visitors had a beneficial impact on the psychological and emotional well-being of people. A relative told us, "I can visit at any time and that's important. I feel safe going in, staff wear PPE and the place is always so clean and well maintained."

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

● We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Good

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.

At our last inspection we rated this key question good. The rating for this key question has remained 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

- The registered manager implemented and practiced a culture which was focused on delivering high quality and safe and supportive person-centred care. This culture was underpinned by values of compassion, kindness and dignity. The service was committed to putting people first by valuing people and their families. A relative commented, "I am consulted and involved in [Name's] care, I am respected. Staff work with me and [Name]."
- External professionals we spoke with were keen to share their thoughts about the culture of the service and the positive effects this had on people's lives. Comments included, "I would describe the culture as professional, holistic, person-centred, with a 'can-do' mentality, there is a highly skilled nursing and therapy team, who know patients as individuals, they are constantly trying to find ways to improve their quality of life and find appropriate ways to overcome challenges" and "The culture is a caring one, care is certainly person centred and safe. The staff know their residents well, their likes and dislikes."
- The positive culture and involvement of people and their relatives in their support helped lead to positive outcomes for people and care records documented people's individual goals. People were supported to meet their goals so that support was genuinely person centred and in line with people's choices. A relative told us, "Staff have become like family, [Name] beams when they walk in the room. I can see the positive impacts the care is having on [Name]."
- Both the registered manager and staff promoted equality, diversity and inclusion to remove any barriers to people's access to high quality care and support. The service had in house specialists such as physiotherapists and occupational therapists who were able to work directly with people to aid their rehabilitation and provide holistic care and support.

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

- The service encouraged any feedback and adopted a transparent and open approach. The registered manager operated an open-door policy. Any concerns were investigated in a sensitive, timely and confidential way, shared with the relevant authorities and lessons were shared amongst staff and acted on.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was knowledgeable and had a good understanding of their role and responsibilities. Both the registered manager and staff were committed to deliver a person-centred service

for people, which reflected people's choices and met their individual goals.
● Staff spoke positively about the registered manager and shared the same values, ethos and motivation to provide a quality service. One staff member told us, "There is a family feel to the staffing team. Management are supportive and available any time." An external professional told us, "[Manager] is very involved in every aspect and runs a good [Service].
● The service demonstrated effective governance and accountability processes and practices to help drive up the quality and safety of care and support. Processes were effective at identifying risks to the safety and quality of the service provided to people. Any actions identified from audits were clearly defined, allocated for completion and given a time frame for competition.
● The service was able to evidence a good understanding of quality performance. Daily meetings took place with staff to discuss people's needs and any emerging risk to people's safety. Weekly manager meetings with the provider also occurred to help review the safety and quality of care.
● The registered manager understood their legal and regulatory requirements. Staff were supported using performance feedback, such as supervision and appraisals and provided with opportunities for further learning and development to help further enhance the delivery of good care and support.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The service encouraged and facilitated people and their relatives to be heard. Relatives were encouraged to be a part of people's care and support. Various methods were used to obtain feedback from people and their relatives about every aspect of their care and support. Feedback enabled the service to make changes to people's support plans as their needs, goals and preferences changed. Relatives spoke positively about the registered manager and told us they were able to provide feedback at any time. One told us, "[Manager] always has the time for me, it means a lot that [Manager] is so approachable."
● The service strived to act with integrity in an honest and decent way and engender a culture of safety to help colleagues to raise any concerns and to ensure an effective response to those concerns. The registered manager engaged with staff to enable staff to have a platform to voice their feedback and views, this included staff meetings.
● Staff feedback was listened to and acted on to help shape the service further, and further improve the quality of care and support. This was further encouraged amongst staff by a staff appreciation board. The board enabled staff to highlight the positive and caring practices of other staff members to showcase their appreciation.

Continuous learning and improving care
● Quality assurance processes were in place to capture the views and experience of people using the service, through resident meetings and feedback questionnaires. Emphasis was placed on the perspective of people and their relatives to help understand any quality issues and challenges.
● The service demonstrated a commitment to sustained and improved care at all levels. The service worked collaboratively with both in-house and external health and social care professionals to ensure people had access to the most appropriate care and support possible. Best practice guidance and professional feedback was shared amongst staff to help further in the deliverance of high-quality care and support. An external healthcare professional told us, "The staff are supportive of patients wishes regarding changes and progression of their healthcare needs and help facilitate this."

Working in partnership with others
● The service worked in partnership with a wide range of external organisations and professionals to support high quality and appropriate care provision to ensure people received a positive experience based on best practice outcomes and people's choice and preference. We received positive feedback about the

service from visiting health and social professionals who worked closely with the service. Comments included, "Staff not only take on board advice, but also as skilled professionals in their own right, and contribute actively to interdisciplinary assessment and intervention planning" and "Care is person centred and safe, it is clear staff know each person's wants and needs and adapt interventions and care to this."