

Bondcare (Ambassador) Limited

Cleveland View

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

About the service: Cleveland View is a care home that was providing personal care to 49 older people and people living with a dementia at the time of the inspection.

People's experience of using this service: People told us they were happy and spoke positively about the support they received. People's independence was promoted and they felt their voice was heard.

Risks to people were assessed and addressed. Emergency plans were in place. Medicines were managed safely, however, we have made a recommendation about the management of some medicines.

Staff were supported with training, supervision and appraisal. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People received personalised support based on their assessed preferences and needs. A wide range of activities took place, which people enjoyed.

The management of the service was committed to monitoring and improving standards. Feedback was sought and acted on. The service worked in close partnership with external professionals to develop and share best practice.

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

Rating at last inspection: Requires improvement (report published April 2018)

Why we inspected: This was a planned inspection. It was scheduled based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Cleveland View

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: An inspector, a medicines inspector and a specialist professional advisor nurse carried out this inspection.

Service and service type: Cleveland View is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service is divided into three units. One unit supports older people and two support people living with a dementia. The service can support up to 60 people.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The inspection was unannounced.

What we did: Before the inspection we reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with commissioners of the relevant local authorities, the local authority safeguarding team and other professionals who worked with the service to gain their views of the care provided by Cleveland View.

During inspection: We spoke with six people who used the service and one relative of a person using the service. We looked at six care plans, 10 medicine administration records (MARs) and handover sheets. We spoke with 12 members of staff, consisting of the registered manager, deputy manager, the nominated individual, two kitchen staff, one member of domestic staff, the activity co-ordinator and five care staff. We also spoke with an external professional who was visiting the service. We looked at two staff files, which included recruitment records. We also looked at records involved with the day to day running of the service.

Is the service safe?

Our findings

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

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

At the last inspection in 2018 we rated this key question as requires improvement and identified breaches of regulation. Medicines were not managed safely and some medicines were given without people's consent. Risks to people using the service were not consistently assessed or addressed and effective fire drills had not been carried out. Improvements had been made at this inspection which meant the provider was no longer in breach of regulation and this key question rating improved to good.

Using medicines safely.

- Medicines systems were organised, and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage disposal and administration of medicines: however, some improvements were needed in the guidance for medicines to be given when required.
- One person managed their own medicines. This promoted their independence.
- Observations of staff showed that they took time with people and were respectful in how they supported people to take their medicines.

We recommend that the service consider reviewing the guidance for when required medicines to ensure they are accurate, and person centred.

Assessing risk, safety monitoring and management.

- Risks to people were assessed and plans put in place to minimise them. We saw some epilepsy risk assessments needed more detail, and work was started on these before the inspection ended.
- The safety of the premises was monitored and required test and safety certificates were in place. Systems were in place to keep people safe in emergency situations.
- People said they felt safe. One person said, "I feel very safe and looked after."

Preventing and controlling infection.

- The premises were clean and tidy and the provider had effective infection control processes.
- Staff had access to personal protective equipment, such as gloves and aprons. Throughout the inspection we saw staff appropriately washing their hands.

Systems and processes to safeguard people from the risk of abuse.

- People were safeguarded from abuse. Staff received safeguarding training and had access to the provider's safeguarding policies.
- Staff said they would not hesitate to report any concerns and were confident they would be acted on.

Learning lessons when things go wrong.

- The service was committed to learning lessons from accidents and incidents to improve people's safety.

For example, a project had been completed to reduce falls by reducing people's caffeine intake. This had led to a large reduction in the number of falls at the service.

- 'Lessons learned' meetings were held following major incidents to see how practice could be improved to reduce risks to people.

Staffing and recruitment.

- Staffing levels were monitored to ensure enough staff were deployed to provide safe support. Staff spoke positively about staffing levels.
- People said staff responded quickly to requests for support and had time to chat with them. Comments included, "There are plenty of staff here, you always see lots of them walking around" and, "If I press that (emergency call alarm) they're soon here."
- The provider's recruitment processes minimised the risk of unsuitable staffing being employed.

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

People's outcomes were consistently good, and people's feedback confirmed this.

At the last inspection in 2018 we rated this key question as requires improvement and identified breaches of regulation. Staff training was not assessed or monitored. Capacity assessments and best interest decisions were not always recorded. People did not always receive support to safely eat and drink. Improvements had been made at this inspection which meant the provider was no longer in breach of regulation and this key question rating improved to good.

Staff support: induction, training, skills and experience.

- Staff received regular training to equip them with the skills and knowledge needed in their roles.
- The provider's induction programme ensured newly appointed staff had the skills and training needed to support people.
- Staff spoke positively about the training they received. One member of staff said, "Training is non-stop. We do it all when we start, and we're prompted when we have to do it again."
- Staff were supported with regular supervision and appraisal. Meetings were used to discuss knowledge and training and to deal with any issues staff raised.

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Capacity assessments and best interests decisions were recorded for people who lacked capacity or who had fluctuating capacity.
- Staff understood the principles of the MCA and applied them when delivering support. For example, staff asked people for permission before assisting them.

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

- People were safely supported with eating and drinking. Staff were knowledgeable about any specialist dietary needs people had, and these were given and monitored.
- Staff had worked successfully with external professionals to reduce undernutrition and increase the amount people drank. This led to positive health outcomes for people.
- People spoke positively about food and drink at the service. One person told us, "The food is very good. I can always ask for things if I don't like what's on the menu."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- Pre-admission assessments were carried out before people moved into the service to ensure the right support was available. These reviewed people's support needs and preferences and used information from relatives and other professionals involved in people's care.
- Professionals said staff were pro-active in seeking advice and followed any guidance given.

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

- Staff worked effectively with external professionals to maintain and promote people's health and wellbeing.
- People were regularly reviewed by external professionals involved in their care. During the inspection we saw lots of external professionals visiting to carry out reviews, and staff discussing people's support needs with them.

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

- The premises were adapted for the comfort and convenience of people living there. A redecoration programme was underway to repaint and refresh the home.
- Signage and equipment were in place to help people living with a dementia navigate around the building.
- People's rooms were decorated to their individual tastes and included their own furniture and pictures of family and friends.
- People had access to a large enclosed garden, which we were told was well used. One person was growing vegetables in the garden.

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

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

At the last inspection in 2018 we rated this key question as requires improvement. Improvements had been made at this inspection and this key question rating improved to good.

Ensuring people are well treated and supported; equality and diversity.

- People said staff were caring and kind. Comments included, "The staff are wonderful, absolutely great" and, "It's smashing here, really great."
- Relatives spoke positively about the care staff provided. One relative said staff were, "lovely" when providing support.
- We saw lots of examples of staff treating people with compassion and kindness. Staff had meaningful and engaging conversations with people, and there was lots of laughter as they shared jokes.
- People were valued as individuals and encouraged to live their lives as they wanted. People said they enjoyed talking with staff about their families, relationships and friendships. One person said, "You get to sit and chat with them about the life you've had."
- The registered manager and staff were proactive in promoting principles of equality and diversity. For example, training was arranged with a local lesbian, gay, bisexual, and transgender charity on issues affecting that community.
- People were supported to practice their faith. The service had links with local places of worship and had regular visits by ministers of religion.

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

- People were encouraged to be involved in how the service was run. A 'residents committee' was being organised as an advocacy body for people living at the service.
- Feedback was regularly sought from people and relatives at monthly meetings and acted on. People said their opinion was valued.
- At the time of our inspection nobody at the service was using an advocate, but policies and procedures were in place to arrange this if needed. Advocates help to ensure that people's views and preferences are heard.

Respecting and promoting people's privacy, dignity and independence.

- People said they were treated with dignity and respect. One person said, "They're very respectful. They always ask before doing things."
- We saw staff acting in ways that protected people's privacy and dignity. Staff updated each other on the support people had received away from communal areas so they would not be overheard.
- People said staff promoted their independence and that they felt in control of their lives. Comments included, "I can do things on my own, like go to the shops" and, "They (staff) do anything you want."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

At the last inspection in 2018 we rated this key question as requires improvement and identified breaches of regulation. People's care plans were not always personalised. Improvements had been made at this inspection which meant the provider was no longer in breach of regulation and this key question rating improved to good.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- At the last inspection people's care plans were not always personalised.
- People received personalised support based on their assessed preferences and needs. Staff were knowledgeable about how people wanted to be supported. People said they received the support they wanted and felt in control of this.
- Care plans were person-centred and regularly reviewed to ensure they reflected people's current support needs and preferences.
- Daily handovers took place between staff to ensure they had the latest information on people.
- Staff supported people to access information and to express themselves effectively. This included methods such as communication flashcards and easy read format documentation.
- People were supported to access activities they enjoyed and spoke positively about them. Comments included, "They have lots of activities. You can take part if you want but don't have to."

Improving care quality in response to complaints or concerns.

- The provider had effective systems in place to investigate and respond to complaints. This included ensuring lessons were learned when issues were raised to help improve standards at the service.
- People were aware of the complaints process and said they would be confident to raise any issues they had. One person told us, "I'd soon know how to complain."

End of life care and support.

- Policies and procedures were in place to provide end of life care where this was needed. This included end of life care training for staff and working with people, relatives and external professionals to ensure final wishes were respected.

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

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

At the last inspection in 2018 we rated this key question as requires improvement and identified breaches of regulation. The provider had ineffective quality assurance processes. Improvements had been made at this inspection which meant the provider was no longer in breach of regulation and this key question rating improved to good.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The provider and registered manager carried out quality assurance audits to monitor and improve standards at the service. Where issues were identified action was taken to address them.
- People said they were happy with the support they received. One person told us, "I couldn't say enough good about it. I'm very happy here and wouldn't go anywhere else."

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

- Staff said the management team had worked hard to create an open and positive culture. Comments included, "[Registered manager] is very supportive and loves to know the residents are getting the best. She always does her best by them."
- The registered 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.

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

- Regular meetings took place with people, relatives and staff to seek feedback on how the service was run. Minutes of these meetings showed they were used to share information and spread involvement in decision making.
- People and staff felt that their opinion was respected and valued. One person told us, "Everything is up to you. We decide what we want." A member of staff we spoke with said, "I can go and raise any issues I have."

Continuous learning and improving care; working in partnership with others.

- The registered manager and staff were committed to continuous learning to maintain and improve standards. Examples included projects to reduce falls and improve people's eating and drinking.
- Partnerships had been created with other agencies and external professionals to share ideas and best practice. These included a scheme to increase recruitment into the care sector by committing to support new recruits with education and training.

