

Ashrana Limited

# Cleaveland Lodge

## Inspection report

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Date of inspection visit:  
17 October 2016

Date of publication:  
02 December 2016

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

The inspection took place on 17 October 2016 and was unannounced. The previous inspection of April 2015, found the service required improvement. At this inspection we found that some improvements had been made. However, we found inconsistencies in the management of environmental and individual risks. For example the systems in place for checking and managing risks to individuals of scalding were ineffective. We have made a recommendation regarding the oversight of risks.

Cleaveland Lodge provides accommodation and care for up to 54 older people some of whom may be living with dementia. On the day of our inspection there were 52 people living in the service.

There was a registered manager in place. 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.

Checks were undertaken on staff suitability for the role for which they were employed but records were not maintained of interviews and we could not be assured that the checks were sufficiently robust.

Staff were visible and assessable and there were sufficient numbers of staff available to meet the needs of the people living in the service. Staff received an induction to prepare them for their role and additional training was provided to support their learning and development.

Medication was generally managed safely but we did find inconsistencies in the recording systems which need to be resolved to ensure a robust and accountable system.

People were offered a varied diet and could have alternatives to the menu if they chose. Where necessary, staff assisted people with eating and drinking. Systems were in place for staff to monitor people's nutrition and hydration with action being taken when concerns were identified. Staff ensured that people's health needs were effectively monitored. They supported people to access a range of health care services to maintain and improve their health and wellbeing.

The registered manager and staff were aware of their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA and DoLS are in place to protect the rights of adults by ensuring that if there is a need for restrictions on their freedom and liberty these are assessed and decided by appropriately trained professionals. People's best interests had been considered when decisions that affected them were made. Applications for DoLS authorisations had been submitted where restrictions were in place. It was agreed that applications would be made for individuals on respite care where this was needed to keep them safe.

Relationships between people living in the service and staff were positive. Staff knew people well and were

caring and kind. There were activities in place which people enjoyed and promoted their wellbeing. People were given choices in their daily routines and looked well groomed. There were systems in place to ensure that key information about people's health and welfare were communicated between staff and families.

People expressed confidence their concerns would be listened to. There were systems in place to respond to complaints although most people told us that they had no cause to complain.

People and their relatives were complimentary of the care provided and how the service was managed. The manager and providers were assessable and actively involved in the day to day management of the service. Staff understood their role and were well supported. There were systems in place to ascertain people's views and drive improvement.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not consistently safe.

Risks associated with the environment and people's care were not always identified and managed safely.

Medicines were administered as prescribed although the oversight of, as and when medicines could be strengthened.

Staffing levels met the needs of the people resident. Recruitment processes were not sufficiently robust.

Staff had a good understanding of safeguarding and the need to report allegations of abuse.

### Is the service effective?

**Good** 

The service was effective.

Staff received induction and training for their role.

Staff were clear about their responsibilities in supporting the principles of choice and consent and had training in the Mental Capacity Act and associated Deprivation of Liberty Safeguards.

People enjoyed the food and support was available to ensure that their hydration and nutritional needs were met.

People had access to routine healthcare appointments.

### Is the service caring?

**Good** 

The service was caring.

Staff were kind and patient.

People were given choices in their daily routines and supported to remain as independent as possible.

Staff treated people with dignity and respect.

### Is the service responsive?

**Good** 

The service was responsive.

People who lived in the service received personalised care from staff who knew them

People told us that they enjoyed the activities on offer

There were systems to respond to complaints.

**Is the service well-led?**

**Good** ●

The service was well led.

The manager was visible and accessible and known to the people who lived in the service.

People, their relatives and staff were positive about the management of the home.

There were systems in place to identify shortfalls and plans in place to develop the service.

# Cleaveland Lodge

## **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 17 October 2016 and was unannounced. The inspection was carried out by one inspector and an expert by experience. The expert by experience had experience of supporting older people and people with a diagnosis of dementia.

Prior to our inspection we reviewed information we held about the service. This included any safeguarding referrals and statutory notification that had been sent to us. A notification is information about important events which the service is required to send us by law.

The provider had completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with the registered manager, company directors, deputy manager and seven members of staff. We spoke with eleven residents, seven visitors and one health professional who was supporting people in the service. We reviewed three care and support plans, medication administration records, recruitment files, staffing rotas and records relating to the quality and safety monitoring of the service.

# Is the service safe?

## Our findings

Risks were not consistently well managed. There were systems in place to ensure that environmental risks were identified and we saw that checks were undertaken on fire safety equipment, gas safety and moving and handling equipment to ensure that they were working effectively. However the checks undertaken were not sufficiently comprehensive or robust. For example, individual's care plans did not specify the type and size of sling staff should use to help people to mobilise safely which meant that people were at risk of injury. People did not have individual slings assessed according to individual need which meant that they were at risk of cross infection as they were shared with other people living in the service.

Individuals living in the service did not have personal emergency evaluation plans (PEEPs) which are individual plans to guide staff and the fire service on how to assist individuals to leave the building safely in the event of a fire or other emergency. Water temperatures in one of the bathrooms which was used to assist people, was above the recommended levels and we found when testing the temperature this measured 50c degrees which meant that people were at risk of scalding. The arrangements for checking water temperatures for bathing and to reduce the likelihood of legionella were not effective at mitigating people from the risk of harm. The directors told us that they would immediately address this and following the inspection they confirmed that new documentation was in place to evidence a robust system for testing of water and clearer arrangements for responding to emergencies.

The service used a range of standard risk assessment tools to identify risks such as those individuals at risk of pressure ulcers and the malnutrition universal screening tool (MUST) which identifies those at risk of malnourishment. Where risks were identified actions were taken to reduce the risks such as the use of specialist pressure relieving cushions and mattresses to maintain skin integrity. However, there were no risk assessments in place for individuals with diabetes, which set out how the risks associated with this condition would be managed by staff. When we spoke to staff they were able to tell us about some of the signs of high and low blood sugars and the impact on individuals. None the less a risk assessment and plan should be in place to ensure that staff respond in a consistent way.

We recommend that the service seek advice from an appropriately qualified person on risk assessment processes to ensure that staff have the guidance that they need to mitigate the risks to people's safety.

People told us that they felt safe and liked living in the service. One person said, "I feel safe, I have got the buzzer and they are very good here." Another said, "I feel safe, they have got enough staff and they are very nice, a mix of old and new, they are all kind."

Staff knew about safeguarding and whistleblowing. They were able to tell us about different types of abuse and what signs to look out for. They were less clear about the role of the local authority and the reporting mechanisms but all expressed confidence in the homes management and told us that any concerns would be taken seriously by them. The manager was aware of their responsibilities and was able to tell us about the actions that they had taken when they had concerns.

People told us that they felt safe and were happy living in the service as staff were helpful and available when they needed them. One person said, "I am safe, I have got a cord and they come within a few minutes, and if they are busy they are here and say I will get someone to help me – I cannot complain" A visitor told us, "We think it is a wonderful home, always plenty of staff, staff are always watching and you cannot fault them."

Staff told us that there sufficient staff on duty and our observations supported this. We saw that staff were accessible and able to intervene promptly to support people. For example when people started to mobilise staff attended promptly and were able to assist and give reassurance. Staff were calm and unrushed, they had time to sit and talk with people in the communal areas.

The homes management told us that staffing levels reflected the needs of the people resident and could be changed to take their needs into account. They said that they were "Lucky "with their care staff and they had a good team who covered for each other. This meant that they did not have to use agency staff and had a consistent staff team who knew people well. They told us that they were fully staffed.

Recruitment processes were in place to check on staff suitability and protect people. Staff told us that they had attended an interview and references had been obtained before they were allowed to start work. Examination of three staff files confirmed that checks, including ID checks, criminal records check and appropriate references had been obtained on newly appointed staff. Records were not however maintained of interviews. The provider and senior staff confirmed that gaps in employment were discussed at interview but this was not recorded and it was agreed that this would be immediately undertaken.

People told us that they received their medicines as prescribed. We observed a member of staff administered medication and saw that they administered one person's medicine at a time, then signed to say they had administered. Running totals were maintained of boxed medication but these were not being maintained accurately however the medicines that we checked and the medication administration records tallied.

Medication was stored securely when they left the trolley. Their approach to people was kind and informative, explaining to people what they were administering and ensured that they had a drink. We saw that some people were prescribed medication such as pain relief on an as required basis, and while there were plans in place these were not maintained with the medication administration folder. We saw that a number of people were prescribed pain relief on an as and when basis but this was not administered. Staff were not always recording the reason why this was not being given.

There were clear arrangements in place for the management of topical medicines which included body maps which showed where on the body the creams should be administered. A visiting health professional told us that they supported peoples skin well and, "They use the creams that are prescribed to help manage this." Records were maintained on controlled drugs and two staff had oversight of the arrangements and there were clear procedures in place for the administration of pain relief patches.



# Is the service effective?

## Our findings

People who lived at the home told us they received care appropriate to their needs and spoke positively about staff. A relative told us "We are impressed, staff are very friendly, and [my relative] is very happy here, any questions I can ask."

Staff were positive about the training that had been undertaken and told us that they were encouraged to undertake additional training such as acquiring professional qualifications including the Quality Care Framework (QCF). One member of staff said they, "Offer a lot of training and management encourage this". They told us that they had undertaken training on moving and handling, dementia care, managing challenging behaviours and safeguarding. We observed staff assisting people to move appropriately and using techniques such as distraction when individuals became distressed which helped them to reassure and redirect them.

Staff told us that new staff were inducted into the role and given the help and support that they needed. This included completion of shadow shifts and periods of learning. We saw records of new staff receiving an orientation which included areas such as, how to support with personal care, assist an individual to shower and make a bed. The provider told us that they were assisting staff to complete the care certificate which is a nationally recognised induction for staff new to the care sector.

Staff told us that the manager and provider were assessable. One member of staff said, "The owners are here every day and they want to look at how to improve" They told us that they received supervision every couple of months to reflect on progress. A member of staff showed the documentation which was completed as part of supervision meetings and we saw that this focused on staff skills, attitude and behaviours.

Some people who lived in the home were not able to make important decisions about their care and how they lived their daily lives. The manager understood their responsibilities under the Mental Capacity Act 2005, (MCA) and around protecting people's rights. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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 are called the Deprivation of Liberty Safeguards (DoLS) and the manager told us that they had assessed people's needs and made applications as required to the local authority. However, this had not been undertaken for people who were staying at the service on a respite basis and we observed an individual who had recently moved into the service for a respite stay asking to leave. Staff spoke to the individual and reassured them but it was agreed with the manager that an application would be made as soon as possible.

We observed that staff asked people for consent before commencing support and offered people's choices as they interacted with them throughout the day.

At lunch time we observed staff supporting and encouraging people in a patient and appropriate manner. People could choose where they ate their meals, a majority of people sat at dining tables in the main dining area but other people chose to eat in their rooms.

People told us that they enjoyed the food. One person told us, "Food is very good, they tell us every day what there is to choose from."

We observed the cook speaking with people during the morning and ascertaining what they would like for lunch. There was a good level of choice. One person for example did not want white sauce with their fish so the cook prepared a tomato sauce instead. The lunch was attractively presented and looked nutritious.

Staff were attentive but enabled people to maintain their independence and control. We observed a member of staff say to one individual "This is your lunch, can I cut up some bits for you, don't worry it has been paid for, do you want gravy on your potatoes, got apple crumble. Do you want custard, there you go my dear, enjoy your lunch. Here's some drinks as well, let's throw these old ones away, here is your juice and your tissues, enjoy your lunch."

Where people needed additional support it was given at the individual's pace. Staff sat alongside people and chatted to people about the meal and other topics as they were supporting them. Regular breaks were taken and people were offered drinks. We observed lots of gentle prompting to encourage people to eat, one member of staff said to an individual, "It will give you energy."

Systems were in place to monitor people's weight and fluid intake and where there was cause for concern appropriate measures were taken to manage this including the provision of cream shots and smoothies. We saw that referrals were made to the dietician and Speech and Language Therapist (SLT).

People's healthcare needs were monitored effectively and people said they were supported to obtain treatment if they needed it. People told us that they had good access to health care. One person told us, "If I need a doctor they will get one for me, the District Nurse comes every week."

People's care records showed that their day to day health needs were being met and that people, where appropriate, had access to the healthcare professionals including the optician, dentist, chiropodist and GP. Records clearly outlined people's needs and for example we saw that one individual had a catheter passport and there were clear arrangements in place for undertaking bag changes. We saw evidence that when necessary people were referred to specialist healthcare professionals such as occupational health and the memory clinic. The district nurses visited the service where people had developed nursing needs, such as wound care and diabetes. One of the district nurses told us that the staff communicated well with them and contacted them appropriately.

## Is the service caring?

### Our findings

People told us that the staff were caring and kind. One person told us, "In the middle of the night I pulled the cord and 2 came straight away and sat quietly with me, and talked and calmed me down and said I was not falling off the bed, they did not rush me and they assured me and got me calm."

We observed that when staff spoke with people they were courteous and polite. People had a good relationship with staff and we observed lots of laughter and good humour. Relatives were complimentary about how staff treated their family members. One relative told us that that "Staff are always smiling, they have a cheerful façade despite some difficult situations." Another visitor said, "Staff don't lose their patience they keep it."

The atmosphere was relaxed and calm. We observed one individual becoming distressed but the staff member directed them to a chair and sat alongside them. They spoke to them quietly and gently stroked their hand which served to relax the individual.

The Staff communicated effectively with people and we observed them listening to and explaining what was happening, so that people were informed. Staff took time to sit and chat with people and offer comfort. We observed a member of staff talking to an individual about pins and needles, "You have had your meds, so how about a cup of tea, you can have some more medicine at 4.00pm come and put your feet up," and the carer then proceeded to rub the individuals leg and kept talking to them in a reassuring way.

People were observed to move around the service freely and we observed staff encouraging people to do things for themselves and retain their independence. For example directing people to the toilet and at mealtime's condiments were placed on the table and people were enabled to help themselves.

People told us they were involved in managing their daily care and that staff respected their privacy and dignity. One person told us, "They treat me with respect, they treat me lovely. Personal care they quietly get on with it, no cutting remarks, they cover me with a towel. They are very kind and I don't want to leave here." Throughout our inspection we saw staff knocked on the doors to people's rooms and communal bathrooms before going in. We observed a member of staff standing outside the toilet and they told us that they were just giving the individual some privacy but were standing outside just in case they needed some help.

# Is the service responsive?

## Our findings

At the last inspection we found that the service was not consistently responsive to people's needs. At this inspection we found that improvements had been made, care plans were in place and people had access to activities which promoted their wellbeing.

People's needs had been assessed before they moved in to the service to ensure that the staff could provide the care and treatment they needed. Pre-admission assessments recorded people's needs in areas such as health, mobility, and what they enjoyed. We saw that families had completed some of the information and had contributed to the assessment.

This information was used to draw up a care plan. The care plans we looked at were informative and included details about the individual's life history and what was important to them. Guidance was provided on areas such as mobility, daily routine, and people's preferences such as their food likes and dislikes. We saw that people looked cared for, they were appropriately dressed and wearing their glasses and hearing aids. One person told us, "They do everything for you; I find they are all friendly and I do feel safe. They come and check on me regularly and at night as well. I have no complaints; I am well looked after and quite happy here."

Relatives told us that the care was responsive to their relative's needs, One said, "They don't have to cry out for the toilet. [Staff] toilet them at regular times" Another said my relative, "Hides her glasses but the carers find them. Her finger nails are cut regularly"

We saw that monthly reviews were undertaken. Where there was an incident such as fall, people were subject to 24 hour monitoring and care plans updated. Staff were reminded to monitor those at risk of falls for signs of a urinary tract infection.

Records were maintained of baths and showers which evidenced that these were being offered on a regular basis. One person told us, "They say it is shower time and there is always 2 of them once a week and after the first time I got used to it ,they washed my hair here in the sink the other day and they used the hair dryer it was ok...I am quite happy and have got everything I need."

Daily records were maintained by staff and we observed staff completing these records during our visit. Staff told us that the daily records were supplemented by handovers at the start of each shift to ensure that they were up to date with any changes in people's wellbeing. Relatives we spoke with told us that the staff knew their relative well and they were kept up to date. "Seniors ring and say [my relative] needs something and I bring them in – [my relative] is so happy here."

There were several communal lounge areas throughout the service and we observed organised activities taking place in one of these. People told us that they enjoyed what was on offer, one person said, "I like the puzzles and the music but they don't like my singing!"

We observed games taking place , one was a word game and other was a game involving bean bags Staff ensured that people was engaged in the game and prompted people with answers if necessary. It was clear that people enjoyed the activity, the exercise and the social interaction. During the afternoon bingo was held and there was a good level of participation.

The people we spoke with told us that they knew how to raise any concerns or complaint. The manager told us that they tried to be proactive and deal with issues before they developed into a complaint and gave us an example of where they had supported an individual to move to another room. During our inspection one individual raised an issue and it was agreed that this would be followed up and investigated using the complaints procedure.

Relatives we spoke with told us any issues they raised with the staff were always dealt with quickly and to their satisfaction. We looked at the complaints log and spoke to he provider who told us that no complaints had been received. Records were maintained of compliments and we saw that one person had recorded, "Nothing seems to be too much trouble."

## Is the service well-led?

### Our findings

People told us the service was well run and that they had confidence in the registered manager. The service is owned by a family and one of the family members was the registered manager. Throughout our visit the manager and the directors were visible around the service. One member of staff said, "The manager always helps us especially lunchtime and toileting, she is very visible." Staff told us that if there was a problem out of hours they would have no hesitation in contacting the providers as they "would sort it out."

A relative told us, "The manager and owner know each resident and their likes and dislikes." We observed the directors interacting with people on throughout the day of our inspection and it was evident that they had a good rapport with people and their relatives.

One visitor told us, "It is very well led and you can talk to [the providers.] Staff morale is second to none, they are so caring. The time staff put in with the residents, they do go above and beyond. It is a family unit."

Staff told us that the home management were open to new ideas and wanted to develop the service and do what was needed. One member of staff said "Management are driven and they want it to be a good home and are always trying to improve things, staffing levels are good, no bank no agency, never need to have them as staff will come in and cover."

Staff told us that they had regular supervision and staff meetings were held where they were encouraged to raise issues. We looked at the minutes of the last meeting and saw that some care practices were challenged and reminders given to staff about the provider's expectations. One member of staff told us "The manager is very professional – if they need to talk to staff they take them into the office."

The manager told us that they had been part of a home life project; this is a national initiative which promotes positive change in care homes and looks at way to improve people's quality of life. The manager spoke positively about the training and how it helped to share ideas and good practice. We saw the service had also recently been involved in a local community drop in project where they had held a series of open afternoons for members of the local community to get advice. These initiatives demonstrated that the service was open and wanted to develop the service.

There was refurbishment work underway in the first floor of the service as some rooms were looking tired. There had been some redecoration of the rooms on the ground floor. The manager was proud of what had been achieved and said that they were working towards creating a calm environment which supported people with dementia and helped with orientation.

Audits were undertaken to identify shortfalls and drive improvement although they were not well developed. We saw that checks were undertaken on areas such as infection control and falls. For example on falls there was analysis undertaken to identify when and where they were occurring to identify any patterns. Resident meetings were held on a regular basis and one of the staff told us that they had seventeen people attending. They were no specific relatives meetings held but a member of staff told us that, "Relatives are very much

part of the home and give suggestions. They can voice anything."

We saw that questionnaires had been sent out to people living in the service, staff and to visiting professionals to ask for their views on the service. We looked at the results and saw that some issues had been raised about areas such as laundry provision and decoration. The manager assured us that actions had been taken to address these issues and we saw that some of the redecoration was complete.