Cleveland House Limited

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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

This comprehensive inspection took place on 08 January 2017. Cleveland House Limited is registered to provide personal care for a maximum of 25 adults with a learning disability. The home is spaced over two large adjoining three storey properties that had a large extension located in a residential area of Broadstairs, Kent.

The home required a registered manager. 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. There was a registered manager in place who had been in post since April 2011.

We saw that all of the communal internal and external areas in the home appeared bright and welcoming and the manager informed us that there was an on-going process of implementing improvements the home and we saw an improvement in the systems that had been prioritised.

We found that the Mental Capacity Act 2005 and the Deprivation of Liberty (DoLS) 2009 legislation had been adhered to in the home. The manager told us of the people at the home who lacked capacity and found that the appropriate Deprivation of Liberty Safeguard (DoLS) applications had been submitted to the Local Authority in relation to people's care.

The people living in the home were able to express themselves through residents meeting and monthly keyworker meetings. People were able to choose the way they spent their day. They were taken to activities outside the home and encouraged to keep family connections by visiting family where possible.

People had access to sufficient quantities of nutritious food and drink throughout the day and were given suitable menu choices at each mealtime, these options had been chosen by the people who lived at Cleveland House. Lunchtimes were sociable and pleasant.

We found that staff were well trained and supported. They were able to demonstrate skill and competency in their knowledge about autism and the support people required. The people who lived at the home were clearly happy with the support that staff gave them and there was a good rapport between them.

We checked the medication cabinets which was stored in a clinic room. We saw that medication was given as directed and stored appropriately. We talked with staff who were able to demonstrate their knowledge of safeguarding and were able to tell us how to report abuse.

Each of the people's living areas had been personalised by the people who lived in them and those who were able were able to lock their bedroom doors, choose who entered their rooms and go in and out of the front door freely.

Care records, risk assessments, staff records and other documents relating to the running of the home were up-to-date. Each person living at the home had a personalised care plan and risk assessment.

We found that recruitment practices were in place which included the completion of pre-employment checks prior to a new member of staff working at the service. Staff received regular training and supervision to enable them to work safely and effectively.

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

The communal areas in the home were bright and cheerful.

Medication was safely managed in the home.

Safeguarding procedures were in place and staff knew what to do in the event of an allegation. People told us that they felt safe.

Is the service effective?

Good

The service was effective

The requirements of the Mental Capacity Act (2005) had been fully implemented to protect people's rights.

All staff received appropriate induction, supervision and appraisal and had continued to be trained according to the needs of the people they supported.

People were given enough to eat and drink and a choice of suitable nutritious foods to meet their dietary needs.

Is the service caring?

Good

The service was caring

Staff showed that they have a good relationship with the people they supported.

Confidentiality of peoples care files was evident. This demonstrated that the home adhered to their own confidentiality policy in order to protect people's privacy and dignity needs.

Families and people living at the home said there were no limitations on visiting.

Is the service responsive?

Good

The service was responsive

The complaints procedure was openly displayed and service specific.

People who lived in the home had a support plan which appropriately reviewed and reflected their needs.

People had prompt access to other healthcare professionals when required and this was fully documented.

Is the service well-led?

Good

The service was well led.

The service had a manager who was registered with the Care Quality Commission.

The registered manager was clearly visible and staff said communication was encouraged.

The service had up to date policies in place.

Cleveland House Limited

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 08 January 2017 and was an unannounced visit. The inspection was conducted by one adult social care inspector. We reviewed the information we already held about the service and any feedback we had received. We also looked to see if the service had submitted statutory notifications and to see if other professionals had sent us feedback on the service.

During the inspection we were able to talk to four people who lived in the home and observed the support of staff. We talked with the five staff members on duty. We also talked with the registered manager and the senior support worker. Later we telephoned relatives of the people who used the service and professionals involved in their care to get their views about the service. We were able to speak to three family members.

We observed the provision of support for the majority of people who lived at the home. We reviewed a range of documentation including three care plans, medication records, records for five staff, policies and procedures, auditing records, health and safety records and other records relating to how the home was managed.

Before the inspection, the provider 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 asked the manager to send information regarding training and various policies. This was done promptly following the inspection.

Good

Our findings

People who used the service said they felt safe when supported by the staff. Each person we asked told us "Yes". We also asked families of people who lived in the home if they felt their relatives were in a safe environment, one relative told us "Safe? Oh yes, [person] is definitely safe".

Policies and procedures were in place for safeguarding vulnerable people from abuse. We saw that staff had received training in safeguarding adults and they were able to tell us what to do to both prevent abuse and to report it should it occur. The induction training for staff included training in safeguarding and staff received regular updates. We asked staff if they felt the home had an atmosphere that supported whistleblowing practices and all staff said yes and that there would be no hesitation if it was needed. They all felt comfortable that any whistleblowing would be acted on appropriately by the registered manager.

We looked at five staff personnel files including. All of the files we looked at included evidence of a formal, fully completed application process and checks in relation to criminal convictions and previous employment. This meant that the provider had ensured staff were safe and suitable to work with vulnerable people prior to employment.

We looked at the staffing rotas for November, December 2016 and January 2017 and saw that the same staff were used when needed. The registered manager explained that they were building their own resource of bank of staff, this was good for continuity of care and staff familiarity with people's needs. The home ensured that people living in the home knew who was due on duty by putting staff photographs up on the wall. Staff who worked in the home also acted as the keyworker for one person. A keyworker is a staff member who takes a special interest in the person they are supporting, They take particular interest in their person's welfare and wellbeing.

We looked at the risk assessments in the care files of three people who lived in the home. We saw that risks to people's safety and well-being had been identified and plans put in place to minimise risk. Risk assessments had been completed with regard to, mobility, falls, behaviour/mood and vulnerability to types of abuse. We saw that these were up to date and the people who used the service or their relatives had been involved any risk assessment reviews.

We looked at maintenance records which showed that regular checks of services and equipment were carried out by the home's maintenance person and registered manager. We saw that various safety certificates showed that the building was a safe environment. These included gas safety, water systems for

legionella's and fire risk assessments. We also saw that monthly health and safety checks had been carried out including all rooms of the building and external grounds.

Medication was administered via a monitored dosage system supplied directly from a pharmacy. We inspected medication storage and administration procedures in the home. We found the clinic room was secure and clean. We saw that the staff had received medication training so that there was always a competent staff member on shift if medication needed to be given on an as and when required basis (PRN medications).

We saw that accident records were completed in full and these were used in the support of an individual. The registered manager had identifies that they were not receiving the appropriate information needed to act on what had been reported so had separated accidents from incidents to ensure appropriate actions were taken. Personal emergency plans were in place to advise staff and the fire brigade on how people should be evacuated safely in the event of an emergency situation.

We found the home to be clean and well-kept and we saw two weeks of completed infection control checklists that were regularly completed by night staff. We saw the home was a clean environment and we saw that the communal toilets and the kitchen all had soap and towels and were in a clean state.

Good

Our findings

People who lived at the home and the relatives we spoke with considered that the staff were well trained. When we looked at the electronically held training matrix we found that this showed us the training that had been received included food hygiene, challenging behaviour, first aid, moving and handling, fire safety and Mental Capacity Act (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). One family member we spoke to told us "Oh the staff are definitely trained very well" and another relative told us "They show good knowledge".

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. The service was working within these principles. The registered manager was aware of the needs to have all those people needing Deprivation of Liberty Safeguards (DoLS) applications to be completed if appropriate. Staff we spoke to were also able to show a good level of understanding about the mental capacity act and what it means for a person to deprived of their liberty.

We saw that new staff was registered for the new 'Care Certificate'. This was a training programme accredited by Skills for Care for use in staff induction programmes. The staff induction programme included providing staff members with information on each of the people living at the service. This ensured every person who lived in the home was able to have their needs understood by any new staff from the start of staff employment. One staff member told us that following the induction they "Didn't feel daunted" when starting their new role.

Supervisions and appraisals had been carried out at regular intervals throughout the past year. Supervision provides staff and their manager with a formal opportunity to discuss their performance, any concerns they have and to plan future training needs. This was supported in discussion with staff. One staff member told us that their supervision was "Very helpful" and another member of staff said "It's good to get anything off

your chest".

We observed that people participated in preparing meals and were able to access the kitchen area for snacks whenever they wanted. The home had involved the people who lived at the service in the planning of the menus. We also saw that some areas of the home had individual kitchenettes for people living independently. The food was chosen by the people living in the home a staff supported people to go shopping for themselves. One person we spoke to told us "Yes you chose what you want". We also saw how the home had started a healthy eating, slimming club where each member was weighed weekly. The menu choices for people were also in an easy read format with pictorial choices so everyone was able to make an informed choice about their daily meals.

The cook was able to tell us that all food bought by the provider was always "Quality" and this was supported through our observations. The cook was also able to tell us in-depth the dietary needs of the people living in the home.

We observed a communal lunchtime and saw that staff and the manager ate with people living in the home. This meant that there was a very sociable atmosphere that was pleasurable. We saw that support was given to people on an individual basis and that this was done with patience and understanding.

With people's permission we were able to see people's living areas and noted that everyone who lived at the home had been able to personalise their living space. Each bedroom had either en-suite bathing facilities or personal bathrooms for the use of two or three people. We saw the home had a bedsit for a person living at the home as well as two small 'apartment areas' that was similar to flat sharing for three people. Each of these had their own bathing, kitchen and laundry facilities.

Good

Our findings

We asked people and relatives whether the staff were kind and caring. One relative said '[Person] is cared for exceptionally well". Another relative told us, "I think they're wonderful, they stimulate him". All the people we spoke with told us that the staff treated them with dignity and respect and we were told by one person that, "I like the staff".

We asked people if they could express their wishes and if they had support to help them make decisions about their care. We observed that people did make choices and decisions about their lives and we saw that staff respected these decisions, for example people were able to choose when they wanted to go out and where and staff were there to support them in their decisions.

We observed staff on duty and saw that they knew people who lived in the home well. We saw that staff communicated with people and met their needs in the way each person wanted. We saw the registered manager and staff joking and laughing with people and involving them in conversations. We also saw staff addressing people in the manner they preferred and staff were seen to have a good knowledge of each person and how to meet their needs. We observed staff used communication strategies appropriate for individuals, for example use of language and mannerisms.

We saw how people's independence was supported as people were able to go to local shops when they wished. We looked at care plans that documented personal outcomes that had been identified by either the person or families and how they were to be achieved. During our visit we saw that people moved about the house as they wished. As we were walking round the home we saw that there were individual bedsits and 'shared apartments' for people living in the home. As these living spaces had shared kitchenettes and laundry facilities the staff supported the people living in the home to shop for themselves. This meant that independence was supported on a daily basis. We were told by one relative that the staff "Encouraged independence" of their family member.

We asked if people could have visitors at any time, all told us they could. We also asked relatives about visiting and was told by one relative "Oh yes definitely".

We asked relatives if there was communication between them and staff at the home. They felt they were kept informed of any issues. All said yes, one person said "The communication with the organisation is excellent" another relative told us "I can't fault them and I'm not the easiest person to convince".

We observed that confidential information was kept secure in the main office. This demonstrated that the home adhered to their own confidentiality policy in order to protect people's privacy and dignity needs. We also saw how advocacy information was clearly displayed for the benefit of the people living in the home.

Cleveland House had a service user guide in place that gave people a good range of information regarding the service that was provided. The information it contained included Cleveland House had made the service user guide in an easy read format which enabled people to understand it. This meant that people had information about the provider's responsibilities as well as the individual service delivered by the location.

Good

Our findings

People and their relatives we spoke with said that they considered that the support provided was personalised. One relative told us "They have an understanding which is needed". People told us they were able to choose what time they went to bed at night and when to go out. One relative told us about how the person who lived at the home loved photography and that this was supported by the home. A relative also told us about trips that had been organised and enjoyed by the person living at the home. The service owned three vehicles for the use of the people living in the home. These were a car, a people carrier and a mini bus. Another relative told us that since the person moved into the home it was "I feel settled in my mind, he's in safe hands".

The care plans we looked at were stored in in filing cabinets, each person had their own drawer. These contained information about the support people needed and included information and guidance relating to the management of issues that affected people's physical health, mood and behaviour. The care plans provided staff with clear guidance to follow when giving support and care and that they were regularly updated when changes in a person's health and wellbeing occurred. We saw how both the person and the families were involved with the reviewing process. This was supported in our discussions with family members.

We saw "About Me" information and information about what was important to the person as well as information regarding those things that were important to the person and strategies to be employed by staff to ensure these were supported. These were reviewed according to the home's policy and we saw that signatures of the people and/or relatives they were about were recorded to say that they had been involved in the review of the care plan. We observed people during our visit and saw that each care plan was reflective of the person it was written about. We also saw how a person's daily logs reflected what had been identified as an activity in each care plan. One relative told us how staff helped a person with personal hygiene "In a way were [persons] self-esteem is preserved".

We were able to see a transitional plan for a person who came to the home. This showed that it was a long process and in discussion with staff and relatives we were able to see that the plan was adaptable with the aim to make the person comfortable with their surroundings.

We asked the people who lived in the home and relatives if they knew who to complain to and if they were comfortable to do this. All said that they would be happy to approach the staff and the registered manager. One person living in the home told us how they had complained about the internet and how this had been

dealt with to their satisfaction. We saw how the manager had recorded and investigated this appropriately. One relative told us "I made a comment and they were really gentle about it, with me and [person]. They listened to what I was saying and were diplomatic and gentle". This too, was recorded and investigated appropriately.

We saw that there was an 'easy read', pictorial complaints procedure that had been developed by Cleveland House to help people with communication difficulties to understand how to make a complaint. This document was visible and easily accessible in various parts of the home.

We saw that the service held regular residents meetings and we saw how the home displayed the minutes of the meeting in pictorial form so the people living in the home were able to understand what had occurred at the meetings and action that had been taken.

We saw that people had prompt access to medical and other healthcare support as and when needed. This was fully documented in people's care plans and included, hospital, G.P, dentist, dietician and chiropody appointments. We also saw that family members were kept fully informed, one person told us "Oh yes, if [person] needs the doctor they let me know". This showed us that people's health needs were catered for in a timely manner. We spoke to a visiting district nurse who told us how the home always referred health issues appropriately and that there was good communication between them and the home.

Good

Our findings

The service had a registered manager in post who had been registered with CQC since 2011. It was obvious that the registered manager was well known to the people supported by Cleveland House. Staff were able to tell us that they had a good relationship with the manager and their relationship with them was positive and supportive. People and relatives who we asked thought that the home was well run and all of the people and relatives we spoke to knew who the manager was.

By law services are required to notify the Care Quality Commission (CQC) of significant events. We saw that although some incidents had been appropriately reported to the Care Quality Commission not all notifiable occurrences had been. We discussed this with the manager who assured us that this would be addressed for the future.

We saw that personal development was encouraged through the home. One staff member said "We can get whatever we want". We saw that the registered manager had also achieved their registered manager's qualification and had a good and supportive relationship with the provider. Staff were able to tell us how the provider was very "Hands on". This showed that all staff were supported in their roles.

Staff were able to tell us that they had a good relationship with the registered manager and this was positive and supportive. One staff member told us that the manager was "Brilliant". We saw records of supervision which evidenced the support and relationship that staff received. We were told by all staff that the manager held team meetings regularly and we were able to see meeting minutes that showed staff were able to air views and make comments about the service. We were also told that the staff were free to call staff meetings if they thought this was needed for the smooth running of the home. In discussion with the staff it was apparent that the culture of the home encouraged this and so was an open and transparent service.

Relatives of people loving in the home had completed a quality questionnaire on an annual basis. This was confirmed in our discussions with relatives and we were able to see positive feedback such as 'I have noticed [person] seems more confident and happier since he moved to Cleveland House'. We were also able to see that people were regularly asked about their opinions of the service through meetings and monthly keyworker meetings.

We saw from the documentation in the care plans and other records that there was good communication with other professionals and other documentation, such as medication records, fire and other health and safety were regularly completed and updated.

We saw that policies and procedures were up-to-date and the manager had a 'policy of the month' in the staff room that all staff had to sign to say this had been read. This meant that the staff would have up to date guidance surrounding the homes systems and procedures.