

# Delrose House Limited

# Cloud House

## Inspection report

Cloud House  
50A Roycraft Avenue  
Barking  
Essex  
IG11 0NU

Date of inspection visit:  
12 April 2016  
15 April 2016

Date of publication:  
06 June 2016

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

The inspection took place on 12 and 15 April 2016 and was unannounced. The service is a care home for up to 10 women living with mental health conditions. At the time of our inspection eight people were living in the home. The service was last inspected in August 2014 when it was found to be meeting the standards inspected.

The home had a registered manager in post. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. In addition, an interim manager was in post who was responsible for the day to day management of the service.

The home was not completing assessments of people's needs before they moved into the service. The process for ensuring that the service was able to meet people's needs was informal and not recorded.

Staff were not receiving the training they needed to perform their roles, and support provided to staff during their induction to the service was not recorded.

People's medicines were managed in a way that ensured they received them safely. However, there were no mechanisms to ensure the service knew the quantity of medicines in the building. We have made a recommendation about medicines audits.

Staff were recruited to the service safely and appropriate checks were carried out to ensure they were suitable and qualified to perform the role. However, the process by which staff were promoted to more senior roles was not clear. We have made a recommendation about internal recruitment processes.

Incidents were recorded and reviewed by the management team. However, the section regarding the management response and lessons learnt did not include analysis or updates to support. We have made a recommendation about responding to incidents.

Care plans and risk assessments lacked detail and were not personalised when we reviewed them. The service updated care plans and risk assessments during the inspection to make them more detailed and personalised. People held monthly meetings with staff where their care plans were discussed, reviewed and updated. These meeting included a discussion of any health appointments that people had attended. People were supported to follow the advice of healthcare professionals.

Staff had a good understanding of safeguarding adults, and most people told us they felt safe in the home.

The staffing levels were determined by the needs of the people living in the home. There were sufficient numbers of staff to ensure people's needs were met.

People's consent to their care and treatment was clearly recorded. Where people lacked capacity to consent to their care and treatment the service had followed legislation and guidance.

People were supported to choose their meals and were supported to cook their own food if they wished. People were supported to eat and drink enough to maintain a balanced diet. The home held weekly meetings where people chose what food would go on the menu. These meetings were also used to provide feedback on activities and other aspects of the home. People were involved in making decisions about the home. People told us, and records confirmed that they had not made any complaints about the service. People told us they knew how to make complaints.

Staff completed an induction which included a two week period where they shadowed and spent time getting to know people who lived in the home before providing care. This facilitated the development of positive, caring relationships between staff and people who used the service. Staff treated people with dignity and respect and promoted their independence.

The management team completed a range of audits and feedback surveys to monitor the quality of the service. People and staff spoke highly of the management team and described them as approachable and responsive.

## 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 not always safe.

People's medicines were managed so they received them in a safe way but audits of medicines in the home were not effective.

New staff were recruited safely and there were enough staff on duty to meet people's needs. However the process for staff promotions was not clear.

Staff were knowledgeable about how people might be vulnerable to different types of abuse and knew what action to take if they were concerned.

Risk assessments were updated during the inspection to ensure there were clear measures in place that protected people.

**Requires Improvement** 

### Is the service effective?

The service was not always effective.

Staff completing their induction had not received sufficient training to ensure they had the skills required to perform their roles.

Consent to care and treatment was sought in line with legislation and guidance. Where people lacked capacity to consent appropriate safeguards were in place.

People were supported to eat and drink enough to maintain a balanced diet.

People were supported to access healthcare services and receive ongoing healthcare.

**Requires Improvement** 

### Is the service caring?

The service was caring.

People and staff had the time they needed to develop positive, caring relationships.

**Good** 

People were supported to express their views about their care and were involved in making decisions about the home.

People's privacy and dignity were respected.

### **Is the service responsive?**

The service was not always responsive.

The service did not complete formal needs assessments before people moved into the home.

Care plans were updated during the inspection to make them more personalised.

People were able to provide feedback about their care and the service.

The service had a robust complaints policy and people knew how to raise concerns.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well led.

The service did not record the lessons learnt from incidents that occurred.

There was a positive, person-centred culture at the home. People and staff found the management team approachable.

There was a range of audits and feedback systems in place to monitor the quality of the service.

**Requires Improvement** ●

# Cloud House

## **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.

The inspection took place on 12 and 15 April 2016 and was unannounced.

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we already held about the service. We received feedback from the host local authority and the local Healthwatch. 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.

During the inspection we spoke with five people who used the service, three care workers, the activities coordinator, the interim manager and the registered manager. We looked at three people's care files including support plans, risk assessments, reviews, monthly updates, health records and medicines records. We looked at four staff files, including recruitment records, training, supervision and appraisal. We viewed the staff duty rota, a range of audits and feedback, various meeting minutes, maintenance logs, incident records, policies and procedures for the home and other documents relevant to the management of the service.

# Is the service safe?

## Our findings

People gave us mixed feedback about how safe they felt in the service. One person said they felt safe because, "I've got a good carer." Another person said they didn't feel safe because "Some of the patients are threatening." We asked people what would staff do if abuse happened at the service. One person said, "That doesn't happen." Another person described the action staff would take, which was appropriate to keep people safe.

The home had a robust policy for safeguarding adults from harm. Training records showed that only three of the 11 care workers had completed formal training in safeguarding adults, however staff understood the different types of abuse that people living in the home were at risk of and knew how to escalate any concerns they had. Records showed the service was seeking classroom based training for staff in safeguarding and the management team had provided information to staff on safeguarding in the interim.

Care files contained a range of assessments to address identified risks. These included the misuse of drugs and alcohol, self-harm, absconding, smoking, travel, and a range of behaviours which challenged the service and others. However, the measures in place to mitigate risk were not clear or robust. For example, one risk assessment stated, "Keyworker to ensure that everyone involved in [person's] care gives a consistent approach and that information is shared as necessary. This did not describe what a consistent approach looked like. Two people had identical plans for managing violence and aggression which included the use of physical intervention as a last resort. The plans did not include details of the nature and type of physical intervention to be used. This was brought to the attention of the registered manager and interim manager. They provided updated risk assessments which included details of the actions to be taken to mitigate risk and clarified the circumstances in which physical intervention would be used.

People told us they thought there were enough staff working in the service and they did not have to wait for support when they needed it. One person said, "Yes [there are enough staff], I only have to wait a couple of minutes." Staff schedules showed that there were sufficient staff deployed to ensure that people had the support they required. The rota showed that staffing levels were adjusted according to the needs of the service so that more staff were deployed to support people with appointments and activities and fewer staff when people were not staying at the service.

Records showed that staff were recruited safely. Staff completed an application form and records of interviews showed people's answers were assessed in line with the requirements of the role. The service completed appropriate checks on people's backgrounds and collected references to ensure that people were suitable to work in a care environment. However, where existing staff had been promoted to more senior roles there were no records of applications or interviews in the files. There was no record that staff had been assessed to have the skills and knowledge required to perform the additional responsibilities.

We recommend the service seeks and follows best practice guidance on internal recruitment practices and record keeping.

Staff supported people to take their medicines as prescribed and this was confirmed by the records viewed. People told us they were supported to take their medicines and were given pain relieving medicines if they were in pain. Medicines were stored in a secure cupboard in the office. The service recorded medicines administration clearly using medicines administration records. One person was supported to self-administer a proportion of their medicines and this was appropriately risk assessed and recorded. When people were prescribed medicines on a take as needed basis the guidelines for staff were not clear. The records stated for one person that a medicine should be "taken orally when required." There was no information available regarding when this person would require this medicine. This was discussed with the registered manager and the interim manager. They were able to describe the situations when the medicines would be offered and administered. Detailed guidelines on when people should be offered medicines prescribed on a take as needed basis were provided on the day of the inspection.

The interim manager told us that they performed weekly checks of medicines in the service. However, there were no records to confirm this. There was a detailed log book which recorded when medicines were delivered to the service and when they were returned. However, this log did not contain any details of the balance of medicine stock. The interim manager told us, "It would be impossible to know how many [medicines] are in the service." This was not safe as services should know how much medicine they have in the building in order to ensure that none of it had gone missing, or had been over- or under-administered.

We recommend the service seeks and follows best practice guidance on record keeping for medicines.



## Is the service effective?

### Our findings

People gave us mixed feedback about whether they thought staff were skilled at their jobs. One person said, "Yes, they are very supportive." However, another person said, "Yes, but not all of them." Staff records showed that seven out of the 11 care workers were new staff completing their induction period. These staff had been in post for between two weeks and four months at the time of inspection. Records showed that no newly employed staff currently completing their induction period had completed training in safeguarding adults, the Mental Capacity Act (2005), health and safety, risk assessments, fire safety, food hygiene, infection control, first aid, mental health awareness or managing challenging behaviour. Records showed that fire safety training was being sourced for May 2016 and one member of staff had been booked on first aid training. Records also showed the service was waiting for local training providers to make training on safeguarding and the Mental Capacity Act (2005) available for staff to attend rather than seeking alternative providers to ensure staff had the knowledge and skills required to perform their roles.

The training matrix referred to the Common Induction Standards and indicated this was in progress for all new staff. However, the common induction standards have been replaced by the Care Certificate. The Care Certificate is a training programme designed to provide staff with the fundamental knowledge required to work in a care setting. Records of e-learning completed showed that these corresponded with the requirements of the care certificate. The training matrix also showed that training had been booked for first aid, medicines, and managing challenging behaviour. People who lived in the service presented with a range of complex mental and physical health needs and required sensitive and skilled support from staff. Although staff were able to describe the actions they would take in terms of risks and safeguarding, the lack of formal training meant there was a risk that they did not have the skills required to meet people's needs. For example, people living in the home experienced a range of auditory, visual and command hallucinations and staff had not received training on how to respond to these.

The above is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service provided an in-house induction where the registered manager and interim manager talked people through the things they needed to know in order to perform their roles. Staff told us they found this helpful. Staff files showed that established staff received regular formal supervision. This was used to discuss the needs of people who lived in the home and the personal development of the staff member. Staff who were completing their induction told us they met regularly with the interim manager and found these meetings supportive and informative. However, records of these meetings and any support and guidance provided were not recorded in staff files. The interim manager recognised that this support should be formally recorded in staff files.

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. Where appropriate applications to deprive people of their liberty had been made and appropriate notifications had been made. Where people lived at the home under the terms of a Community Treatment Order (CTO) records showed that people had consented to and understood the terms of their residence. A CTO means that people receive supervision to ensure their adherence to treatment. This is a restriction that is placed on them to ensure their safety and the safety of others. Records showed that people signed their care plans and monthly updates to indicate their consent to their support.

People told us they thought the food was good. One person said, "I think it's good. I enjoy it." Another person said, "It's good, I get to choose it." People were supported to prepare their own meals if they wished. Records showed that people were supported to eat a range of nutritious and balanced meals. Observations showed people were offered choices at meal times and those choices were respected. Where people followed specialist diets for health or religious reasons this was detailed in their care plans and records showed their diets were adhered to.

People living in the home had a range of physical and mental health conditions. Records showed that the home supported people to access relevant healthcare professionals as required and liaised with healthcare professionals when there were concerns about people's health. Appointments were recorded on a specific form contained in people's files and recapped in monthly review meetings. Information and updates were shared with staff through handovers. This meant people were supported to have their healthcare needs met.

## Is the service caring?

### Our findings

People told us they thought the staff were caring and listened to them. One person said, "Yes, [I think they care] they try. They listen." Staff told us they had time to get to know people and demonstrated sensitivity towards people's histories. For example, when asked about how they got to know about people's lives before they lived at Cloud House, a member of staff said, "I don't pry. It takes time to get people to talk about their past. I'm aware that there are sensitivities around people's pasts." Another member of staff said, "It's like a family." A third member of staff told us, "You can't impose yourself on them, it takes time."

Staff knew the people they were supporting and described their preferences well. Staff told us how they used their observations of how people behaved to inform how they approached people. The interim manager told us they encouraged and supported staff and people living in the service to develop their relationships through the induction process for new staff. New staff spent two weeks shadowing, during which they spent time getting to know people and the routines of the home but did not deliver care. This meant that positive, caring relationships between people and staff were facilitated.

People told us their privacy was respected and that they could spend time on their own if they wanted. Staff were knowledgeable about the difference between people wanting privacy and the risk of isolation. Feedback from people and relatives recorded that people had raised that there was no space for people to have private time with their relatives when they visited. This was also raised by one of the people we spoke with. The registered manager told us they had plans to extend the building to provide a room where people would be able to spend private time with visitors. Observations during the inspection showed that people were supported and encouraged to maintain their relationships with relatives.

Staff told us how they promoted people's dignity and independence. One member of staff said, "It's about encouraging [people] to make their own choices and do their own things, like cooking." People gave us mixed feedback about whether they felt their independence was promoted. One person told us they were encouraged to do things for themselves, but another person felt that staff did more things for them than they needed. Observations showed that this person was encouraged to be more involved in the activities of the home.

Care plans showed where people practised a religious faith and where people wanted support with this it was provided. Where people held a faith but did not practice it, this was discussed regularly to ensure that support was provided if people wanted.

## Is the service responsive?

### Our findings

People were referred to the home from a variety of sources including hospitals and local authorities. The registered manager told us that they attended assessment meetings where the person's needs were discussed and this formed the basis of the initial care plan put in place. However, there was no formal needs assessment conducted unless this was specifically requested by the funding authority. The registered manager told us, "[The assessment process] practice is informal. We usually go with a notebook at the meeting and work it out there." There was no record of any needs assessment in the three care files viewed, including one person who had moved into the service very recently. This meant there was no record of how the service assessed people's needs and established they could provide a service to meet their needs.

This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's care files contained a variety of support plans designed to meet their needs in areas including mental health care, physical health care, medicines, personal care, domestic tasks, relationships, culture and religion and activities. However, a review of the care files found that the aims and objectives of the care files were the same for all three people and were not reflective of personal preferences. For example, each mental health care plan had the objective that people's mental health would be monitored, and that they needed, "A structured environment with clear boundaries in place to limit the frequency and intensity of [their] challenging behaviour." The content of the plans and detail of the support staff were to provide lacked detail. For example, in one person's file staff were directed to, "Allow [person] to ventilate in a safe and appropriate manner." There were no details for staff about what a safe and appropriate manner would look like.

The similarity between care files and lack of detail for staff to follow was discussed with the registered manager and interim manager. After the inspection we were sent the support plans for one person. They were updated and contained personalised information and details for staff to follow to provide people with the support they needed. They told us they would update the remaining plans to this standard.

People had monthly meetings with staff where their care plans were reviewed and updated. Records showed that people provided feedback about their care and these meetings were used to discuss what had happened in the previous month. Where necessary amendments were made to care plans and risk assessments following review. Records showed that people were involved in making decisions about their care. In addition, the home held weekly house meetings where people made decisions about menu options and activities. Records showed that people were asked if they wanted an advocate to be involved in supporting them to make decisions about their care.

The home had recently employed an activities coordinator who supported a range of in-house and community activities for people living in the home. Records of care delivered included what activities people had participated in. These showed that people had visited local shops, played games and watched television in the house. One person did not think they had enough to do, telling us, "We sit in here all day

and I get fed up with it." We observed this person was offered different activities throughout the day and went out with staff that afternoon. Other people told us they were able to do as many activities as they wished. One person said, "I go to the gym, shopping, to the library, the cinema. Staff come with me."

The home had a robust complaints policy in place and staff demonstrated they knew how to escalate any complaints they received. The home had not received any formal complaints in the last twelve months. Records showed that when people who lived in the home raised concerns, for example, about the behaviour of another person, these were recorded as 'confidential reports'. Records showed that concerns raised by people were discussed and addressed appropriately.

The home had completed a survey and questionnaire with people and their relatives asking for feedback about the home. Feedback included, "I am pleased. They do a wonderful job." And, "I am very happy with everything at Cloud house." Where feedback was less positive, for example regarding lack of private space for visiting and activities, there were no actions recorded to demonstrate these issues had been addressed. However, the service informed us they had plans to extend the building to provide a private space for visiting and activities.

## Is the service well-led?

### Our findings

People and staff spoke highly of both the registered manager and the interim manager. One person said, "[Registered manager] is a lovely man, he's the best, he's approachable, he's here when you want him and sorts things out." A member of staff said, "[Registered manager] is a good communicator. He really helps me." Staff said that the management team were responsive and listened and made changes when staff raised issues. A member of staff said, "They are open to new ideas." The management team and staff spoke about people living in the home with kindness and knew the details of their preferred interaction style. Observations showed the care delivered was person-centred, people were offered choices of activities and these choices were respected.

The managers at the home maintained a quality assurance file which contained various audits. These included visitors and service user questionnaires which people completed annually to provide feedback on the quality of the service, infection control audits, a business and service continuity plan, maintenance records and inspections and various health and safety checks including water temperatures, fridge and freezer temperatures, food temperatures and fire equipment checks. The proprietor of the service also completed monthly visits and reports which detailed feedback from service users and staff, care plan reviews, a review of significant events and complaints. These audits ensured that the service was able to monitor the quality of the service provided effectively.

The interim manager and registered manager were visible to staff and people living in the home. They told us they were able to closely monitor the quality of the service delivered because they were able to make observations of interactions. During the inspection we saw that people living in the home raised issues with the interim manager and they resolved them in a timely manner.

The home held regular staff meetings. Records showed these were used to discuss record keeping, managing violence and aggression, medicines, timekeeping, policies and procedures as well as the needs of people living in the home. Staff told us they found these meetings helpful and supportive. Records showed that staff who had been in post for over a year completed annual appraisals. Their work was evaluated and goals for personal development were set for the next year.

The home had a system for recording incidents that took place both in the service and in the community. Records showed that the home should have notified us about some of these incidents and they had not. This was discussed with the registered manager who submitted the required notifications. Incident reports recorded the details of the incident and included a space for management actions in response to incidents. However, this was not completed in four of the five incident records viewed for one person and stated "care plan continued" in the fifth. This meant the service was not able to demonstrate that they were learning lessons from incidents that took place.

We recommend the service seeks and follows best practice guidance on responding to incidents.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  The service was not completing assessments of people's needs before they moved into the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Staff had not received sufficient training to enable them to carry out their roles.