

Ashrana Limited

Cleaveland Lodge

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

Cleaveland Lodge provides accommodation and personal care for up to 54 older people, some of whom may be living with dementia. At the time of the inspection 35 people were living in the service.

People's experience of using this service and what we found

People told us they were happy living at the service and the with the support they received. One person told us, "I have everything I need."

Since our last inspection the previous registered manager had gone back into post. The provider had worked with the registered manager and local authority quality team to embed improvements at the service.

Care and treatment were planned and delivered in a way that was intended to ensure people's safety and welfare. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. Staff had received the appropriate training. There were systems in place to minimise the risk of infection and to learn lessons from accidents and incidents. Medication was dispensed by staff who had received training to do so.

The registered manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. 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 support this practice.

People were supported to eat and drink enough to ensure they maintained a balanced diet and referrals to other health professionals were made when required. The environment was well maintained and suitable for people.

People and their relatives and advocates were involved in the planning and review of their care. People were supported to follow their interests and participate in social activities. The registered manager responded to complaints received in a timely manner. People were supported to make plans for the end of their life.

The registered manager had been successful in driving improvements at the service. Systems had been put in place to monitor the service and improve outcomes for people.

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

Rating at last inspection and update

The last rating for this service was Inadequate (published 11 November 2020). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection

we found improvements had been made and the provider was no longer in breach of regulations. This service has been in Special Measures since 11 November 2020. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures. The overall rating for the service has changed from Inadequate to Good. This is based on the findings at this inspection.

Why we inspected

We undertook this inspection to check the provider had followed their action plan and to confirm they now met legal requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

Follow up

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

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Cleaveland Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by two inspectors.

Service and service type

Cleaveland is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 did have a manager registered with the Care Quality Commission.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We did use information the provider sent us and updates they provided. We used all this information to plan our inspection.

During the inspection

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us

We spoke with six people who used the service about their experience of the care provided. We spoke with five members of staff including the registered manager and care workers. We also spoke with a visiting healthcare professional.

We reviewed a range of records. This included eight people's care records and medication records. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including training data, meeting minutes and audits and policies.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

During previous inspections carried out in September 2019 and October 2020, we found shortfalls in the management of risk to people's safety. This was because the provider had failed to robustly assess risks relating to the health safety and welfare of people. This was a continued breach of regulation 12 [Safe Care and Treatment] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014 and Regulation 17 [Good governance] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. The provider was also in breach of Regulation 18 (Staffing) and Regulation 19 [Fit and proper persons employed]. At this inspection we found the provider had met all requirements and was no longer in breach.

Assessing risk, safety monitoring and management

- Risk assessments contained all the information staff needed to support people safely.
- Improvements had been made in people's individual risk assessments and care plans. For example, new systems had been put in place for staff to follow to ensure people's safety was maintained with regular checks from staff including throughout the night if required.
- Care plans and risk assessments guided staff on how to support people to manage the risk of falls, prevent pressure sores, to manage diabetes safely and how to support people safely with moving.
- Where people required equipment to support them to move, each person had a risk assessment in place outlining what equipment they needed to safely transfer and had their own individual slings for use with hoists.
- Any changes to people's risks were documented and updated in care plans immediately.
- All staff had access to care plans and risk assessments and when care was provided the staff member providing the care made written notes to keep records up to date.
- Staff we spoke with knew people well and were able to describe how they supported people.
- Fire risk assessments had been completed, equipment had been maintained and staff had participated in regular fire drills.
- Where people wished to have their room doors left open whilst they were in their rooms self-closing devices had been fitted which were connected to the fire alarm system and activated should a fire alarm be raised.
- General environment and servicing records had been kept up to date such as hoist servicing and legionella water checks.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. A person said, "It is a safe place."
- The registered manager had policies in place for staff to follow. These included information on raising safeguarding concerns to the local authority to investigate.

- Staff told us they knew how to raise safeguarding concerns. One member of staff said, "My manager would investigate any safeguarding and call health to come in and review the person." Another member of staff said, "I have completed my safeguarding training if I had a concern I would tell my manager if nothing was done I would tell the CQC."
- The registered manager had worked with the local authority to develop safeguarding procedures at the service and promptly made safeguarding referrals to keep people safe.

Staffing and recruitment

- The provider and registered manager had improved their systems to check staff were suitable to be employed at the service. Appropriate checks were made, and references obtained.
- Since the last inspection the provider had implemented the use of a dependency tool to calculate the needs of people in relation to the amount of staff needed to provide care.
- We saw the provider regularly provided staffing numbers above the calculated need. Throughout the inspection we saw there was enough staff to provide care and support to people.
- One person told us, "The staff look after us okay, they will get you whatever you want."

Using medicines safely

- People received their medication safely. Medicine records were in good order. There were suitable systems in place for the storage, ordering, administering, monitoring and disposal of medicines.
- The registered manager told us they had a head pharmacist come into the service to train staff and to review the medicine practices at the service.
- Staff had received training in implementing a pain scale as a way of people being able to communicate if they were in pain so that support could be given.
- Regular audits were completed to check medicines were being managed safely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- The registered manager had put systems in place to learn lessons when things went wrong. Accidents and incidents were investigated to identify the cause and actions needed to be taken were implemented.
- Findings of investigations were shared with staff to aid learning and to support safe care being given.
- Following the last inspection, the registered manager had worked collaboratively with staff to drive, implement and embed improvements at the service. We saw this evidenced in staff meetings where topics were discussed openly and opportunities for increasing staff knowledge were utilised. For example, policies were discussed such as safeguarding to increase awareness and promote people's safety.

- The registered manager sourced additional training for staff to upskill them in areas such as catheter care and safe infection prevention control practices.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People and their relatives had been involved in reviewing their needs and choices and care plans had been updated to reflect this.
- The registered manager had worked with the local authority quality improvement team to improve care plans and reflect guidance and standards.

Staff support: induction, training, skills and experience

- Staff had been supported to refresh their skills and gain new skills through face to face training and on-line training. The registered manager was also supporting staff to understand policies by choosing a policy each month to go through and discuss.
- Staff told us they had completed several courses including, catheter care, dementia awareness and communication. One member of staff said, "I have just refreshed my medication training and completed moving and handling face to face. I even got to try going in a hoist myself"
- The registered manager told us that the district nurse team had come in a number of occasions to complete training with staff on skin care and pressure area management, catheter care and infection control practices.
- Staff told us they had regular supervision and staff meetings and felt well support by the management team.

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

- People told us they had enough to eat and drink. We saw drinks and snacks were provided to people throughout the day. One person said, "This is a lovely cup of tea."
- People were complimentary of the food. One person told us, "The food altogether is nice. Staff come around with pictures on a board and we chose what we would like for dinner." Another person said, "We have loads to eat."
- We observed where people needed special diets this was supported. People's weight was monitored, and any concerns referred to the GP team.

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

- The service was bright, clean and well maintained. People had their own rooms which were personalised to their wishes.
- The service was spacious with different seating areas for people to enjoy and relax.

- There was access to a garden which was well maintained. One person said, "I like going for walks out in the garden."
- During the pandemic the registered manager had made some changes to the service such as adding donning and doffing areas for staff to change personal protective equipment (PPE). They had also added additional hand sanitisers around the service.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The registered manager had worked closely with other healthcare professionals to ensure people received timely access to healthcare support.
- The GP for the service led the enhanced homecare team, this is a team of health professionals who provide care and support into the service. Each week they had a multidisciplinary review at the service to review what support people needed.
- Reviews were carried out promptly and people had access to the dementia team, district nurse team, occupational health and GP when needed.
- In addition, the lead pharmacist was able to review people's medicines promptly and add recommended medication such as vitamin D supplements when this was advised.
- A health professional told us, "The staff are fantastic, they are prompt at calling us in and making referrals. They are also good at monitoring progress."
- One person told us, "Staff organise a doctor if I need one. I am well looked after."

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 when this is in their best interests and legally authorised under the MCA.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager understood their responsibilities under the MCA and had made appropriate referrals.
- Where appropriate best interest assessments had been completed. Where people had lasting powers of attorney, the registered manager had worked with their representatives to ensure their choices and wishes were being met.
- Staff understood how it was important to support people to make choices for themselves and continued to support people to do this where possible.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People spoke positively of the staff team and the support they received. One person said, "The staff are kind, they think I am great and chat to me." Another person said, "I cannot fault this place."
- Staff knew people well and how they wished to be supported. People were consistently supported by a regular staff team.
- We observed staff were kind and caring towards people and there was positive interactions between staff and people.
- Care plans were detailed and person-centred outlining how people wished to be supported, considering their equality and diversity needs.

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

- People's views and wishes were recorded in their care plans. The registered manager met with people, relatives and their representatives to discuss and review all their care needs to ensure the service could meet these the way they wished.
- Care plans we reviewed contained all the information staff needed to support people as individuals. We saw details recorded such as their preference for who supported them, how they wished to be addressed and what time they preferred for things to happen such as being supported to bed or to get up in the mornings.
- Throughout the day, we observed staff offering people choices and listening to how they wished to be supported.

Respecting and promoting people's privacy, dignity and independence

- People were supported to spend their time how they wished. One person told us, "I like to sit here and watch the birds in the garden." We saw staff facilitated for them to sit in their favourite spot.
- People were encouraged to maintain their independence as much as possible. We saw staff encouraging people to keep their mobility and walk with aids where they were able.
- Staff engaged with people sensitively speaking to them at eye level and waiting for responses. When staff helped people to eat, they sat with the person and supported them in an unhurried way making the experience a positive social interaction.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The registered manager had reviewed care plans with people and relatives to ensure they were personalised to meet people's needs.
- Care plans contained such information as people's 'life story', and care was personalised and specific to each person. Where care needs changed, records showed information was updated immediately so that staff had the most up to date information to guide the support people required.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were considered. Staff knew how to support people with glasses, hearing aids and to speak clearly to people.
- We saw large clocks positioned around the service to help people stay orientated to the time. Staff also used picture cards where appropriate to aid communication such as pictorial menus to help people choose what they wished to eat.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships with their families. We saw people being supported to go out and spend time with their families.
- The registered manager had made links with a local primary school and the children had written individual letters to people living at the service.
- We saw there was a varied activities program at the service to help people stay engaged in social activities.
- People told us they had enough to keep them occupied. One person said, "I have plenty of books and games to keep me busy."

Improving care quality in response to complaints or concerns

- The registered manager had a complaints procedure in place to promptly respond to any issues. People we spoke with said they knew how to make complaints. One person said, "I would speak to the boss." Another person said, "I would speak to whoever was in charge. I am not afraid to speak up if something is wrong."

End of life care and support

- The registered manager had engaged with the local hospice to provide support with end of life care.
- The registered manager had become part of a scheme called 'My care choices'. This was a system that registered people's wishes at the end of their life so that all health providers involved in their care knew how they wished to be supported.
- End of life plans were personalised and recorded people's wishes such as if they wished music to be played, what treatment they would like and where. We saw one person had requested for a double bed so they could cuddle their wife, and this had been facilitated for them.
- Where people had do not resuscitated orders in place the GP had reviewed all of these to ensure they were still relevant to people's wishes.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At previous inspections we found governance systems had not been used effectively to identify, capture and mitigate risks to the health, safety and welfare of people using the service. These had failed to identify concerns to people who were at significant risk of harm due to their health condition. During this inspection we found significant improvements had been made and the service was no longer in breach of regulation 17 (good governance) or regulation 18 (registration) of the Health and Social Care Act 2008 Regulated Activities Regulations 2014.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- Since our last inspection, the previous registered manager had reregistered with the commission and with the support of the provider had been instrumental in making improvements at the service.
- Staff told us management was always available and present at the service.
- The registered manager had worked closely with the local authority's quality improvement team to develop their learning and implement improvement. The registered manager told us they had learned a lot through the coaching they had received.
- Information received from the local authority showed the registered manager had worked through an improvement plan with the local authority to completion.
- The provider and registered manager had adhered to the conditions imposed by the CQC at the last inspection. This included sending timely updates each month of the progress they had made at the service.
- The registered manager was motivated to continue leading the service to maintain the improvements they had made and to work towards delivering outstanding care.
- Governance systems had been developed and improved at the service. The registered manager had systems in place to investigate accidents, incidents and safeguarding concerns to learn lessons from these and implement action where needed to keep people safe.
- Audits completed and investigations looked at themes and issues and recorded actions taken and included any follow up actions.
- Lessons learned were shared with staff during meetings and any changes to people's care was implemented immediately and reviewed when appropriate.
- Referrals were made promptly to the safeguarding team when needed, and notifications and reports were sent to the commission as requested.
- The management structure at the service was clear and staff were clear about their roles.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a positive culture at the service, people were engaged and smiling and we saw there was a good relationship with staff. One person said, "I would recommend this place." Another person said, "I will always remember this place."
- Care plans had been reviewed and were person centred, promoting good outcomes for people.
- People's equality characteristics had been considered and people were supported with their cultural and religious beliefs.
- The registered manager engaged with people, relatives, staff and other health professionals through regular meetings and questionnaires. We saw questionnaires were analysed and where needed responded to. From minutes of meetings we saw any issues raised were actioned. For example one person asked for their mattress to be changed and this was actioned immediately.

Continuous learning and improving care; Working in partnership with others

- The registered manager had sourced several training courses for staff to upskill them and improve their practice. Some of these courses had been delivered by the district nurse team, who continued to provide support and training to staff.
- The registered manager had joined a number of networks to share good practice ideas and to gain support from other registered managers, such as the registered managers network supported by 'Skills for care'. The registered manager informed us they had benefited greatly from these networks and would continue to be an active member of these.