

Delrose House Limited

Cloud House

Inspection report

50A Roycraft Avenue
Barking
Essex
IG11 0NU

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Cloud House is a 10 bedded service for people with mental health conditions, learning disabilities or substance misuse problems. At the time of our inspection, there were 9 people using the service.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right support

People and their relatives commented positively about the care and support provided by staff. The registered manager worked well with other health and social care professionals to support people using the service. Medicines were managed in a safe way. There were policies and procedures in place regarding the prevention and control of infection. The provider had systems for recording of incidents or accidents. There were enough staff to meet people's needs and to provide personalised care and support. The provider had an effective recruitment procedure to ensure staff had the appropriate skills and experience for the role.

Right care

People received care and support that was personalised and responsive to their individual needs. Risks to people were assessed by the registered manager and management plans were in place where risks were identified. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right culture

The management team operated an 'open door' policy and was in regular contact with people, relatives and staff to ensure the service ran smoothly. The provider had system in place to assess, monitor and improved the quality and safety of the services provided. People were safeguarded from abuse or harm. Staff understood what abuse was and the actions to take if a person using the service was being abused.

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

Rating at last inspection

The last rating for this service was good (published on 15 August 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We undertook a focused inspection to review the key questions of safe and well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Cloud House

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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 2 inspectors.

Service and service type

Cloud House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Cloud House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 1 hour notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in to support the inspection.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are

required to send us annually with key information about their service, what they do well, and improvements they plan to make. We looked at notifications we had received from the service. A notification is information about important events, which the provider is required to tell us about by law. We used all this information to plan our inspection.

During our inspection

We spoke with 3 people who used the service, 2 relatives, 2 members of staff, the registered manager and the 2 deputy managers. We reviewed a range of records. This included 3 people's care records, 3 staff files, staff rota, risk assessments and medicine administration records. We also looked at audits and a variety of records relating to the management of the service, including policies and procedures.

After the inspection we spoke with 3 relatives to obtain their views of the service. We continued to seek clarification from the registered manager to validate evidence found.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained the good. This meant people were safe and protected from avoidable harm. Systems and processes to safeguard people from the risk of abuse.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse and avoidable harm.
- People told us they felt safe at the service and with staff. A relative said, "I know (family member) is safe. I can leave them. I trust the staff."
- There were policies and procedures in place to protect people from the risks of harm or abuse. From records we noted staff had undertaken training to support their knowledge and understanding of how to keep people safe.
- Staff knew of their responsibilities to protect people from harm. They knew the procedure to follow if they became aware of any concerns or if any information of concern was disclosed to them. A member of staff told us, "I will inform manager of any abuse."
- People using the service, staff and relatives had access to information about how to raise concerns and what procedures to follow. This was easily accessible and was posted on a flow chart with important telephone numbers.
- The provider also had a whistleblowing procedure in place. Staff knew how to whistle-blow and how to raise concerns about any unsafe practice.
- The provider had a system to ensure all equipment was maintained and serviced. Records confirmed that checks on the premises and equipment were carried out to ensure health and safety of people, staff and visitors to the service. For example, there were regular checks on the fire safety equipment to ensure they worked properly.

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed to ensure they were supported to remain as safe as possible.
- People had risk assessments which explained possible risks and the actions staff needed to take to reduce them.
- Each person had a risk assessment based on their individual needs, for example, when people went out in the community or if they were at risk of falls.
- Risk assessments were reviewed as needed to ensure they were accurate. This meant staff had clear guidelines to enable people to take risks as part of everyday life safely.

Using medicines safely

- The provider had suitable arrangements to ensure people were supported with their medicines.
- People were supported to take their medicines by staff who were trained to do so safely.
- Each person had a medicines administration record (MAR) where they documented when a person had

taken their medicines.

- We looked at the MARs for all the people who used the service and noted medicines had been administered as prescribed.
- Any medicines prescribed to be given as necessary were monitored and guidance explained when these medicines should be given.

Staffing and recruitment

- There were enough staff to meet people's needs and to provide personalised care and support.
- Staff rotas showed people were supported by the same staff members unless the staff were on leave or not well.
- The provider did not use agency staff. This helped with consistency and continuity of care as staff were aware of the needs of people they were caring for.
- Extra staff were rostered on as needed to support people with medical appointments or specific activities.
- People were protected by appropriate recruitment processes.
- The provider ensured appropriate checks had been carried out such as criminal records check before staff started work at the service. This helped to ensure people were not exposed to staff who were not suitable to work with people using care services.
- The provider also carried out checks to ensure that staff could work lawfully in the country.

Learning lessons when things go wrong

- There was a system in place to record accidents and incidents within the service.
- The registered manager investigated any accident or incident and took action to reduce the risk of further occurrence and keep people safe.
- A member of the management team was an on-call system to advise staff in the event of an emergency. For example, if a person was not well and needed to go to hospital.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We noted the shower curtain rail in the upstairs flat bathroom was rusting however the rest of the bathroom was clean. Some tiles needed to be refitted as they were very uneven in places. This was discussed with the registered manager who informed us there was a plan to refurbish the bathroom. In the meantime, they said they would ask their maintenance team to replace the shower rail.
- Relatives commented that the service was always clean when they visited.

Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.
- Family members told us visiting times were flexible and they were welcomed anytime.

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 MCA 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.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The management team and staff understood the importance of people having the right to make their own decisions.
- Staff received training on the MCA and there were policies and procedures for them to follow.
- People were able to make day to day decisions about their lives. For example, they were able to spend their time as they wished or did things they liked.
- Staff recognised that people's capacity to make decisions fluctuated and they offered support accordingly.
- The service kept records of all people who were under DoLS. Mental capacity assessments were completed as appropriate.

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 our last inspection we rated this key question good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive and open culture at the service.
- People and their relatives told us the service was good. They were complimentary about the management team and staff. We asked a person what's the best thing was about living at the service, they answered "The staff." A relative told us, "I can't praise them(staff) enough. They are like angels."
- The registered manager operated an 'open door' policy and were in regular contact with people, relatives and staff to ensure the service ran smoothly.
- Staff mentioned that the registered manager was very supportive. A member of staff told us, "The manager is very supportive."
- We noted the service had received positive feedback from the last visit carried out by the local authority.

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

- The registered manager understood their responsibilities under the duty of candour.
- The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines and was open and transparent in responding to any issues raised.
- Staff were kept informed about matters that affected the service through daily handovers in between shifts.

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

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.
- Staff had a clear understanding of what was expected of them. They were aware who they were accountable to and understood their roles and responsibilities in ensuring people's needs were met. They felt valued by the management team.

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

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.

- The provider ensured people had access to equal opportunities taking account of people their different needs and capabilities. They promoted equality and diversity and treat people and staff with dignity and respect. For example, we noted people were able to practise their faith.
- There were meetings held with people who used the service and this gave them an opportunity to discuss any issues they might have and share ideas.
- Regular staff meetings were also held for staff where they were informed about all aspects of the running of the services and of any changes in people's need.
- People and their relatives told us the staff and the management team were very approachable. had regular contact with them. A relative told us, "The staff always let me know what's going on, communication is very good."

Continuous learning and improving care

- The provider had created a learning culture at the service which improved the care people received.
- There were audits carried out of care records, people's support plans, medicine records, infection control and health and safety.
- If any shortfall was identified, appropriate actions were taken, for example, the staff identified that the shower room had a leak, and this was currently being renovated.
- The registered manager sought the views of people using the service, their relatives and staff through satisfaction surveys. They then analysed and acted on the comments to improve the quality of the service provided.
- Feedback received from the last surveys was positive. A relative wrote, "Cloud House is a very friendly environment, and all staff have a lot of respect for the service users and families."

Working in partnership with others

- The registered manager worked in partnership with other professionals such as GP's, psychologists and community learning disability team to support people maintain their health.
- Where there were concerns about people's health, the registered manager contacted the appropriate health professional to seek their advice and support. Any advice was recorded. This helped to ensure staff had the relevant information to meet people's changing needs.
- The registered manager kept themselves up to date with regards to health and social care was concerned. They attended regular provider's forums organised by the local authorities. They also visited the CQC website to familiarise themselves with our new assessment framework.