Care Management Group Limited

Care Management Group - Cleveland House

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?	Outstanding
Is the service well-led?	Good

Overall summary

This unannounced inspection took place on 23 and 28 October 2015 and was unannounced on 23 October 2015.

Cleveland House is an 11 bed service providing support and accommodation to people with a learning disability. At the time of the inspection 10 people were living there. It is a large house in a residential area close to public transport and other services. In addition to the main house, a self-contained flat had been built in the garden to enable the person living in it to become more independent .The house did not have any special adaptations and people who used the service did not need any. People lived in a clean and safe environment that is suitable for their needs.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The service provided outstanding care and support. The registered manager and staff were highly motivated and committed to ensuring that people had meaningful and fulfilling lives. They were proud of the work they did and of people's achievements.

The staff were highly committed and provided people with positive care experiences. They ensured people's care preferences were met and gave them opportunities to try new experiences. People were supported to be involved in activities of their choice in the community and in the service. They had full, varied and personalised activity programmes.

People received a strongly person centred service. They were supported to make choices and to have as much control as possible about what they did. People and their family members were consulted and involved in assessments and reviews.

Staff were clear about their roles and responsibilities. They received effective training and excellent guidance and support from the registered manager. This provided them with the knowledge, skills and confidence to meet people's needs in an outstanding and individualised manner. The registered manager and staff team were committed to continuous improvement of the service and to improving people's quality of life.

People's views were sought and valued. They were involved in developing and shaping the service provided. People and their relatives were encouraged to be involved in the planning of care.

The service was robustly monitored by the registered manager and the provider to ensure that people were receiving a safe and effective service that reflected their needs and wishes.

People were safe at the service. They were supported by kind, caring staff who treated them with respect. Strategies to minimise risk were robust and enabled staff to support people as safely as possible both in the community and in the service.

The staff team worked closely with other professionals to ensure that people were supported to receive the healthcare that they needed.

Staff had completed Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Deprivation of Liberty Safeguards is where a person can be deprived of their liberties where it is deemed to be in their best interests or for their own safety. Staff were aware that on occasions this was necessary. We saw that this was thought to be necessary for some people living at the service to keep them safe.

People were supported to eat and drink enough to meet their needs. They told us that they liked the food.

Systems were in place to ensure that people received their prescribed medicines safely and appropriately.

The provider's recruitment process was robust and ensured that staff were suitable to work with people who needed support.

Summary of findings

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 provided was safe. Systems were in place to ensure that people were supported safely by staff. There were enough staff available to do this.

Strategies to minimise risk were robust and enabled staff to support people as safely as possible both in the community and in the service.

People received their medicines appropriately and safely.

The provider's recruitment process was robust and ensured that staff were suitable to work with people who need support.

People were cared for in a safe environment.

Is the service effective?

Good

The service provided was effective. Staff received effective support, guidance and training. People were supported by a skilled, experienced and committed staff team who were able to meet their assessed needs, preferences and choices and to provide an effective service.

Systems were in place to ensure that people's human rights were protected and that they were not unlawfully deprived of their liberty.

People's healthcare needs were identified and monitored. Action was taken to ensure that they received the healthcare that they needed to enable them to remain as well as possible.

People enjoyed their meals and were supported to have a healthy nutritious diet.

Is the service caring?

Good

The service provided was caring. People were treated with kindness and their privacy and dignity were respected. They were happy with the way in which staff treated them.

People received care and support from staff who knew about their needs, likes and preferences. Staff were committed to enabling people to develop their skills and potential.

Before staff provided care and support they took time to explain to people what was going to happen. Staff were attentive to people's needs and spent time chatting to them and doing activities with them.

People were listened to and involved in decisions about their care and about any changes to the service.

Is the service responsive?

Outstanding

The responsiveness of the service was outstanding. People received a person centred service based on their needs and likes. They were supported to make choices and to have as much control as possible about what they did.

Summary of findings

People were supported to be involved in activities of their choice in the community and in the service. They had full, varied and personalised activity programmes. The arrangements for social activities, education and voluntary work were robust and met people's individual needs.

People were confident that any concerns would be listened to and addressed.

Systems were in place to ensure that the staff team were aware of people's current needs and how to meet these. Individualised care plans were in place and gave clear information about how people liked and needed to be supported.

Is the service well-led?

Good

The leadership and management of the service were very good. People were happy with the way the service was managed and with the quality of service.

The registered manager promoted strong values and a person centred culture which was supported by a committed staff group.

The service was robustly monitored by the registered manager and the provider to ensure that people received a safe and effective service that reflected their needs and wishes.

Staff told us that the registered manager was accessible and approachable and that they felt well supported. The felt valued and empowered and were proud of the achievements of the people they supported.

People's views were sought and valued. They were involved in developing and shaping the service provided.

Care Management Group - Cleveland 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.

This unannounced inspection took place on 23 and 28 October 2015 and was unannounced on 23 October 2015. The inspection team consisted of a lead 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 service.

At the last inspection on 3 September 2013 the service met the regulations we inspected.

Before our inspection, we reviewed the information we held about the service. This included notifications of incidents that the provider had sent us since the last inspection.

During our inspection we spent time with, and spoke to, all of the people who used the service and observed the care and support provided by the staff. We spoke with five members of staff, the manager and the deputy manager. We also telephoned three people's relatives. We looked at three people's care records and other records relating to the management of the home. This included three sets of recruitment records, duty rosters, accident and incident records, complaints, health and safety and maintenance records, quality monitoring records and medicine records. After the inspection we received feedback from one social care professional.

Good

Is the service safe?

Our findings

People who used the service told us that this was a safe place to be. One person said, "I am happy here and safe. My friends are nice. I am safe here." Another told us, "I am very safe here and staff look after me." Their relatives were also positive about people's safety. One relative told us, "I have no concerns for [my relative's] safety. Another said, "No concerns here at all. I turn up unannounced and I know [my relative] is safe."

People who used the service were protected from risks. Feedback from a social care professional was that risk assessments were in date and robust. We also found that risk assessments were up to date and were relevant to each person's individual needs. People's care plans covered areas where a potential risk might occur and how to manage it. For example, for one person it stated that they must receive one to one support when in the community. In bold it stated that this must continue unless changed at a review. Guidance was clear and explicit and explained how to reassure the person throughout, what the triggers and early warning signs were and what early interventions should be implemented. People accessed community facilities and participated in activities within the service. This was because the strategies to minimise risk were robust and enabled staff to support them as safely as possible both in the community and in the service.

The service had procedures in place to make sure any concerns about people's safety were appropriately reported. Staff told us and records confirmed that they had received safeguarding adults training and were clear about their responsibility to ensure that people were safe. Feedback from a social care professional was that staff had, "A very good awareness of safeguarding processes." Staff and people who used the service were confident that any concerns would be listened to and dealt with quickly by the management team. Staff had produced a 'talking album' explaining safeguarding. It was in an easy read format with symbols and photographs. When the button at the side of the page was pressed what was on the page was described verbally. This was used at 'service user' meetings and individual meetings to explain safeguarding to people and to help them understand what to do if they did not feel safe. We saw that in an independent review commissioned by the local authority people who used the service had said that if the felt they were not safe or saw something they thought was wrong they would talk to staff. People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent it from happening.

There were robust systems to protect people's finances from possible misuse. Any cash received, spent or returned was recorded and signed in by two staff. Cash was stored in individual sealed bags. When the bags were opened and resealed this was also carried out by two staff. Some cash was stored in a safe where access was restricted to the registered manager and the deputy manager. Lesser amounts for daily use were stored in another safe that was accessed by the shift leader. Receipts were on file and cash was checked at each handover to ensure it was correct. We saw that the manager and deputy also checked cash, records and statements to ensure that these were correct. We checked the records and cash held for three people and found that these tallied. The registered manager or deputy sent a computerised monthly return to the provider for monitoring purposes. The provider also carried out an annual financial audit. We saw that the last financial audit had been carried out on June 2015 and concluded that the service was, "A perfect example to other homes". It stated that funds were accurately controlled and documented.

The provider had an effective recruitment and selection process in place. This included prospective staff completing an application form and attending an interview. We looked at the files of three members of staff. We found that the necessary checks had been carried out before they began to work with people. This included proof of identity, two references and evidence of checks to find out if the person had any criminal convictions or were on any list that barred them from working with people who needed support. When appropriate there was confirmation that the person was legally entitled to work in the United Kingdom. People were protected by the recruitment process which ensured that staff were suitable to work with people who needed support.

Providers of health and social care have to inform us of important events which take place in their service. Our records showed that the provider had told us about such events and had taken appropriate action to ensure that people were safe.

The provider had effective systems in the event of an emergency. For example, there was a file containing details

Good

Is the service safe?

of action to be taken and who to contact in the event of an emergency. A fire risk assessment had been completed and fire alarms were tested weekly. Each person had an individual personal emergency evacuation plan detailing how they would need to be supported if the building needed to be evacuated. We saw that during a 'service user' meeting in September 2015 people had been shown what to do in the event of an emergency and where they needed to go. This had been photographed and was displayed as a visual reminder to them. The photographs clearly showed the people, the exits and the need to follow staff. As far as possible people were supported to understand what they need to do in the event of an emergency. Staff confirmed that they had received fire safety and first aid training and were aware of the procedure to follow in an emergency.

Medicines were securely and safely stored in appropriate metal cabinets either in the office or in the person's room. Where the medicines were stored was determined on an individual basis according to risk. There were also appropriate storage facilities for controlled drugs. We checked the controlled drugs and found that the amount stored tallied with the amount recorded in the controlled drugs register. Keys for medicines were kept securely by the senior staff on duty to ensure that unauthorised people did not have access to medicines. Therefore medicines were securely and safely stored.

Appropriate arrangements were in place in relation to the recording of medicines. We looked at a sample of medicine administration records and found that they had been accurately completed and were up to date. Guidelines were in place for the administration of 'when required' medicine so that staff were clear about when and how to administer this. Each person also had a, "How to support me to have medicines safely" plan. We found that although people did not administer their own medicines those that were able to, were encouraged and supported to be part of the process. One person who used the service told us that staff got the medicines out of the cabinet and then observed them while they took it. This person was able to tell us what each medicine was for because staff had explained this to them.

Staff who administered medicines had received training and been assessed as competent to do this. As far as possible medicines were administered from specific medicine administration aids filled by the pharmacist to lessen the risk of an error being made. When this was not possible medicine was administered directly from original containers. We saw that the medicine records and medicines were checked at each shift handover to ensure that they had been administered and recorded. Systems were in place to ensure that people received their prescribed medicines safely and appropriately. safe

From our observations and from looking at staff rotas we found that staffing levels were sufficient to meet people's needs and to support them with what they chose to do. This was both in the service and out in the community. Some people needed one to one staff support in the community and one person needed two to one support. There were provisions for this in the staff rota.

The service premises were in a good state of repair and decoration. A maintenance person was employed to ensure that standards were maintained and minor repairs were carried out as soon as possible. None of the people who used the service required any specialist equipment. Records showed that other equipment such as fire safety equipment was available, was serviced and checked in line with the manufacturer's guidance to ensure that they were safe to use. Gas, electric and water services were also maintained and checked to ensure that they were functioning appropriately and safe to use. People were cared for in a safe, clean and comfortable environment.

Good

Is the service effective?

Our findings

One person told us, "Staff here know what I like and they help me make decisions." People were supported by a skilled, experienced and committed staff team who were able to meet their assessed needs, preferences and choices and to provide an effective service. Staff told us that they received the training they needed to support people and that training was up to date. They said that training was available on the internet and that training could be discussed and requested during staff meetings and individual supervision (one-to-one meetings with their line manager to discuss work practice and any issues affecting people who used the service). We found that new staff received a structured and appropriate induction to enable them to complete a "Care Certificate." The deputy manager told us that staff completed one standard at a time and that they did some work independently, discussed what they had completed with the registered manager or deputy manager and their work practice was then observed. If everything was satisfactory they then moved on to the next standard. They also told us that training was planned to enable managers to facilitate this effectively and that the providers training department checked all of the completed work before a certificate was issued.

Staff told us that they received good support from the management team. This was in terms of both day-to-day guidance and supervision. They told us that during supervision they could bring up any issues, give and receive feedback and discuss their training and development needs. A member of staff told us, "Staff feel valued, they are empowered and given tasks to help them develop." Systems were in place to share information with staff including a communication book and handovers between shifts. Staff told us that any important issues would be communicated specifically. When the way in which one person was supported was changing there was a meeting to explain how this would be facilitated. A member of staff said, "You never go into things unprepared." Therefore people were cared for by staff who received effective support and guidance to enable them to meet their assessed needs.

Staff had completed Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training and were aware of people's rights to make decisions about their lives. The MCA is legislation to protect people who are unable to make decisions for themselves and DoLS is where a person can be deprived of their liberty where it is deemed to be in their best interests or for their own safety. The registered manager was aware of how to obtain a best interests decision or when to make a referral to the supervisory body to obtain a DoLS authorisation. At the time of the visit some DoLS were in place and these had been reviewed to ensure that they were still appropriate and necessary. Staff told us and records confirmed that it had not been necessary to use restraint in the service for a few years. Therefore systems were in place to ensure that people's human rights were protected and that they were not unlawfully deprived of their liberty or restrained.

People were provided with a choice of suitable, nutritious food and drink. They chose what they wanted to eat and drink. One person told us, "I like the food, it's good." Another said, "Food is nice and I bake cakes." People ate independently and at lunch time we saw that staff ate with people and engaged with them throughout the meal whilst offering any support that was needed. We saw that staff were attentive and supportive through the lunch period and ensured that everyone had drinks. People had drinks and snacks throughout the day and one person baked a cake that everyone shared. We also saw people helping to prepare the evening meal. The menu was varied and supported people's different cultures. If there were concerns about a person's weight or nutrition, this was monitored and if necessary a referral was made to the relevant professional. For example, the dietitian. People were supported to be able to eat and drink sufficient amounts to meet their needs.

People were supported to access healthcare services. They saw professionals such as GPs, dentists, social workers and physiotherapists as and when needed. Each person had a 'health action' plan and a 'my health passport' in place. The health plans gave details of the person's health needs and how to meet these. They also gave details of what might indicate that a person was unwell. For example, in one file it stated, "When I am unwell I will stay in bed, sometimes refuse food and sometimes become withdrawn." Details of medical appointments, why people had needed these and the outcome were all clearly recorded. The 'my health passport' contained information to assist hospital staff to appropriately support people if they were treated at the hospital. This included how the person showed pain and how they might respond. The service had a selection of 'easy read' leaflets to help staff to

Good

Is the service effective?

prepare people for medical appointments and tests. The leaflets contained pictures and staff showed these to people and read the information to them. With explanations and reassurance staff had successfully supported one person to have a cervical smear test. A social care professional informed us that, "Medical appointments for our client are up to date and professional advice is proactively sought." People's healthcare needs were monitored and addressed. They were supported to remain as healthy as possible.

Good

Is the service caring?

Our findings

People were happy with the way in which staff treated them. One person said, "Staff are great and they help me all the time, they are good, I am really happy here." We saw that in an independent review commissioned by the local authority people had said that they were happy with the staff that supported them and felt that staff listened to what they said. A relative told us, "I am very very happy with [my relative's] care, I have no concerns. [My relative] is very lucky to have such a good team around her." A social care professional commented, "I have always observed staff interacting well with service users."

Throughout the inspection we saw that staff spent a lot of time with people. There were positive interactions between the staff and people who used the service with lots of chatting and laughing. We saw that staff were patient and considerate. They took time to explain things so that people knew what was happening.

People were treated with respect and dignity. Their privacy was maintained and we saw that staff closed doors when supporting people. When people needed support with their personal care this was done discreetly. In people's files we saw that they had been asked if they had a preference on the gender of the staff that supported them. For those that were unable to say staff had used other methods to find out this information. For example, they concluded that one person preferred female staff to support them for personal care as they always approached female staff when they wanted to go to the toilet. It was also noted that if the person wanted something to eat or drink they approached male and female staff for assistance. Staff had therefore concluded that the person was happy to have support from either.

Staff were committed to enabling people to develop their skills and potential. One member of staff said, "We are building on independence. We start small and move on in little steps. Another said, "We take little steps, even if it takes a while." People's care plan contained a section, 'What I am working on'. For one person this was using objectives to make choices. For another staff were supporting them to take their plate to the kitchen after they had eaten. Some people were working on a skills based development programme which led to a qualification at the end of it.

We found that people were listened to and involved in decisions about their care and about any changes to the service. They were actively encouraged to participate in the day-to-day running of the service and one person participated in staff recruitment. In addition to 'service user' meetings to discuss issues affecting everyone, people also had individual meetings with their keyworker. We saw that when the lounge was due to be redecorated people had chosen the colours. Two colours were popular so both were used on different walls. To assist people to make the choice the handyperson had painted a sample of different colours on the wall so that they could see them and point to the one they liked.

Staff respected people's confidentiality. Staff treated personal information in confidence and did not discuss people's personal matters in front of others. Confidential information about people was kept securely in the office.

People were supported to maintain relationships with their relatives and friends. Some people were supported to visit their relatives and to stay with them. Relatives told us they visited when they wanted and felt no restrictions. They said that they felt at ease when they visited. Friends and relatives were invited to social events at the service and we saw lots of photographs displayed around the home of these events.

People's different cultural and support needs were identified, respected and met. This was a multicultural service both in terms of people who used it and staff. We saw photographs displayed of a cultural event held at the service. We saw that people were wearing the traditional dress of their different cultures and that a variety of different foods had been served. In one person's care plan it identified 'my beliefs' and said that they were Christian, liked gospel CD's and staff reading them bible stories. The provider also organised 'Black History Celebrations' which included African dancing, drumming and foods from around the world.

There had not been a need for anyone to be supported for end of life care. The manager told us that there was an end of life care policy and if the need arose they would support people at that time. We saw that some people and their relatives had been asked about this but had declined to think about it at that time.

Outstanding ☆

Is the service responsive?

Our findings

People's care and support was planned in partnership with them and their relatives. One relative told us, "I have no complaints here, I attend reviews and [my relative] is being well looked after. I am involved in [my relative's] care and staff are brilliant." Another said, "Staff here are dedicated and look after [my relative] very well."

Staff were committed to enabling people to do things that they enjoyed and to finding ways of enabling this to happen. For example one person liked cars. At a planning meeting it was felt that the person would enjoy Formula 1 car racing. However, the person also did not like noise. Staff developed a plan to support the person. This included visiting local car racing which was quieter and less busy and visiting a car racing circuit on practice days The process was gradual over a couple of years and finally the person went to a formula one race and really enjoyed the occasion. Two staff supported the person in their own time to lessen the cost. Staff had followed a similar process to enable the person to attend a football match at Arsenal football ground. The service was flexible and responsive to people's individual needs and preferences, finding creative ways to enable them to live as fulfilling a life as possible.

People received individualised person centred care and support. One relative said, "I go to all the reviews and I am listened to." We saw that for some people staff had produced a 'talking album' version of their care plan. It was in an easy read format with symbols and photographs. When the button at the side of the page was pressed what was on the page was described verbally. This helped people understand what was included and to participate in the planning and review process.

The provider had built a small self-contained flat in the garden of the service with a view to supporting people to become more self-sufficient and less dependent on staff. One person had moved from the main house into flat. They told us, "I have my own flat and staff look after me, I am so happy now I like my own space." We saw that this move had been carefully planned and the person and their family fully involved. Each stage had been discussed and agreed with the person to ensure that they were happy and comfortable with the arrangements. For example, they had agreed a budget, what it was for and when it would be reviewed. To assist with budgeting and shopping staff had prepared, with the person, a list of items the person liked and the cost. The person could then use this to plan what they would buy and to check that they had enough money for this. They had also agreed that to start with the person would still join other people for the main meal in the evening. The process towards independence had been broken down into small steps to help the person successfully make the transition and to achieve greater independence. People were encouraged and supported to be as independent as possible.

People's care plans were personalised, comprehensive and contained assessments of their needs and risks. The care plans covered all aspects of emotional and physical health and described the individual support people required to meet their needs. They contained clear information to enable staff to provide personalised care and support in line with the person's needs and wishes. For example, one plan stated, "I love my family and like to talk about them so you need to know who everybody is." Photographs of close family members were included. A social care professional commented that the support planning processes were good and some quite innovative tools were used to measure people's independence and progress.

People who used the service had a history of exhibiting behaviour that challenges and this had in the past restricted what they were able to do. However, we saw that people's files also contained 'Positive Behaviour' support plans. These clearly stated the triggers to different behaviours, what the early warning signs were and the early interventions necessary to prevent the behaviour from escalating. For example, in one person's plan it stated, "If I push past people and try to grab them this means that the place is too crowded and noisy and I want to leave and go to a quiet area or go home." Staff were then instructed to "Reassure me or support me to go to a quiet place for a while and then to go back home."

People received support from a stable staff who knew and understood them. Staff told us about people's individual needs, likes, dislikes and interests. They knew people's individuals patterns, routines and methods of communication and described how they expressed themselves. Staff knew the signs or behaviours that showed people were not happy or were anxious and also how best to support them at that time. One member of staff told us, "Support plans are in depth and you can understand them. When you work with people the plan comes to life." Staff supported people in a consistent

Is the service responsive?

manner and incidences of behaviour that challenges had decreased dramatically. This had resulted in people having more opportunities for a stimulating and fulfilling lifestyle with fewer restrictions placed upon them. Staff told us that seeing 'the guys' make progress was nice and something to be proud of.

People were encouraged to make choices and to have as much control as possible over what they did and how they were supported. People chose what they wanted to do each day and also planned for things they wished to do in the future. Care plans included information about how best to support people to make choices. For example, one plan stated that staff should put two sets of clothes on the bed and support the person to choose which one they wanted to wear. We saw that people chose what and when to eat and how they spent their time. For example, during our inspection one person said that they wanted to go to the pub and this was organised. We saw that in an independent review commissioned by the local authority people who used the service had said that staff gave them choices and that they liked being able to 'lie in' when they wanted and to 'get up' when they wanted. They also said that they enjoyed choosing their furniture and the colour of their bedrooms.

People were encouraged and supported to do a wide range of activities and trips that they liked both in the service and in the community. Staff worked to forge links with the local community and in the summer had held a very successful fund raising barbecue in aid of a local children's hospice. They had supported one person who used the service to arrange working on a voluntary basis with the hospice on their fund raising. The provider ran a day service facility in a neighbouring borough and some people went there on a weekly basis. Everybody had visited the day service and tried the activities at some time but it was not suitable for some people and others preferred not to go. We saw that people went to college, swimming, shopping, to the pub, and out for meals. When they were at home they also did activities of their choice. One person enjoyed cooking and we saw that they baked a cake and also helped prepare lunch and the evening meal. The arrangements for social activities, education and voluntary work were robust and met people's individual needs.

We found that care plans were reviewed every six months and updated when needed. Staff told us that as well as getting information at shift handover they read daily reports and the diary to ensure that they were aware of any change in people's needs and were then able to respond appropriately. They also said that they would have a briefing meeting if there were any major changes or issues. This meant that staff always had current information about people's needs and how best to meet these.

People were supported and encouraged to raise any issues that they were not happy about. We saw that the service's complaints procedure was displayed on a notice board in a communal area. There was also a version with pictures and symbols to make it easier for people to understand. Contact numbers for the local authority were also displayed. One person told us, "Staff are kind but if I had to complain I would and tell my mum but staff are nice to me." We saw that when a complaint had been made this was taken seriously and the necessary action taken to address the issue. A social care professional told us that the provider responded well to issues and that when necessary this included providing mediation with relatives or external parties to resolve problems. People benefitted from a service that listened to and addressed complaints and concerns.

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Good

Is the service well-led?

Our findings

People were very happy with the service provided. We saw that in an independent review commissioned by the local authority and supported by a local advocacy service, people had said that the service they received was excellent and that they did not want to see any changes. Relatives spoke highly of the staff and felt the home was open and transparent. One relative told us, "[My relative] is very fortunate to have a good team around them. I cannot fault the home or staff. The manager is excellent. I attend all the reviews and the manager is so open and honest. I am very very happy [my relative] lives there and I have no concerns." Another said, "I have no concerns here. Staff and the manager are brilliant. They really do care for the people that live there." A social care professional told us that the home had the same manager in post for a number of years and that they knew people well and provided good support to the staff team.

There was a registered manager in post and a clear management structure. Staff were clear about their roles and responsibilities. In addition to the manager there was a deputy manager and senior staff. Senior staff were responsible for the daily running of the shift and there was always a senior or very experienced support worker on duty. At night the on call system was used if staff needed any support or guidance. There was also a file giving staff information about what they needed to do if the management team were not there and an emergency issue occurred.

Staff told us that they believed the service was well-led. They told us that people who used the service were listened to and their views respected. Also that the management team were open to suggestions and feedback. Staff said that they felt valued and empowered. One member of staff told us, "Everything is done as it should be. We get explanations all the time." They added that Cleveland House was a positive, calm environment with a good support system for people and for staff.

The registered manager and staff were committed to continuous improvement of the service and to improving people's quality of life. There was a clear vision and strong values and the registered manager supported staff to put these into practice. For example, by supporting the development of the small self-contained unit on site to enable one person to further develop their independence skills. Daily handover meetings and staff meetings were used to discuss this. We saw that staff meetings were also used to develop staff skills and knowledge. For example in one meeting they had discussed autism and safeguarding. Quizzes were used to test staff knowledge and understanding.

People were involved in the development of the service. They were asked for their opinions and ideas through 'service user' meetings, at their reviews, at meetings with their keyworker and informally during the course of the day. Different methods of communication were used to support people to express their views. This included easy read information, pictures and objects of reference. Staff also used their knowledge of people and their different ways of communicating to establish if the person was happy or not. People were listened to and their views were involved in decisions about the services and any possible changes. For example, the development of the self-contained unit in the grounds and the decoration of the lounge.

The manager monitored the quality of the service provided to ensure that people received the care and support they needed and wanted. This was both informally and formally. Informal methods included direct and indirect observation and discussions with people who used the service, staff and relatives. Formal systems included audits and checks of medicines, records and finances. A member of staff told us, "Things do get done and it is monitored closely, everything is in place.

People were provided with a service that was robustly monitored by the manager to ensure that it was safe and met their needs.

The provider had a number of different ways in which they monitored the quality of service provided. The registered manager was required to complete a monthly on line managers' report confirming checks and audits that had been carried out and any safeguarding, complaints or other significant events. This was then reviewed by the regional director. The regional director visited every three months to carry out a quality audit. We saw that these audits were detailed and covered a range of appropriate areas. For example, records and documentation, safety, medicines, safeguarding, complaints and staffing. Any points for action were clearly highlighted in red with time scales for completion. These were followed up by the regional director to ensure that action had been taken. The chief

Good

Is the service well-led?

executive of the organisation also visited services and spent time with people. One person told us about the chief executive's visits, what they talked about and what he said. Therefore, people were provided with a service that was robustly monitored by the provider to ensure that it was safe and met their needs.

The provider, Care Management Group (CMG) was committed to developing and improving services and to driving up standards. They held "Driving Up Quality' days in 2014 and 2015 to gain feedback from people who used their services, relatives, staff and external professionals. On these days they looked at what CMG did well and areas where people felt improvements could be made. Seven actions were prioritised and a plan put in place to achieve the desired result. Actions included making sure that people were more consistently involved in staff recruitment and holding an annual conference for family members to improve communication and get feedback. We saw that the first family conference was held in March 2015 and that an advanced leadership programme had been developed to support managers in moving their services forward. The provider also sought feedback from people who used the service and stakeholders (relatives and other professionals) by quality assurance surveys. People used a service where their feedback and opinions were actively sought and valued.

The provider had systems in place to recognise and celebrate outstanding work practice and held an annual staff awards ceremony. At this year's awards the deputy manager of Cleveland House won first prize as deputy manager of the year. This was in recognition of their commitment to the positive culture and ongoing development of the service and for their support to enable one person to realise their dream of attending a formula one car race.