Care Quality Commission

Ashrana Limited

Cleaveland Lodge

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

This inspection took place on 14 April 2015 and was unannounced.

The service provides care and support for up to 54 older people some of who may be living with dementia. On the day of our inspection there were 50 people living at the service.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe living at Cleaveland Lodge. They told us they were treated with dignity and respect. We saw staff interacting with people and they did so in a kin, caring and sensitive manner. Staff showed a good knowledge of safeguarding procedures and were clear about the actions they would take to protect people.

There were sufficient care staff to provide the care and support people required. Care staff had received training and were regularly supervised to ensure they provided good quality care.

The service had used the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards to ensure

Summary of findings

the human rights of people who may lack the mental capacity to make decisions was protected. We saw that mental capacity assessments had been carried out where people were not able to make decisions themselves.

When people moved into the service they were not always supported to carry on with activities or interests they had enjoyed when living in their own home. When people had particular communication needs they were not always supported to communicate effectively.

Quality assurance systems were not always effective. We found that some audits were carried out informally and were not effective. Where quality assurance surveys were carried out the results and associated actions were not communicated to people so that they could be assured their opinions had been listened to.

Care plans contained risk assessments together with plans on how the risks were managed. However, people did not always feel involved with or consulted about their care planning.

We found that people's healthcare needs were met. People told us they were supported by the service to access healthcare. Two visiting professionals told us that the service made referrals in a timely manner.

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?
The service was safe.

People told us they felt safe living in the service.

Staff understood their responsibilities to protect people from harm and knew how to respond and report any concerns about people's welfare.

There were sufficient numbers of staff, with the right competencies, skills and experience to meet people's needs.

Medicines were managed so that people received them safely.

Good

Is the service effective?
The service was effective.

Staff were trained and supported to meet people's individual needs.

The Deprivation of Liberty Safeguards (DoLS) were understood by staff.

People were provided with enough to eat and drink. People's nutritional needs were assessed and they were supported to maintain a balanced diet.

People were supported to maintain good health and had access to on-going healthcare support.

Good

Is the service caring?
The service was caring.

People were treated with kindness and their dignity was respected. Staff spoke with people in a kind and respectful manner.

Relationships between staff and people using the service were positive.

Good

Is the service responsive?
The service was not consistently responsive.

People did not always receive personalised care and support. Care plans were not reviewed with the involvement of the person.

Care and support was not always planned to enable people to continue with interests and hobbies they may have enjoyed before moving to the service.

People told us they knew how to complain. The service had a complaints procedure in place.

Requires Improvement

Is the service well-led?
The service was not consistently well-led.

Requires Improvement

Summary of findings

People did not feel that they were actively involved in developing the service. Quality assurance surveys were carried out but the results and any actions taken were not fed back to people and relatives.

Audits were carried out in an informal manner which meant that some items such as building maintenance issues were not identified.

Staff understood their role and felt supported by the management team.

Cleaveland Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 April 2015 and was unannounced.

The inspection team consisted of two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience on this inspection had experience of caring for older people living with dementia.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law.

During our inspection we spoke with five people who used the service, six visiting relatives, four health and social care professionals. We also spoke with the registered manager, the provider and three members of care staff. 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 the registered manager and the provider. We reviewed three people's care records and three staff recruitment files. We also looked at various records relating to the running of the service such as complaints records and staff training records.

Is the service safe?

Our findings

People told us they felt safe living in the service. One person said, "I feel safe and secure." A relative told us, "I feel [relative] is safe."

People were safe because systems were in place to reduce the risk of harm and potential abuse. Staff knew how to recognise and report any suspicions of abuse. They demonstrated their understanding of the procedures to follow if they witnessed or had an allegation of abuse reported to them. Staff received up to date safeguarding adults from abuse training and were aware of the provider's whistle blowing procedures and their responsibilities to report concerns to ensure people were protected from abuse. Our records showed that the service had reported safeguarding concerns appropriately and worked with the local authority to investigate these concerns.

We saw from the care records that there were risk assessments and management plans in place. They had been regularly reviewed and updated to reflect people's changing needs. For example when a person's continence needs had changed their risk assessment in relation to pressure ulcers had been updated.

Staffing levels at the service promoted consistency and good practice. People's needs had been assessed and staffing hours were allocated to meet their requirements. The manager advised us that the staffing levels were flexible and could be increased to accommodate people's changing needs. For example staffing levels had been increased over the Christmas period to meet increased demand. They told us that the management team regularly worked in the service which meant they were able to observe if staff numbers were sufficient and also to provide cover in case of emergencies. Our discussions with staff and people who used the service confirmed this.

People had their health and welfare needs met by staff that had been recruited safely. We saw that prior to being offered employment staff had attended an interview and relevant checks such as the Disclosure and Barring Service and references had been obtained to ensure they were suitable to work in the service.

People's medicines were generally well managed. We found an issue with medicines which had been refused by the person being kept, after being dispensed, to be offered later in the day. This was immediately addressed by the registered manager to ensure people received their medicine safely. We observed staff administering medication to people. We saw that they took time to explain to people that it was time to take their medication and to provide a drink of their choice to take the medicine with. There were policies and procedures in place for staff to follow and training of designated staff had taken place so that they could administer and manage medicines safely. Their competence to administer medicines had been regularly assessed.

Is the service effective?

Our findings

People were cared for by a staff team that were skilled to meet their needs effectively. People told us they were looked after well. One person said, "They know what they are doing."

Staff joining the service received an induction which covered core skills such as moving and handling, infection control and privacy and dignity. Part of the induction was to carry out four shadow shifts. At the end of each shadow shift the senior carer completed a written evaluation of the member of staff's progress and provided feedback. This ensured that new members of staff were competent to provide care before working as a full member of the care team.

Staff received regular support and supervision to ensure they delivered care and support to a good standard. One staff member said, "I receive regular supervision." Records confirmed that care staff received regular supervision sessions which covered areas such as training, personal development, performance, including behaviour, attitude and personal style. Areas for improvement and the member of staff's key responsibilities were also covered at supervision sessions.

People's care plans contained an assessment of their mental capacity and where appropriate best interest decisions and been made and these were documented. Examples of where mental capacity assessments had been carried out included consent to personal care and the managing of a person's medicines by the service.

We spoke with one person who told us they wanted to leave the service and move back home. The service had made an application under the Deprivation of Liberty Safeguards (DoLS). This had not been approved by the local authority. We spoke with the registered manager who told us that this situation was under review by the person's social worker. They were aware of their responsibilities if the person wanted to immediately leave the service.

During our inspection we saw that the front door to the service was locked and could not be opened without a key. Staff told us that members of staff had a key and could let people in and out when requested. We discussed this with the registered manager and the provider. They told us that the door was locked to ensure people's safety. We saw one person trying to open the door to exit the service but then become distracted and walk away. The registered manager told us that this person had recently moved into the service and as yet an application to the local authority under DoLS had not been made. The registered manager told us they would review the locking of the front door and consider methods of allowing the door to be opened from the inside without the need for a key.

People told us the food was good. One person told us, "I've no complaints." We observed the lunch time meal and saw there was a relaxed and pleasant atmosphere with residents and staff chatting in a friendly manner. Those people that needed support with eating were assisted by care staff seated at the appropriate level. When people had finished their meal staff asked, "Have you finished?" and "Would you like some more." We observed that nutritional snacks and a choice of drinks were offered throughout the day.

Care records showed that the service used the Malnutrition Universal Screening Tool (MUST) to assess and monitor people's nutrition. Where a risk had been identified nutrition and weight charts were in place. Records showed where appropriate referrals had been made to a person's GP or dietician.

People told us that their healthcare needs were met. One person described to us how they had found it reassuring when a care worker had accompanied them to hospital. We spoke with two visiting healthcare professionals who told us that the service made referrals when appropriate and in good time. Records we looked at showed when a person had been visited by a healthcare professional and the outcome of the visit.

Good

Is the service caring?

Our findings

People told us that they were treated with kindness and compassion. One person told us, "I'm glad I'm here." Two recent written compliments received by the service described the service as caring with one saying 'Thank you for the kind care that your staff always gave.'

People felt they got on well with staff and we observed that staff were kind, caring and supportive towards residents. One person had a small wound which had started to bleed. A staff member was kind and supportive as they dealt with the bleeding. A relative told us how staff always used their relatives name when they addressed them. People looked relaxed and comfortable with the staff during our visit. They could choose what to do, where to spend their time and who with. Some people spent time in their bedrooms whilst others chose to sit in communal areas watching television or talking with staff.

One person told us, "If you want to have a chat with them staff will sit and have a chat." We observed a member of staff sitting with a person a completing a jigsaw. The member of staff engaged in relaxed conversation whilst encouraging the person to complete the puzzle.

The registered manager told us that people and their relatives were encouraged to visit the service before moving in to decide if it would suit them. After people had been living at the service for three months a review was carried out to ensure they were satisfied with the care and support they were receiving and if any changes were required.

We observed that staff supported people to make decisions as much as they were able to. For example when lunch was being served if a person could not decide what to eat staff showed them the selection of food available so they could see what was available and make a choice.

People's spiritual and cultural needs were supported by staff and these were recorded in their individual support plans. A member of staff told us that some people go out to the local church and others had church members visit them. On the day of our inspection members of the local church were visiting.

People said that staff respected their dignity when providing personal care. They told us that staff knocked on their door and waited for permission before entering. One person said that staff asked permission to help them get dressed and that they closed the curtains and door to ensure privacy. We observed that people's bedroom doors were closed when personal care was being provided.

Requires Improvement

Is the service responsive?

Our findings

The service was not consistently responsive to people's needs.

People said they were not involved in their care planning. When asked one person said, "Not really, no." The registered manager told us that care plans were updated monthly but records did not demonstrate that people had been involved with the review.

Care plans contained a detailed life story book which recorded a person's hobbies and interests prior to moving into the service. However, these had not been used to support people to carry on with these hobbies and interests. One person told us that they had made model boats, another person told us that they had been a market gardener and enjoyed growing fruit and vegetables. Neither of these activities had been facilitated by the service. A visitor told us that their relative had enjoyed cooking, flower arranging and various handicrafts. They felt that their relative did little of this at the service.

However, some people were able to continue with activities they enjoyed. For example two people told us they enjoyed reading. The service had arranged for the library to attend and change the books available to people.

Another person living in the service received regular visits from the Royal Association for Deaf People (RAD). A visitor from RAD expressed concern that there was nobody working in the service able to communicate with the person. The person had two cards in their room one for bath and one for toilet. However, these had been left out of reach of the person. There was some evidence in the daily record book that a care worker had used written communication but this was not consistent. Nobody was able to communicate with the person using sign language when RAD had left. We discussed this with the registered manager who told us that staff were able to communicate with the person from facial expressions and may be able understand what they vocalised. During our discussions it we found that one member of staff could finger spell but the service had not been aware of this and had not being using this member of staff's' skill.

A visitor told us that, "They do not always tell [relative] what they're going to do" and commented that she felt this was disconcerting for her mother. She went on to say that there was a language barrier which could result in a misunderstanding. We spoke with a member of the management team about this who told us that this had been raised in a recent quality assurance survey and staff had been instructed that English should be spoken at all times.

The service had a laptop computer which would enable people to keep in contact with friends and relatives by e mail or video conferencing. The manager told us that on person used it to keep in contact with family who lived abroad.

People told us that they did know how to make a complaint but that they had no reason to. They told us they felt they would be listened to if they did complain. The service had a formal process to respond to and investigate any complaints made. Records showed that where a complaint had been made it was investigated and recorded according to this process.

Requires Improvement

Is the service well-led?

Our findings

The service was not consistently well-led.

People told us that they did not recall attending any residents meetings to give their input into the running of the service. When asked one person said, "Not that I recall, "another said, "I don't remember ever having gone to one." We asked the registered manager if there had been any meetings with residents or relatives and they told us they were held every three months. However, the senior carer, who was present, told us that meetings had not taken place recently. There was confusion between the staff and management as to whether meetings should have taken place.

The service carried out regular surveys of staff and residents. The most recent survey had been carried out in February. We saw that the results of the survey had been analysed and in some cases actions had been put into place to address any shortcomings. For example, the service was planning to refurbish the laundry in the near future following concerns about missing laundry. However, people we spoke with could not recall being asked their opinion of the service. We asked a representative of the provider how the results and actions taken as a result of the survey were communicated to people and their relatives. They told us that the results had not been fed back to people or their relatives. This meant that when people had completed a survey lack of information about the results and actions taken meant they did not feel involved or empowered.

The registered manager told us they carried out regular audits of care plans. However, when we inspected care plans we found that some documentation was duplicated and in some cases the same information was recorded in differing formats within the care plan. For example care plans contained two different forms to record accidents. People's MUST score was also recorded on two different forms. We asked the registered manager about there being two different forms. They told us that they had introduced new forms for the recording of accidents and people's MUST score but it appeared that staff had continued to use both forms. Duplicate forms may lead to confusion by staff when recording and appropriate referrals to other care professionals not being made. It also meant that the auditing of the care plans had not been ineffective.

During our inspection of the service we noticed that there was a film of dust on surfaces in one of the bathrooms and that two of the toilets had inadequate locks. We asked what formal auditing of the condition of the building and cleaning took place. The registered manager told us that as they believed one of the locks had been repaired and that they checked the condition of the building and the quality of the cleaning as they carried out their duties each day. There was no formal process to ensure the service was adequately cleaned and maintained.

People told us they knew the management team and that they were available in the service to speak to if needed. One person told us that they had got to know the manager and the staff. A visitor identified a member of staff that they felt able to talk to if they were concerned about their relative.

Staff were complimentary about the management team. They said that they received regular supervisions and attended regular staff meetings. One staff member said, "The managers are supportive and approachable. They are available out of hours for advice and support." Another member of staff said, "I receive regular supervision and attend the staff meetings that are regularly arranged."

The service had links with the local community. On the day of our inspection we saw that members of the local church were visiting the service to provide spiritual support to people. A member of staff told us that some people go to church and others have church members visit them. The registered manager told us that the service had recently engaged with an initiative by the local authority called Friends and Neighbours. This initiative aims to involve the local community in supporting care homes, for example with gardening or providing one to one support to people with different activities.