

Cliffe Vale Residential Home Limited

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## Inspection report

228 Bradford Road  
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West Yorkshire  
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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Cliffe Vale residential care home is situated in the Shipley area of Bradford. The home provides accommodation and personal care for up to 26 people, including people living with dementia. Accommodation is provided over three floors. At the time of the inspection there were 24 people living at the home.

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

Systems to monitor and check the service were in place but these needed to be more thorough to ensure the service consistently met the required standards. Improvements were needed in the management of fire safety, including checks on equipment, documentation and staff training. Medication was not always managed safely. Records showed people did not always receive their medicines on time.

Audits and checks were in place to monitor the quality of the service. Improvements were required to ensure they highlighted any shortfalls promptly. The registered manager was approachable and visible. They were open and honest throughout the inspection and were committed to addressing the issues we highlighted.

Recruitment was safely managed. The staff team were consistent and experienced and had the skills to support people appropriately. They were knowledgeable about people and the topics we asked them about. They did not always receive regular supervision and appraisal.

People's care needs were assessed, and they received person-centred care from staff who understood their needs well. People's care plans were detailed and up to date. The service was caring and there was a homely and relaxed atmosphere throughout. People were relaxed and comfortable and were treated in a warm and respectful manner. Some activities were available to people, but these were limited. We have made a recommendation about introducing more personalised activities.

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. Improvements were needed to some documentation to fully evidence compliance with the Mental Capacity Act (MCA). We have made a recommendation about updating people's documentation to fully reflect their involvement.

The service was responsive to people's health and social care needs. There were very close links with health professionals and other agencies to ensure people's health and nutrition needs were met and changes responded to promptly. We received positive feedback from health care professionals. One stated, "Cliffe Vale is a lovely care home. Staff are competent and very friendly and helpful."

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 22 June 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have found evidence the provider needs to make improvements. We have identified breaches in relation to the management of fire safety, medicines and governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Cliffe Vale Residential Home Limited

## **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.

#### Inspection team

The first day of the inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who use this type of care service. The second day of the inspection was carried out by one inspector.

#### Service and service type

Cliffe Vale is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed the information we received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We asked for feedback from the local authority and

commissioning teams. We used all of this information to plan our inspection.

#### During the inspection

We spoke with six people and three relatives about their experience of the care provided. We spoke with the nominated individual and the registered manager. The nominated individual is responsible for supervising the management of the service in behalf of the provider. We spoke with nine staff including the deputy manager, care coordinator and four care workers. We spoke with one health care professional. 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 reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

The registered manager sent us further documents after the inspection. We received information from two health care professionals. This was considered as part of the inspection.

# 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 good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk people could be harmed.

Assessing risk, safety monitoring and management

- The fire risk assessment had been completed by the provider in October 2011. It had been reviewed in 2014. It is a legal requirement for all premises to have a fire risk assessment which must be completed by a suitably competent person. The fire system had not been serviced since 2016.
- Staff training on how to prevent and respond to a fire was not up to date. However, staff had a good understanding about how to respond if there was a fire.
- Personal Emergency Evacuation Plans (PEEP's) were in place for the people who lived at the home. However, these would benefit from containing more person-centred detail.
- We spoke to the nominated individual and registered manager about this. Following the inspection, we notified the fire officer about our concerns regarding fire safety at the home.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. On the second day of the inspection the fire system had been professionally serviced and fire training had been scheduled.

- Safety and environmental checks were undertaken. Apart from the fire systems the premises were monitored and maintained.
- Risks to people's health and safety were assessed. They included areas such as falls, pressure ulcers and nutrition. Staff were aware of the risks to people they supported and were able to give examples of how they supported them.

Using medicines safely

- Medicines were not always managed safely.
- The service was not always responsive to people's needs when administering medicines. The home started the morning medicines round at 10am. We were told this was because most people chose to get up later however, on both days of the inspection we found most people were up between 8am and 9am. Senior staff told us they offered people's medicines in alphabetical order. This was not responsive to people's needs. Where people were prescribed medicine four times per day we could not be assured there were appropriate gaps between doses.
- People who were prescribed medication to be taken 30 to 60 minutes before food were not receiving their

medication as prescribed. This meant the medication was not effective.

- Protocols were in place for people who needed 'as required' medicines. However, they would benefit from more person-centred detail to ensure medicines were administered consistently.

We found no evidence people had been harmed however, systems were not in place to ensure people received their medicines on time. This represents a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded during and after the inspection. On the second day of the inspection we saw they had reviewed the times of medicines rounds. Processes had been put in place to ensure people were receiving their medicines at the right time.

- The service had good systems in place to ensure the safe and secure storage of medicines.
- Staff who supported people with their medicines received regular training. Competency checks were carried out in line with good practise.

Staffing and recruitment: Systems and processes to safeguard people from the risk of abuse

- People and relatives said there were enough staff and they felt safe and secure. One person said, "Yes, there are plenty of staff and they are nice. I don't have to wait long."
- Safe staffing levels were maintained. The number of staff was regularly reviewed to reflect the needs of people living in the home. Staff turnover was low which meant people received support from an experienced and consistent team.
- Robust recruitment procedures were in place to ensure only staff suitable to work were employed.
- Staff received safeguarding training. They had a good understanding about how to raise concerns. Safeguarding referrals had been made appropriately and actions put in place to ensure the safety of people.

Preventing and controlling infection

- The home was clean and tidy on the days of the inspection.
- Staff completed training in infection control. We saw they had access to gloves and aprons when supporting people with personal care or serving food.
- The home's kitchen had recently been inspected by the local authority. The requirements identified had been addressed by the provider.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed to identify any themes and trends.
- As a result of an incident we saw changes had been made to the security of the building and a person's care plan. A 'Herbert Protocol' had been introduced. This is information for people who are vulnerable which may be of use if the person goes missing.



# 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 good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff spoke positively about the support they received. However, they had not received regular supervision and appraisal. The home's supervision policy stated care staff should have a minimum of four supervisions a year. Records showed staff were not receiving regular supervision or an annual appraisal. This meant staff did not regularly reflect on their practice and development. We asked the registered manager about this who recognised there was work to be done to ensure all supervisions and appraisals were completed.
- Staff received a range of training to support them in their role. All staff had been registered for the Care Certificate. Most staff had completed this. This involved competency assessments by an external assessor. Plans were in place to introduce oral health training.
- New staff received an induction, training and the opportunity to shadow experienced staff.

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 authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We observed staff routinely asking for consent from people before they provided care and support. We observed interactions which were friendly and discrete.
- People were able to make choices which were respected by staff. Staff understood their responsibilities under the MCA.
- Appropriate DoLS applications had been made in a timely manner by the service.
- Where people lacked capacity to make decisions for themselves clearer information about their capacity and showing decisions had been made in their best interests needed to be recorded. Individual decisions needed to be recorded in a clearer way to show the involvement of people and their representatives.

We recommend the provider seek advice and guidance from a reputable source, about working within the principles of MCA.

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

- People's needs were assessed before being offered a service. The information gathered during the assessment was used to develop care plans and risk assessments. They described the support required and contained person centred information.

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

- The building was adapted to meet people's needs. People had a choice of lounge and dining areas and access to a safe garden area. One person said, "I like it here, look at this lovely room and the chairs how nice they are, and we are all very warm it's lovely."
- There were limited adaptations to support people living with dementia to orientate themselves and some areas of the home looked worn. The registered manager told us there was an ongoing programme of refurbishment which would include consideration for people who were living with dementia.
- People's bedrooms were spacious and personalised.

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

- People's nutritional needs and nutritional preferences were met. One person described the food as "smashing".
- The mealtime experience was relaxed and sociable. Where people needed help with their meals this was done sensitively and not rushed.
- People's nutritional needs were assessed and met by the service. People's weights and details of food and fluids intake were monitored when this was part of their care plan. We found one person whose records indicated they were not drinking the appropriate amount of fluids. The registered manager told us they thought this was an issue with recording and we felt assured this would be addressed.

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

- People's healthcare needs were met.
- Care plans contained detailed information about people's health needs and records showed they had access to a wide range of health and social care professionals.
- Feedback from external health professionals was positive. One professional told us staff followed advice and said, "They know people very well and they are 'on the ball'".

# 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 good. At this inspection this key question has remained the same. 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 looked relaxed and comfortable around staff and there was a homely atmosphere. One person said, "I am very happy living here. We are one big happy family."
- We observed staff interacted warmly with people. Staff knew people's communication needs well and were able to communicate effectively with them. There were periods during the day when staff could have made more use of the opportunity to chat with people. On the first day of the inspection we observed many interactions between staff and people which were task focussed rather than a conversation or an activity.
- There were a high number of visitors to the home and they were made to feel welcome. The ambience in the home was welcoming and inclusive.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us they were supported in a respectful and dignified manner.
- Staff were conscious of maintaining people's privacy and dignity.
- Care plans promoted people's independence. A staff member told us one person's health needs fluctuated but support was given to encourage them to continue to feed themselves when they were able to. Staff told us this promoted the person's confidence and self-esteem.

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

- People told us staff listened to their views and gave examples of how care and support was provided to reflect their wishes.
- Staff had formed good relationships with people and engaged affectionately with people. We observed staff routinely offering people choices and listening to their response.
- People and relatives had completed a survey about their views and feedback was good. One relative said, "I feel confident in the staff as they do listen, and I feel I can ask them."

# 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 good. At this inspection this key question has remained the same. 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

- People and relatives said person centred care was provided.
- People's care needs were assessed, and a range of care plans put in place. Care plans were reviewed monthly and they contained clear and person-centred information.
- Staff were knowledgeable about the people they were supporting and referred to care plans regularly. One staff member told us they had recently referred to a person's care plan to find out more about their life history. They told us this information helped improve bonds with people.
- Mechanisms were in place to ensure the service was responsive. There were three daily handovers to ensure staff were up to date with any changes. We attended a handover and saw clear information was shared to ensure staff coming on duty were up to date with key information.

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 be involved in some activities. The home had purchased an electronic photo display which highlighted recent activities and outings. The registered manager told us people who lived in the home enjoyed looking at this.
- The home did not employ an activity coordinator. Feedback about activities was mixed. The home opened the Cliffe Vale bar regularly and had movie nights. Daily group activities were available at a set time every afternoon and people had recently enjoyed a trip to a local restaurant. On the days of our inspection there was a limited number of people involved in the table top activities offered.

We recommend the provider reviews the options for more people to be able to participate in personalised activities over the course of the day.

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.

- The service identified people's needs by assessing them.
- Care plans included information about how to communicate with people. The registered manager told us they could change the format of information if this was required.

End of life care and support

- People's end of life wishes was detailed in their care plans. The content of the plans were varied and some lacked person-centred information.
- Feedback from health professionals was complimentary about the support Cliffe Vale offered to people at the end of their life.
- We saw a range of cards from relatives thanking staff their support. One card read, "[Person] was so well looked after and loved by you all, everything was perfect right to the very end."

Improving care quality in response to complaints or concerns

- The provider had a system to monitor complaints and concerns. The information was used to understand how they could improve and what they were doing well.
- People and relatives told us they knew how to complain.

# 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 good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high quality, person-centred care.

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

- Quality monitoring systems were in place, but they had not always been effective. They had not identified some of the issues we identified as part of our inspection, including medicines, staff supervisions and fire safety.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate governance was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was clear about their responsibility to be open and honest. Staff were clear about their roles. They received information through induction and training and about what was expected of them.
- The registered manager had complied with the requirement to notify CQC of various incidents, so we could monitor events happening in the service.

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

- The manager was visible. They worked flexibly and were 'hands on'. The home did not use any agency staff and any shortfalls were supported by a member of the management team. This meant people received experienced and consistent care.
- Staff praised the home and the way it was run. They said the registered manager was approachable and supportive. One staff member said, "The office door is always open, and you can pop in whenever you want to."
- Staff worked well together and demonstrated team work. One staff member said, "It's friendly. It's like family. We work well as a team and we support each other."

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

- Meetings were held regularly, and staff felt involved in the day to day running of the home.
- The provider had conducted a survey with people and relatives. They had summarised the findings and

this was displayed in the foyer of the home.

Continuous learning and improving care; Working in partnership with others

- The registered manager understood their responsibilities and was committed to learning and improving care. The registered manager and their team welcomed feedback and responded quickly to issues identified on the first day of the inspection.
- Accidents and incidents were regularly reviewed and used to inform plans.
- The registered manager attended the registered manager network. They also had links with the local college and supported students on placements.
- Records showed staff engaged with a range of health and social care professionals and their feedback was positive.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The service did not have up to date fire procedures. Medicines were not managed safely and systems were not place to ensure people received their medicines on time.</p> <p>Regulation 12 (2) (a) (b) (d)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There was a lack of effective systems to monitor quality and safety.</p> <p>Regulation 17 (1) (a) (b)</p>