Cleveland Lodge Limited

Cleveland Lodge

Inspection report

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Ratings

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

Overall summary

Cleveland Lodge is a care home which provides accommodation and personal care for up to 29 older people, some of whom have dementia. At the time of our inspection 23 people were resident at Cleveland Lodge.

This inspection took place on 10 November 2014 and was unannounced. We returned on 11 November 2014 to complete the inspection.

There was a registered manager in post at the service. 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 and associated Regulations about how the service is run.

The service did not have an accurate record of medicines they held for people. This increased the risk that people's medicines, including controlled drugs, may be misused.

People who use the service appeared relaxed and content. Relatives were positive about the care people received and praised the quality of the staff and

Summary of findings

management. Comments from relatives included, “They know (my relative) and always provide the care he needs”; and “The care staff are excellent. They know what they’re doing and do it in a very caring way”.

Relatives told us they felt people were safe when receiving care and were involved in developing people’s care plans. Systems were in place to protect people from abuse and harm and staff knew how to use them.

Staff understood the needs of the people they were supporting. We saw that care was provided with kindness and compassion.

Staff were appropriately trained and skilled. They received a thorough induction when they started work at the service. They demonstrated a good understanding of their roles and responsibilities, as well as the values and philosophy of the service. The staff had completed training to ensure the care and support provided to people was safe and effective to meet their needs.

The service was responsive to people’s needs and wishes. We saw that people’s needs were set out in clear, individual plans. These were developed with input from the person and people who knew them well. Relatives were confident that they could raise concerns or complaints and they would be listened to.

The provider and registered manager assessed and monitored the quality of care. The service encouraged feedback from people and their relatives, which they used to make improvements.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

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?

Requires Improvement

The service was not always safe. Medicines were not always managed well and there was not an accurate record of the medicines held in the home. This increased the risk that medicines may be misused.

There were sufficient staff to meet people's needs safely. People felt safe because staff treated them well and responded promptly when they were distressed or called for assistance.

Systems were in place to ensure people were protected from abuse. People were supported to take risks and there were plans in place to manage the risks they faced.

Is the service effective?

Good

The service was effective. Staff had suitable skills and received training to ensure they could meet the needs of the people they supported, particularly needs associated with dementia.

People's health care needs were assessed and staff supported people to stay healthy. People were supported to eat and drink enough to meet their needs.

Staff recognised when people's needs were changing and worked with other health and social care professionals to make changes to their care package.

Is the service caring?

Good

The service was caring. People's relatives spoke positively about staff and the care they received. We observed that staff were caring in their contact with people.

People's care was delivered in a way that took account of their individual needs and the support they needed to maximise their independence.

Staff provided care in a way that maintained people's dignity and upheld their rights. Care was delivered in private and people were treated with respect.

Is the service responsive?

Good

The service was responsive. People and their relatives were supported to make their views known about their care and support. People were involved in planning and reviewing their care.

Staff had a good understanding of how to put person-centred values into practice in their day to day work and provided examples of how they took an individual approach to meet people's needs.

Relatives told us they knew how to raise any concerns or complaints and were confident that they would be taken seriously.

Summary of findings

Is the service well-led?

Good

The service was well led. The provider and registered manager provided strong leadership, demonstrating values, which were person focused. There were clear reporting lines from the service through the management structure.

Systems were in place to review incidents and audit performance, to help identify any themes, trends or lessons to be learned. Quality assurance systems involved people, their representatives and staff and were used to improve the quality of the service.

Cleveland 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 to assess 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 10 November 2014 and was unannounced. We returned on 11 November 2014 to complete the inspection.

The inspection was completed by one inspector. Before the inspection we reviewed previous inspection reports and all other information we had received about the service, including notifications. Notifications are information about specific important events the service is legally required to send to us.

During the visit we spoke with three relatives, four care staff, the training manager, the provider and the registered manager. 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 spent time observing the way staff interacted with people who use the service and looked at the records relating to care and decision making for three people. We also looked at records about the management of the service. We spoke with a visiting GP and district nurse during the visit and a chiropodist and medicines auditor by telephone after the visit.

Requires Improvement

Is the service safe?

Our findings

Medicines held by the home were securely stored and people were supported to take the medicines they had been prescribed. We saw that a medicines administration record had been completed, which gave details of the medicines people had been supported to take, a record of any medicines people had refused and the reasons for this. Although people were supported to take their medicine, we saw that the records of medicines held in the home were not always accurate. For example we saw that the records for one person said the home held 181 more paracetamol tablets than they actually held. Another person's records stated the home held 44 more paracetamol tablets than they actually did.

We also saw that there was not an accurate record of controlled drugs held in the home. Controlled drugs are medicines which may be misused and there are specific ways in which they must be recorded and stored. There were two controlled drugs that were recorded as being held in the home but were not available. The registered manager reported that these had been returned to the pharmacist as they were no longer needed, but the record had not been kept up to date. We also saw that the records for a third controlled drug had not been kept up to date, with no record of the balance held. This medicine was not available in the home and the registered manager reported that it had also been returned to the pharmacist as it was no longer needed. The registered manager had a receipt from the pharmacist for the medicines, but the controlled drugs register had not been kept up to date. The lack of an accurate record of medicines held in the home increased the risk that medicines, including controlled drugs, may be misused.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

All of the relatives we spoke with said they felt people living at Cleveland Lodge were safe. Comments included "I feel (my relative) is safe here"; and "The care staff are excellent, they know what they're doing". During our observations we saw that staff intervened where necessary to keep people safe. For example, we saw staff provide assistance for one person to use cutlery safely and not carry a table knife whilst walking around the lounge. At other times staff provided support for people to walk in safe areas of the home, which minimised the risk of falls and injury to other people.

Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. They had access to information and guidance about safeguarding to help them identify abuse and respond appropriately if it occurred. Staff told us they had received safeguarding training and we confirmed this from training records. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. They said they would report abuse if they were concerned and were confident the registered manager or provider would act on their concerns. Staff were also aware of the whistle blowing policy and the option to take concerns to agencies outside Cleveland Lodge if they felt they were not being dealt with. Before the inspection we received concerns about the way people were treated at Cleveland Lodge, which were shared with Wiltshire Council as the local safeguarding authority. We spoke with the social worker who had carried out an investigation into the concerns, who reported that their investigation had not substantiated the allegations and the safeguarding case had been closed. The social worker said they had received positive feedback about people's safety and the way they were treated.

Risk assessments were in place to support people to be as independent as possible, balancing protecting people with supporting people to maintain their freedom. We saw assessments about how to support people to manage continence, the risk of pressure ulcers, support to minimise the risk of falls and support to manage the risk of malnutrition. The assessments had been completed with input from people who knew the person well and professionals involved in their care.

The staff we spoke with demonstrated a good understanding of these plans, and the actions they needed to take to keep people safe. We saw that some of the falls risk assessments had not been reviewed within the dates that were stated on them. The registered manager reported that this had been an oversight and said she would take prompt action to review the assessments. Although some

Requires Improvement

Is the service safe?

assessments had not been reviewed by their specified date, we did see that any falls people did have were monitored, and that appropriate action had been taken, including updating the falls risk assessment where necessary.

Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions that may prevent them working with vulnerable people.

Sufficient staff were available to support people. Relatives told us there were enough staff available to provide care for people when they needed it. Comments included, "There are enough staff available and they come quickly"; and "There are always enough staff available". Staff told us they were able to provide the care people needed, with comments including, "Staffing levels enable us to sit and talk with people"; and "Management will help with staffing levels". Staff said they worked together to cover sickness to ensure people's needs were met. We spoke with a visiting GP and a district nurse, who both said they found there were sufficient staff available during their visits. During our observations we saw staff responding promptly to people's requests for assistance, for example if people called out from their room or when people became upset. We saw that staff were able to take their time with people, ensuring they were settled and safe before moving on.

Before the inspection we received concerns that the home was not always clean. During the visit we saw all communal areas, bathrooms and a sample of the bedrooms. We saw that all areas of the home were clean and fresh smelling. Relatives told us they were happy with the cleanliness of the home. The district nurse told us they had found the home clean and had observed staff following good infection control procedures. We spoke with a social worker who said they had found the home clean, commenting that there had been a marked improvement in the cleanliness of the home over the last few months. The home had infection control procedures in place, which we saw were being followed. For example, staff wore suitable protective gloves and aprons and laundry was well managed, with soiled items being transferred in soluble bags which were then placed straight into washing machines. Used continence pads were disposed of in a macerator so that they did not sit in bags and have to be transferred through the home to the bins. This helped to minimise the risk of cross contamination.

Good

Is the service effective?

Our findings

Staff told us they had regular meetings with their line manager to receive support and guidance about their work and to discuss training and development needs. We saw that these supervision sessions were recorded and the manager had scheduled regular one to one meetings with all staff throughout the year. Staff said they received good support and were also able to raise concerns outside of the formal supervision process. Comments from care staff included, "We have good support. Managers listen to feedback from staff" and "I have regular supervision meetings and feel well supported". We saw that care staff who were new in post were completing an induction.

Relatives told us staff understood people's needs and provided the care they needed, with comments including, "They know (my relative) and always provide the care he needs"; and "Staff understand people with dementia and are able to meet their needs".

Staff told us they received regular training to give them the skills to meet people's needs. Staff received a thorough induction and training on meeting people's specific needs, including the needs of people with dementia. This was confirmed in the training records we looked at. The training manager told us they had established links with the Alzheimer's Society and had accessed specialist dementia training and support. There were also plans for a senior member of the care team to train to be a 'dementia champion'. This person would be a source of knowledge and experience for all staff to consult and would also act as a role model within the team. We saw that in addition to one to one meetings with staff, managers conducted observations of practice, to assess whether staff were implementing the skills and knowledge they had gained in training.

Staff demonstrated a good understanding of the principles of the Mental Capacity Act 2005 (MCA) and how the Deprivation of Liberty Safeguards (DoLS) worked. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The Deprivation of Liberty Safeguards are part of the Act. The DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict or deprive them of their freedom.

At the time of the inspection there were no authorisations to restrict people's liberty under DoLS, although authorisations had been sought and agreed for people who had previously used the service. Staff understood the importance of assessing whether a person had capacity to make a specific decision and the process they would follow if the person lacked capacity. We saw capacity assessments and best interest decision making processes had been followed where necessary, for example in relation to people receiving their medicines and personal care. Decisions had been made with input from relatives, people's GP, district nurse and social workers.

Relatives told us people seemed to enjoy the food and the home provided alternatives for people where they did not like the food on the menu. Comments included, "He (their relative) eats very well, the food is good" and "The food is very good". We saw that there was one main meal for the day, but that alternatives were provided to meet people's specific likes / dislikes or dietary needs. For example, we saw that one person who did not want to sit down to eat lunch was offered support to eat in a different area or to have some alternative food. Staff provided good support to the person, who decided that they would eat a sandwich that had been offered to them. We also observed staff providing good support for people who needed help to eat. Staff sat with people, explained what the food was and ensured people were ready to eat and in a good position before offering them a spoon of the food. Although some people became upset during lunch, staff provided support to reassure them and the atmosphere was generally calm and relaxed during the meal. People's specific dietary needs were recorded in their care plans and staff demonstrated a good understanding of them. For example, staff were clear who needed to have a soft diet because of swallowing difficulties and what consistency people needed their drinks thickening to.

People were able to see health professionals where necessary, such as their GP, district nurse or dentist. The GP told us that staff had worked well with him to establish a regular surgery in the home, where he could address all on-going and non-urgent issues. The GP said the staff still made appropriate referrals in more urgent cases. One

Good

Is the service effective?

relative told us, “They called a paramedic very quickly recently when (my relative) was ill ”. The relative said the home had worked very well to provide her with support, as well as meeting her husband’s needs. People’s care plans described the support they needed to manage their day to day health needs. These included personal care, skin management, preventing falls and medicines management . Staff monitored people’s skin when providing personal care and any concerns were recorded and communicated to senior staff and the district nurse if required. Where district nurses were involved in managing people’s health, staff were clear of their responsibility to follow instructions provided by professionals, to monitor and report any concerns. We spoke with a visiting district nurse, who told us staff worked well with her and had a good understanding of people’s needs, specifically regarding dementia care.

Good

Is the service caring?

Our findings

Relatives told us people were treated well and staff were caring. Comments included, “Staff are, without exception, caring”; and “I am very happy with the care provided”. We observed staff interacting with people in a friendly and respectful way. Staff respected people’s choices and privacy and responded to requests for support. For example, we observed staff providing discreet support when one person became confused and tried to undress in a lounge and staff provided reassurance and comfort when people were upset and distressed.

Staff had recorded important information about people, for example, family life, likes and dislikes and important relationships. People’s preferences regarding their daily care and support were recorded. The home had worked with relatives to gain an understanding about these issues where people were not able to tell staff themselves. Staff demonstrated a good understanding of what was important to people and how they liked their care to be provided, for example people’s preferences for the way their personal care was provided and how they liked to spend their time. Staff were aware of how people reacted differently and the methods they could use to help people when they were upset or distressed. This information was used to ensure people received care and support in their preferred way.

People and those who knew them well were supported to contribute to decisions about their care and were involved wherever possible. For example, one relative told us they had regular review meetings with staff to discuss how their care was going and whether any changes were needed. Details of these reviews and any actions were recorded in people’s care plans. The service had information about local advocacy services and had made sure advocacy was available to people. This ensured people and their relatives were able to discuss issues or important decisions with people outside the service.

Staff received training to ensure they understood how to respect people’s privacy, dignity and rights. This formed part of the core skills expected from care staff and was being assessed as part of the training manager’s observations of practice. Relatives told us staff put this training into practice and treated people with respect.

Staff described how they would ensure people had privacy and how their modesty was protected when providing personal care, for example ensuring doors were closed and not discussing personal details in front of other people. Staff reported that there was a strong culture amongst the home that care must be provided in a way that was dignified and ensured people’s privacy.

Good

Is the service responsive?

Our findings

Relatives told us they were able to visit at times which suited them and said there were arrangements in place to keep people occupied with activities they enjoyed. During the visit we observed people taking part in an exercise session. This was well attended and appeared to be a calm, relaxing, social occasion for people. We observed some people chatting and laughing with each other during the session. The session leader had a good knowledge of people's individual needs and provided gentle encouragement for people to take part in the exercises.

The provider had researched the needs of people with dementia in relation to activities, and had provided a number of items people could use for visual and tactile stimulation. For example, there was some sensory equipment in one area which provided light, smell and sound stimulation and there was period furniture, which some people responded to positively. The provider said he monitored people's response to the various items to assess whether it was a positive experience for them. Staff told us there were activities planned each day, including time to spend with people on a one to one basis if they preferred to stay in their room. This helped to reduce the risk of social isolation.

Each person had a care plan which was personal to them. Care plans included information on maintaining people's health, their daily routines and personal care. The care plans set out what their care needs were and how it was thought people wanted them to be met. The plans contained detailed and specific information, including information from health and social care professionals where necessary. For example, we saw that there were details plans about the support people needed when they became distressed and challenging towards staff. The plans had been developed in consultation with staff from the community mental health team. The plans had been regularly reviewed to ensure the information was current and changes had been made where necessary. This gave staff access to information which enabled them to provide care in line with what were thought to be people's individual wishes and preferences.

Relatives were confident that any concerns or complaints they raised would be responded to and action would be taken to address their problem. They told us they knew how to complain and would speak to staff if there was anything they were not happy about. Comments included; "I have not had to make a complaint, but would speak to (the registered manager). I am very confident she would resolve the problem"; "I have no complaints. Any problems I would speak to (the registered manager) to resolve them"; and "The manager has responded well to smaller issues / questions when I have raised them". The registered manager reported that the service had complaints procedures, which were provided to people and their relatives. Staff were aware of the complaints procedures and how they would address any issues people raised in line with them.

Good

Is the service well-led?

Our findings

There was a registered manager in post at Cleveland Lodge. The service had clear values about the way care should be provided and the service people should receive. These values were demonstrated by the management team and were based on providing high quality care for people with dementia. Staff valued the people they cared for and were motivated to provide people with high quality care. Staff told us the provider and management team demonstrated these values on a day to day basis. The registered manager told us she had focused on ensuring the team worked together effectively to meet people's needs. The team manager of Wiltshire Council Mental Health Team reported that the provider had a good knowledge of dementia care and the registered manager had the right values and was very open.

Staff had clearly defined roles and understood their responsibilities in ensuring the service met people's needs. There was a clear leadership structure and staff told us that managers gave them good support and direction. Comments from staff included, "There is a good, open culture created by the managers. Values focus on being caring, homely, safe and maintaining independence. The managers live up to these" and "We get good support from colleagues and management".

The provider completed a range of audits of the quality of the service provided. These reviews included assessments of incidents, accidents, complaints, training, staff supervision, the environment and external reports, for example, from environmental health officers. In addition, the management team completed observations of practice for care staff. We saw that action had been taken in response to these reviews, for example changes to details in care plans to make it clearer when 'as required' medicines should be administered. Although the service did not have an overall development plan, which brought together all of the actions needed, the management team demonstrated a good understanding of their priorities and developments they were planning.

Satisfaction questionnaires were sent out yearly asking people their views of the service. The results of the 2014 survey had not been collated, but we were able to see the responses and no concerns had been raised about the care people received. The responses included a number of positive comments, including; "The management are very approachable and friendly"; "The atmosphere is calm and friendly"; and "We have complete confidence in the care that Dad receives". We saw the collated results from the previous survey, which also contained a number of positive comments. We saw that suggestions for changes about the menus and provision of a wet room had been implemented.

There were regular staff meetings, which were used to keep staff up to date and to reinforce the values of the service and how they expected staff to work. Staff also reported that they were encouraged to raise any difficulties and the manager worked with them to find solutions.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines People who use services and others were not protected against the risks associated with unsafe use and management of medicines because of inaccurate records of medicines held in the service. Regulation 13.