

Cliffe Vale Residential Home Limited

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Inspection report

228 Bradford Road
ShIPLEY
West Yorkshire
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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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 10 May 2017 and was unannounced. The last inspection took place on 17 May 2016 and at that time we found the home was not in breach of any Regulations but was rated 'required improvement'. This inspection was carried out to see whether improvements had been made and/or sustained since the last inspection. At this inspection we found the provider had made and sustained improvements in the required areas.

Cliffe Vale is located close to the centre of Shipley. The home provides personal care to a maximum of 27 people and caters predominantly for older people and people living with dementia. It is a detached property and provides accommodation on three floors. The home does not have a passenger lift, though there are a number of stair lifts which provide access to the upper floors.

The home had a registered manager. 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 the service was safe. Staff had a good understanding of safeguarding and knew how to report any concerns about people's safety and welfare. We found safeguarding concerns were being referred to the local safeguarding team and the Commission.

The registered manager and provider followed a robust recruitment procedure to ensure new staff were suitable to work with vulnerable people. Staff training and support had improved and the majority of staff were up to date with training on safe working practices. Staff supervision and appraisals were in place.

Risks to individuals were identified and we saw action was being taken to manage risks. We found people's medicines were managed safely. Although records did not always show when creams and lotions known as 'topical medicines' were applied and how often; this issue was addressed by the registered manager during the inspection.

The home was working in accordance with the Mental Capacity Act which meant people's rights were protected. We found people's health care was met and relevant referrals to health professionals were made when needed.

Staff responded to people's individual needs and delivered personalised care. People's care plans and other records showed their needs had been initially assessed and care was planned. We found care plans had been reviewed and updated.

People had their nutritional needs met and were offered a choice at every meal time. People were offered a varied diet and were provided with sufficient drinks and snacks. People with specific nutritional needs

received support in line with their care plan.

A range of activities were offered for people to participate in and people told us they enjoyed these.

There were systems in place to ensure complaints and concerns were fully investigated. The manager had dealt appropriately with all complaints received.

The premises and equipment were appropriately maintained and we noted safety checks were carried out regularly.

People, relatives and staff spoken with had confidence in the registered manager and felt the home had clear leadership. We found there were effective systems to assess and monitor the quality of the service, which included feedback from people living in the home and their relatives.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People told us they felt safe. Staff understood safeguarding issues and how to protect people from any harm or abuse.

There were sufficient numbers of staff to meet the needs of people living in the home.

Recruitment records demonstrated there were systems in place to employ staff who were suitable to work with vulnerable people.

People were supported with their medicines in a safe way by staff.

Is the service effective?

Good ●

The service was effective.

The service was working in accordance with the requirements of the Mental Capacity Act which helped to make sure people's rights were protected and promoted.

People were supported to have an adequate dietary intake and their preferences were catered for.

We found staff had received appropriate induction to work. Regular supervision took place and staff training was kept up to date.

Is the service caring?

Good ●

The service was caring.

People were supported by staff that were caring and compassionate.

Staff knew about people's individual likes, dislikes and preferences.

Relatives could visit at any time and told us they were always

made welcome.

Is the service responsive?

Good ●

The service was responsive.

Care plans were person centred and reflected people's individual needs. This enabled staff to know how people wanted to be supported.

People were supported to take part in a range of activities in the home.

People knew how to complain and said they would raise issues if the need arose. Previous complaints had been responded to appropriately and in a timely manner.

Is the service well-led?

Good ●

The service was well-led.

Staff we spoke with told us morale was good and they enjoyed their work. People we spoke with told us they were well cared for.

The registered manager was approachable if people or staff had any concerns or suggestions.

There were systems in place to monitor the quality of the service which included regular audits and feedback from people living in the home and their relatives.

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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 10 May 2017 and was unannounced. The inspection team consisted of two adult social care 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.

At the time of our inspection there were 24 people using the service. During our visit we spoke or spent time with 13 people who used the service and two visitors. We spoke with five staff members, the deputy manager and the registered manager. We spent time looking at documents and records related to people's care and the management of the service. These included quality assurance processes, four staff recruitment files and training records. We looked at six people's care plans and medication records.

Before our inspection we reviewed all the information we held about the home including previous inspection reports and statutory notifications. Before inspections providers are usually asked to complete 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. The provider completed the PIR and returned it to us in a timely manner. We also contacted the local authority contracts and safeguarding team and Healthwatch for any information they held. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Is the service safe?

Our findings

All the people we spoke with said they felt safe in the home. These were some of the comments people made, "I'm happy here and feel safe." "I've been here six weeks, good staff and good night staff, better than where I was." "I get my medicine every day without fail." "My girls [the staff] look after me, I get well looked after." "We are very safe here, it's a nice area." A relative said, "I absolutely feel mum is safe here."

In the PIR the provider stated, 'Boxed medications are audited daily by senior staff each time medication is being administered. Medication errors are dealt with by speaking with the GP and any advice taken on board. Alerts are completed and families informed.' We found this was the case.

We checked the systems in place regarding the management of medicines. Medicines were given by trained senior care workers. Although staff received training, medicines competencies were not regularly completed to check staff retained the correct skills to administer medicines safely. The manager agreed to put these in place.

We looked at Medicine Administration Records (MAR) for tablets and bottled medicines and found them well completed indicating people had received their medicines as prescribed. Stock balances of medicines were kept and our checks found the number of tablets in stock matched records, with all medicines accounted for. This provided further evidence these medicines were managed properly and given as prescribed.

Arrangements were in place to give people their medicines at the times they needed them; for example before food. Where people had medicines at specific frequencies such as weekly, we saw this was clearly marked on the MAR to ensure staff remembered to administer. MARs we looked at showed these medicines were given correctly.

Nutritional supplements were prescribed to some people. Records clearly demonstrated people had received these as prescribed to help protect against malnutrition.

Some people were prescribed topical medicines such as creams. Whilst care plans and body maps were in place instructing staff how and where to apply these creams, there were no records of administration. During the inspection, we saw the registered manager began implementing a Topical Medicine Administration Record (MAR) to address this shortfall.

Some people were prescribed "as required" medicines. Protocols were in place instructing staff on how and when to give these medicines although some of these would benefit from more person centred information recorded.

Some prescription medicines contain drugs which are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs. We saw controlled drug records were accurately maintained. The giving of the medicine and the balance remaining was checked by two appropriately trained staff.

Medicines were stored safely and securely within a locked medicines trolley within a locked room.

We spoke with staff about their understanding of protecting vulnerable adults. Staff said they had received training in safeguarding adults and had a satisfactory understanding of how to identify and act on allegations of abuse. They all said they were confident people were safe living in the service. Information on how to raise a safeguarding concern was on display in the home so staff could consult.

Care plans we looked at contained risk assessments related to people's care and support needs. We looked in people's care records and saw where risk had been identified, there were assessments in place to ensure these risks were appropriately managed. For example, care records showed assessments were carried out in relation to food, nutrition and medication.

The service managed spending money for some people who used the service. Clear records of finances were maintained including the keeping of receipts. Any transactions were checked and signed by two staff members to reduce the risk of financial abuse.

We looked at the recruitment records of four staff members. We found recruitment practices were safe. Relevant checks had been completed before staff started employment. These included records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safe recruitment decisions by checking prospective staff members are not barred from working with vulnerable people. We spoke with a new member of staff who said that they had been subject to a thorough recruitment process including attending an interview, completing a DBS check and providing references.

In the PIR the provider said, 'They would continue to monitor staffing levels and continue to increase staffing levels as and when required.'

Our observations and discussions with people who used the service as well as staff showed there were sufficient staff members on duty to meet people's needs and keep them safe. The registered manager reported the staffing levels were monitored and reviewed regularly to ensure people received the support they needed. This was confirmed by the staff rotas we looked at. Staff we spoke with said staffing levels were sufficient to ensure people received timely care and support.

We observed staff supporting people during the day. This involved support moving people around the home and support to and from wheelchairs. During these observations it was noted that all support was undertaken in a safe and appropriate manner and clear explanations were given to people before care tasks were undertaken.

We looked around the building and found it was safely managed and appropriately maintained. The home was warm and homely. Radiators were guarded to protect against burns and window restrictors were mostly in place to protect from the risk of falls. We did identify one window was not restricted. This was rectified immediately during the inspection. We saw the temperature to hot water taps was controlled to help prevent scalds. A pleasant and enclosed garden area was present to the rear of the premises which people could access.

Checks took place on key safety systems such as fire, gas, water and electrical to ensure the building remained safe. Equipment such as lifting apparatus was subject to regular review. Risk assessments were in place which covered the premises. Personal Evacuation Plans (PEEPs) were in place for each person to provide instruction on how to safely evacuate people in the event of an emergency.

Is the service effective?

Our findings

Throughout our inspection we saw people who used the service were able to express their views and make decisions about their care and support. We saw staff seeking consent before helping people with their needs. People's comments included; "The staff are very helpful, they care for us very well." and "They ask me before they do anything."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

In the PIR the provider said, 'DoLS referrals are made when a resident is deemed at risk, for example if a resident wishes to go out on their own or in cases where a resident's health is at risk through risky behaviours.'

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw appropriate DoLS authorisations had been made for people the service had identified were likely to have their liberty deprived and advice had been sought from the appropriate authorities when there was any doubt regarding the issue of fluctuating capacity. This ensured people's rights were respected. The registered manager and provider understood when an application for a DoLS should be made and how to submit one.

We saw seven people were subject to DoLS authorisations and there were conditions attached. Our discussions with the management team showed the conditions were known and were being met. The registered manager told us a further nine people required some restrictions to be in place to keep them safe and as such authorisations for DoLS had been submitted, but they were awaiting a response from the supervisory body. Staff we spoke with understood the implication of DoLS and how it applied to people.

From our discussions with staff, people using the service and observation of the care records we found that people's consent was sought and was appropriately used to deliver care. In addition we observed staff seeking consent to help people with their needs. When people were not able to verbally communicate effectively we saw staff accurately interpreting body language to ensure people's best interests were being met.

Care plans contained a range of decision specific capacity assessments which showed staff from the home, the person and their families had been involved. Where the person lacked capacity we saw best interests decisions documents in people's care plans. We saw the views of family or other representatives were recorded and there were signatures to show they agreed with the ways in which decisions were made.

Care plans were signed by people or their representatives to show they agreed with the contents and there was consent documentation for areas such as administration of medicines, living at Cliffe Vale and photography for medical and other purposes.

During the inspection we looked at four staff files to assess how staff were supported to fulfil their roles and responsibilities. The provider's policy stated, 'Formal supervision will take place a minimum of six times a year with staff.' We found this had been carried out. We saw systems for ensuring staff received regular supervision were in place. Staff spoken with told us they were provided with adequate supervision and they were well supported by the management team. The supervision sessions enabled staff to discuss their performance and provided an opportunity to plan their training and development needs. We saw records of supervision during the inspection and noted a variety of topics had been discussed.

Staff we spoke with told us they had completed several training courses which included health and nutrition, safeguarding, moving and handling, health and safety, infection control and medication. Staff said they completed specific training which helped people they supported. These included dementia awareness, mental health and managing aggression.

The registered manager told us they had a training system which recorded when staff had completed training. The training matrix showed most staff were up to date with their required training. If updates were needed they had been identified and booked to ensure staff's practice remained up to date. We spoke with a care worker who was new to working in social care. They said they had received the required support and training to undertake their role effectively.

People's nutritional needs were met by the service. Risk screening tools were used to assess people's nutritional risk and used to inform dietary needs care plans which were subject to regular review. Where people were at risk of malnutrition, we saw action was taken to mitigate risks. This included monitoring food intake, increased frequency of weighing, fortifying food and offering additional snacks. Following any weight loss care records provided an explanation of the action taken. People were appropriately referred to GPs and/or dieticians where external health was required. We saw an example where a person had lost weight, and following the introduction of control measures their weight had increased showing this was effective.

We looked at a sample of food and fluid charts and saw they were well completed; indicating people had received an appropriate and varied diet. Fluid consumed was totalled each day, although there was no target intake for each person. We spoke with the registered manager about this who agreed to put this information in place. During the inspection we saw people were offered drinks at various stages throughout the day to maintain good hydration.

A senior support worker was in the process of disseminating eating well advice to staff which they hoped would give staff clear advice on how to provide nutritious and healthy food. Although people who needed prescribed supplements had received these, we thought the service would benefit from providing nutritious homemade smoothies in line with NHS guidance as an extra way to help ensure people received good nutrition.

People had access to a suitable range of food. At breakfast time there were a range of options including a cooked breakfast. The lunchtime menu rotated on a four week menu and provided sufficient variety. There were two options at lunchtime including a lighter option. We saw people were asked what they wanted of the two choices. Food was fortified to increase calories to some people. Lighter options were available in the evening such as sandwiches. Most food was prepared fresh although some frozen food was used such as the

fish served each Friday. Fresh cakes and buns were baked and people had access to biscuits and fruit throughout the day.

A dietary awareness sheet was present in the kitchen to inform staff about people's individual needs around food consistency, whether they were diabetic and their likes and dislikes. We saw meals were prepared in line with people's plans of care, for example one person's care plan showed they needed blended meat and this was provided.

Comments from people about the food included; "Food is excellent." "If there is something we don't like they want to know so they can change it." "We can get a drink or a refill anytime, we just ask and they get it for us or change it if it goes cold." We saw staff were aware of the personal choices of people without asking. They used phrases such as. "Do you want coffee as usual or do you fancy a change?" "It's two sugars, isn't it?" An example was when a staff member was seen to point out a specific type of biscuit in the tub to a person. The person was heard to say, "You know what biscuits I like don't you." Another person told us "It's great here we can have a glass of beer with our meals if we want." "I have the occasional tot of whisky in the evening."

During the inspection we looked at five people's care records. These showed people had access to appropriate professionals such as GPs, dentists, chiropodists and district nurses. We had the opportunity to speak with one health professional who told us they were very happy with the care provided by the home. They said the service contacted them appropriately, and adhered to their advice. They said staff always had a good understanding of the people living in the home.

Is the service caring?

Our findings

People we spoke with told us they were happy living at the home. One person said, "I think it is a very good place and I'm happy here." Another person said, "Staff are good they look after us very well." We saw there were a number of humorous exchanges between staff and the people who lived in the home that demonstrated a level of confidence in being able to express themselves and a positive relationships had been established between them. People who lived at the home looked happy and contented. One person commented, "The staff are nice and kind, they help us all a lot."

All relatives spoken with confirmed there were no restrictions placed on visiting and they were made welcome in the home. We observed relatives visiting were offered refreshments.

In the PIR the provider said, 'All residents are provided with care and support with respect and dignity, for example staff knock on bedroom doors before entering and residents are spoken to in a kind and respectful manner. Residents who are approaching end of life have a care plan in place that is unique to individual needs.'

We observed care and support and saw staff treated people well with dignity and respect. Interactions were positive, friendly and warm. People were well groomed and looked cared for. For example, we saw the men had been supported to shave and people's fingernails were clean.

We saw there was a low turnover of staff within the service with many of the staff working at the service for several years. This helped staff develop strong relationships with people. Staff we spoke with demonstrated they knew people well as well as their individual needs and requirements.

People were listened to and their choices were respected. For example, we saw one person did not want to go to the dining room at lunchtime and staff respected their decision to eat in one of the quieter lounge areas.

Staff we spoke with demonstrated good caring values and a commitment to preparing personalised care and support. People's privacy was respected and all personal care was provided in private. We saw staff knocking on bedrooms doors and waiting for a response before entering.

People were encouraged to express their views as part of daily conversations, residents' review meetings and satisfaction surveys. The communal notice boards helped keep people informed of proposed events and gave people the opportunity to be consulted and make shared decisions. Wherever possible, people were involved in the care planning process. One person told us, "I can tell the staff anything if I need to. My family is kept informed of things."

Staff told us people's diverse needs in respect of the seven protected characteristics of the Equality Act 2010; including age, disability, gender, marital status, race, religion and sexual orientation were met where applicable. We saw no evidence to suggest that anyone who used the service was discriminated against and

no one told us anything to contradict this.

Is the service responsive?

Our findings

In the PIR the provider said, 'All residents before admission are pre-assessed to help ensure that the home can meet prospective resident's needs. Assessments are completed by two members of staff from the management/senior team. On admission a short term care plan is completed and where possible in partnership with the resident and family. Within 7 days a full care plan is drawn up.'

We saw people had their needs assessed before they moved into the home. Information was gathered from a variety of sources; for example, any information the person could provide, their families and friends and any health and social care professional involved in their life. This helped to ensure the assessments were detailed and covered all elements of the person's life. It ensured the home was able to meet the needs of people they were planning to admit to the home. The information was then used to complete a more detailed care plan which provided staff with the information needed to deliver appropriate care.

We saw care plans were working files for staff to use. Care plans gave detailed, person centred information on how people wished to be supported. All staff spoken with said they found the care records useful and these gave them enough information and guidance on how to provide care and support people's needs. Comments included, "The care plans have good information," and, "I have no problem with the care plans. It has all the information I need." We saw care records were reviewed regularly and up to date.

We saw examples of care plans being followed. For example, people were correctly using pressure relieving equipment such as cushions. One person's care plan stated they required their meat blending for safety reasons and we saw this was adhered to.

We looked at daily notes that recorded the care and support delivered to people. Overall these showed that needs and preferences were being met. The care records we looked at contained some information about people's likes and preferences for care and support. This included foods they liked to eat, clothes they liked to wear, hairstyles and sleeping arrangements.

We did note there was currently no shower within the building so people have to take baths instead, therefore restricting people's choice. We raised this with the registered manager who agreed a shower would be beneficial.

In the PIR the provider said, 'We respond to formal complaints in line with the homes procedures and make a log of all complaints, we audit complaints to identify trends'.

We found a system was in place to log, investigate and respond to complaints. Information on how to complain was on display throughout the home to make people aware of the procedure including who they could contact if the service did not rectify the complaint to their satisfaction.

Minor complaints and niggles were recorded as well as more formal complaints so the service could properly analyse the areas people felt needed to improve. Complaints were audited monthly. We saw there

had been a low number of complaints with no concerning themes or trends.

Documentation showed clear and prompt action was taking following complaints to act on people's feedback and ensure improvement of the service. For example we saw there had been a complaint about staff attitude received in 2016. This had been fully investigated and measures put in place to prevent a re-occurrence. Compliments were also recorded so the service knew the areas it exceeded expectations.

Several noticeboards were available throughout the building. This displayed information on activities available at the home. An activities plan was in place which showed people had access to activities such as quizzes, dominos, reminiscing, and musical entertainment. The registered manager also played the keyboard to residents on a regular basis. External entertainers including animal therapists had visited the home.

Is the service well-led?

Our findings

The service had a registered manager who had registered with Care Quality Commission (CQC) in January 2017. We asked staff about the management of the service. We received positive feedback about the registered manager. Comments included, "[Name of the manager] is always welcoming and always takes time to speak to us." Throughout the inspection the manager was receptive when areas for improvement were identified; they said they were keen to develop the service and wanted to make continual improvement.

In the PIR the provider said, 'The home has an open culture and staff are not afraid to voice any concerns they may observe. Regular staff meetings are held where staff can and do voice any concerns collectively and concerns are responded to. We regularly meet night staff as this provides them with the same opportunity as day staff in terms of providing them with support and listening to them. We also do night spot checks to ensure night shifts are well led.'

Staff said morale was good and they enjoyed working at the service. One staff member said, "Really proud of staff team now. We have all worked really hard as a team to improve the service." Another staff member said, "I chose to work here as it's nice and friendly." Staff said the manager was supportive, approachable and effective. Staff said they would recommend the service to their own relatives.

We spoke with a support worker who worked completely supernumerary, 16.5 hours a week. They were responsible for reviewing people's weights, updating care plans and ensuring reviews took place. We saw this was a positive addition to the service with records and systems well organised in this area.

The provider conducted a series of audits to monitor, measure and improve quality in the service. These covered areas such as infection control, medicines, catering, premises as well as dignity and respect. We saw these were completed regularly and where issues had been found actions had been identified to show how improvements should be made. For example, the medicines audits we looked at showed they were regularly identifying issues and taking action to address.

The registered manager understood the requirements of their role and notified the CQC of incidents as required. We saw records of accidents and incidents were analysed monthly, to show when and where incidents had occurred.

Staff we spoke with said communication and support within the service was good. We saw staff meetings were held on a regular basis which gave opportunities for staff to contribute to the running of the home. This also included meetings for night staff. We saw there were regular 'residents' meetings where people were encouraged to contribute and discuss matters. Topics discussed included support needs, activities and menus. We saw that six residents/family meetings were scheduled to take place in 2017.

The home used survey questionnaires to seek people's views and options of the care and support they received. The 2016 resident/family survey was on display in the reception area of the home. This showed

that most people were very happy with the service. Where negative comments had been received, the survey showed the action taken to address these. This showed people's comments and suggestions were valued and used to improve the service.