

# Review of compliance

Cliffe Vale Residential Home Limited  
Cliffe Vale Registered Care Home Limited

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| <b>Region:</b>                  | Yorkshire & Humberside  |
| <b>Location address:</b>        | 228 Bradford Road<br>ShIPLEY<br>West Yorkshire<br>BD18 3AN  |
| <b>Type of service:</b>         | Care home service without nursing   |
| <b>Date of Publication:</b>     | May 2012  |
| <b>Overview of the service:</b> | Cliffe Vale Care Home is located close to the centre of ShIPLEY. The home is a detached property and provides accommodation on ground, first and second floors. There are three separate communal areas, including two lounge-dining rooms. Cliffe Vale Care Home is registered with the Care Quality Commission. |

# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**Cliffe Vale Registered Care Home Limited was meeting all the essential standards of quality and safety inspected.**

The summary below describes why we carried out this review, what we found and any action required.

### Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

### How we carried out this review

We reviewed all the information we hold about this provider.

### What people told us

People spoken with who live at the home commented that they were happy at the home and staff treated them well.

### What we found about the standards we reviewed and how well Cliffe Vale Registered Care Home Limited was meeting them

#### **Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

The processes in place allow people that use the services to be involved in making decisions about their care and support and have their privacy and dignity respected.

#### **Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights**

The observed outcomes and comments from people that use the services support the fact that the care is appropriate to meet people's needs.

#### **Outcome 07: People should be protected from abuse and staff should respect their human rights**

There are systems and processes in place to ensure that people that use the services are protected from abuse. Certain aspects could be improved in relation to the safeguarding policy and the information provided to residents and relatives about safeguarding.

#### **Outcome 14: Staff should be properly trained and supervised, and have the chance**

## **to develop and improve their skills**

There were suitable systems and processes in place to enable staff to receive necessary training and supervision for them to be able to perform their roles effectively.

## **Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

There are quality assurance processes in place to enable the quality of services to be monitored and assessed but improvements could be made in some areas, particularly in relation to audit and care plan reviews.

## **Other information**

Please see previous reports for more information about previous reviews.

**What we found  
for each essential standard of quality  
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

# Outcome 01: Respecting and involving people who use services

## What the outcome says

This is what people who use services should expect.

People who use services:

- \* Understand the care, treatment and support choices available to them.
- \* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- \* Have their privacy, dignity and independence respected.
- \* Have their views and experiences taken into account in the way the service is provided and delivered.

## What we found

### Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

### Our findings

#### What people who use the service experienced and told us

We did not speak with residents directly about this Outcome but we did speak with people's relatives and they commented that they were involved in making decisions along with their relative about the care provided and were also informed about any changes to their relative's care needs.

#### Other evidence

During the site visit, we discussed with the Registered Manager how people that use the services are enabled to understand the care and treatment choices and support that are available to them. We also asked about how people's privacy and dignity is maintained and promoted.

People can access services provided at the home via several means including through the general practitioner, direct enquires and referral by the local authority. Someone who is interested in receiving services is encouraged to visit the home and stay for a full or half including having lunch. After an initial visit, the Registered Manager, Deputy Manager or a senior carer will visit the person at their place of residence and complete a specific pre-assessment form. The completion of the form in the vast majority of cases is done along with the person's relative/s or close friend. The pre-assessment form is comprehensive and covers aspects of people's activities of daily living,

emotional well-being and overall health. The information gained from the pre-assessment visit enables staff at the home to assess whether or not the person's needs can be appropriately met. If the person's needs can be met the pre-assessment information is then used to influence to plans of care that are developed once someone starts using the services. The above is evidence that people are encouraged to express their views about the care they receive and supported in understanding the care and treatment choices available to them.

During our visit to the home we spoke with people's visiting relatives and they commented that they were kept informed about any changes with their relative's needs and are involved in decisions made about their care. We observed how staff interacted with people that use the services and we saw that staff respected people's privacy and dignity. For example, when staff supported people to eat their food they would sit or kneel down in order that they were on the same level as the person.

**Our judgement**

The processes in place allow people that use the services to be involved in making decisions about their care and support and have their privacy and dignity respected.

## Outcome 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

### What we found

#### Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

#### Our findings

##### What people who use the service experienced and told us

The residents we spoke with during the visit commented that they were happy at the home and staff were kind and treated them well.

##### Other evidence

We had discussions with the Registered Manager and Deputy Manager about how people's care and welfare is maintained and promoted; particularly in relation to assessment of risk, planning care and meeting people's needs.

During the inspection we reviewed three people's care records; each person's record contained an assessment of their needs as described in Outcome 1. However, this information was not consistently used as well as it could be to develop plans of care for people's identified needs. Staff we spoke with at the home did have a good understanding about the care needs of people that use the services but these need to be documented on a more consistent basis to ensure that the needs of people are clear to all staff at all times, including new staff starting at the home, visiting professionals and bank or agency staff. The care plans we reviewed did contain information about people's general preferences but the detail of people's preferences in some instances could have been more detailed. For example, one person had a care plan about the support they need with some personal cares but it wasn't clear how often the person liked to have a bath or shower. It is documented when people have a bath and we saw that this was approximately once a week. This frequency was known to the Registered Manager and an additional member of staff has been employed to work specific hours of the day to support people with bathing.

Risk assessments were in place to identify areas of potential risk such as falls and nutrition. We did not observe risk assessments for pressure area care in people's individual records but the Deputy Manager informed us that they are kept in a separate file. We observed that people had pressure relieving cushions on their chairs where necessary. Staff informed us that when people require specialist equipment because of an identified risk, such as a specialist mattress, this is arranged by the visiting community nurses.

When people were identified at being at risk with a particular health concern, there wasn't always the necessary support plan in place to clearly show to others how the identified risk should be managed in order to reduce potential harm. For example, one person was assessed as having a high risk of falling but there was no care plan to show how the risks should be managed. The Registered Manager explained that when someone is at risk of falling they use pressure pads which activate an alarm to alert staff when the person is moving around. We did observe pressure pads in some resident's rooms.

During the visit we saw that staff were kind in their approach, encouraging and respectful in their interactions with people.

**Our judgement**

The observed outcomes and comments from people that use the services support the fact that the care is appropriate to meet people's needs.

## Outcome 07: Safeguarding people who use services from abuse

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

### What we found

#### Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

#### Our findings

##### What people who use the service experienced and told us

People using the services did not make any comments about this outcome.

##### Other evidence

For this Outcome we made enquires in relation to how people who use the services are protected from abuse, or the risk of abuse. We spoke with two members of staff about safeguarding people and they were not explicitly sure what training they had received on the protection of vulnerable people, particularly in relation to adults. One care worker informed us that they had completed safeguarding training with a previous employer over two years ago. The care worker did understand what abuse was and was aware of how to report any concerns about people's safety and well being, including to the necessary people within the service and to external agencies if necessary.

There was an abuse policy in place at the home and an external company is used to support the Registered Manager in developing the necessary policies for the running of the home. It needs to be ensured that the policy in relation to safeguarding people, both adults and children, is clear in its content about the different types of abuse, the signs of abuse and the necessary contact numbers for services that should be contacted if anyone has concerns about anyone's safety.

There was a service-user guide which contained useful information about the home including how to complain. The guide is currently under review and the information in relation to safeguarding will be developed to include information on abuse and how to report abuse.

**Our judgement**

There are systems and processes in place to ensure that people that use the services are protected from abuse. Certain aspects could be improved in relation to the safeguarding policy and the information provided to residents and relatives about safeguarding.

## Outcome 14: Supporting staff

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by competent staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 14: Supporting staff

#### Our findings

##### What people who use the service experienced and told us

People using the services did not make any comments about this outcome.

##### Other evidence

For this Outcome we assessed how well staff are supported in relation to their responsibilities to enable them to deliver care to the people that use the services safely. When a new member of staff starts working at the home a structured induction programme is put into place. This includes spending half a day with the Deputy Manager and over a period of time working through a specific induction folder that includes the topics fire safety, infection control, moving and handling, health and safety, food hygiene and policies. We reviewed the training records of staff and they were up-to-date. However, the method used to record and monitor the training of staff could be improved to make it clearer to others to understand at a glance who needs certain training updates, when and in what subject. The staff training at the home is supported by an external company and the local authority.

An aspect of ensuring staff are supported in relation to their responsibilities for delivering care includes staff support, supervision and appraisal. Staff meetings are held every six months and there are one-to-one supervision sessions with each individual member of staff every six to eight weeks. The Registered Manager described how they also operate an 'open door' policy where staff can meet with them at any time of the day if feasible.

The staff we spoke with explained to us that they had regular training updates and this had included training on caring for people with dementia. All staff we spoke with were

undergoing training on the safe management of medicines; this was a distance learning programme.

One staff member described in detail their induction to the home and ongoing training and felt that what was provided was enough to ensure they were able to deliver the care and support necessary for their role. Staff also confirmed that they did have regular supervisions with the Registered Manager or Deputy Manager.

**Our judgement**

There were suitable systems and processes in place to enable staff to receive necessary training and supervision for them to be able to perform their roles effectively.

## Outcome 16: Assessing and monitoring the quality of service provision

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

### What we found

#### Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

#### Our findings

##### What people who use the service experienced and told us

People using the services did not make any comments about this outcome.

##### Other evidence

For this Outcome we reviewed the systems in place to assess and monitor the quality of the services provided. A main way in which quality of service is assessed and monitored is the use of a quality assurance questionnaire. The Registered Manager uses two main questionnaires; one for residents and one for family and friends. The Registered Manager described how they try and send out the questionnaires on an annual basis. The questionnaires include 15 questions that the person is expected to place a rating against from 1 to 5; a score of 5 meaning excellent and a score of 1 meaning very poor. The questionnaires also provide a section for people to add any other comments about the service that they feel are important and/or constructive. The Registered Manager or Deputy Manager analyse the results of the questionnaires and are able to pick up any trends or particularly negative comments that need addressing in order to improve.

Another way in which quality is assessed is by conducting audits (checks) about certain aspects of the running of the service. The main audits conducted include a building audit, care plan review and fire safety. There wasn't a specific time-stated audit schedule in place which made it unclear when audits are conducted and how frequently. The audit tool used for building/room checks was based on a process of ticking or crossing against a selection of sub-headings including curtains, carpet, odour, decor and sink. It was unclear from the buildings audit tool what needs to be assessed

and if a cross was present it wasn't clear what the identified problem was. For example, if a cross is present for decor it would be difficult to understand if the cross meant the decor wasn't suitable, not in a good state of repair or unclean.

We asked the Registered Manager if a specific audit tool was used when care records are reviewed and there is no structured format. The auditing of care records relies on the person reviewing the records to assess the necessary elements and do this consistently each time. There was evidence of audit activity but the processes and tools used could be improved so that the necessary standards are audited against on a consistent basis and it is clearer what improvements are needed after an audit.

There was a complaints policy in place and the Registered Manager keeps a log of all complaints. The Registered Manager described how complaints about the service are low.

### **Our judgement**

There are quality assurance processes in place to enable the quality of services to be monitored and assessed but improvements could be made in some areas, particularly in relation to audit and care plan reviews.

# What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

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