

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Cliffe Vale Registered Care Home Limited

228 Bradford Road, Shipley, BD18 3AN

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Date of Inspection: 01 February 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Management of medicines	✗	Action needed
Requirements relating to workers	✓	Met this standard
Supporting workers	✓	Met this standard
Complaints	✓	Met this standard

Details about this location

Registered Provider	Cliffe Vale Residential Home Limited
Registered Manager	Shelley Robinson
Overview of the service	Cliffe Vale Care Home is located close to the centre of Shipley and is on a main bus route from Bradford and Keighley. The home is a detached property and provides accommodation on three floors. There is a stair lift available to assist people with mobility problems to access the upper floors of the building.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 1 February 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

We spoke with six people who used the service and they told us they enjoyed living at the home and were very complementary about the care and support provided by the manager and staff. Comments included "The home is clean and comfortable and everyone is so kind and friendly" and "I cannot fault the care and support I receive from the manager and staff."

We spoke with three visitors and they told us they had no concerns at all about the standard of care their relatives received. One person said "I have visited the home at various times of the day and I am always made to feel welcome by the staff". Another person said "The manager and staff keep me well informed of any significant changes in my relative's condition and always find time to answer any questions I might have about their care."

All the visitors we spoke with told us they were aware of the complaints procedure and said if they did complain they were confident staff would listen to and act upon their concerns.

The care staff we spoke with told us that there were clear lines of communication and accountability within the home and they were supported by management to carry out their roles effectively through a planned programme of supervision, appraisals and training.

Despite the positive comments people made, we saw evidence that people were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 16 March 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

The manager told us they were familiar with the requirements of the Mental Capacity Act and both they and the deputy manager had attended training on the Mental Capacity Act and Deprivation of Liberty Safeguards. The manager told us Deprivation of Liberty Safeguards would only be used when it was considered to be in the person's best interest. This legislation is used to protect people who might not be able to make informed decisions on their own. We saw people's ability to make decisions about the care and support they needed had been recorded in the files we looked at. The manager also confirmed that if appropriate people were made aware of the independent advocacy service and assisted to access their skills and expertise.

We asked staff what they did to make sure people were in agreement with any care and treatment they provided on a day to day basis. They told us they asked people's consent before providing any care or treatment and continued to talk to people while delivering care so people understood what was happening. Throughout the visit we saw staff treated people with respect by addressing them by their preferred name and always asked people their preferences and consent when they offered support or help with personal care.

Staff also told us when people were not able to give verbal consent they would observe their body language whilst providing care. They said if people showed any signs of distress they would stop and try again later. We saw in the records we looked at that people's right to refuse care and/or treatment was respected. For example some people had declined a flu vaccination even though the benefits of having the vaccination had been explained to them. This demonstrated to us that before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We looked at three sets of care records and found they provided staff with sufficient information about how to meet people's needs. However, the provider may find it useful to note that the records we looked at were not particularly person centred. In all the care records we looked at we saw there were care plans in place to address people's assessed needs and wherever possible people who used the service or their representatives had been involved in the care planning process. Risk assessments were also in place where areas of potential risk to people's general health, safety and welfare had been identified. This showed people were able to express their views and were involved in making decisions about their care and treatment.

The manager told us the staff team had a good working relationship with other healthcare professionals and always followed their guidance and advice. The input of other healthcare professionals involved in people's care and treatment was clearly recorded in their care plan.

We spoke with three visitors and they told us they were very pleased with the care, treatment and support their relatives received at Cliffe Vale and some had read their relatives care plan. They also told us the manager and staff were quick to inform them of any significant changes in their relatives general health which they found very reassuring.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was not meeting this standard.

People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We saw the service used a monitored dosage system of administering medication which was securely stored on the premises. The manager told us no people who used the service currently administered their own medication. However, on admission people were encouraged to do so within a risk management framework if they had the capacity.

We looked at the medication administration records (MAR) and found on at least four occasions medication had been administered but not signed for correctly. We also saw that one person had been administered medication on a day when the MAR clearly showed it should not have been given. This demonstrated to us that appropriate arrangements were not in place in relation to the recording of medicines.

The manager told us that only senior members of staff administer medication and only after completing appropriate training. We saw there was a stock control system in place for PRN (as and when required) medication and for controlled drugs. We checked the stock for PRN medication and found no discrepancies. However, we found when people were admitted to the home for respite care or short stays the amount of medication they brought in was not counted or recorded. This meant there was no stock control systems in place for this medication which made it difficult to know if the medication had been administered as required.

On checking the stock control for controlled drugs we found that the service did not have a controlled drug register although senior staff were signing the MAR when they administered medication. We found the stock control figures for one controlled drug prescribed to be administered once a week was not accurate. We looked at the MAR and found the medication had not been administered the week prior to the inspection and this had resulted in the discrepancy in the stock control figure. This was discussed with the manager who could not explain why the medication had not been given but confirmed the matter would be taken up with the individual member of staff and addressed immediately.

The manager told us their monthly audit process had already highlighted some shortfalls in

the medication system. As a result they were in the process of introducing a more effective system of ensuring the safe recording, administration and disposal of medication. The manager confirmed it was anticipated the new system would be in place by the end of March 2013.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by suitably qualified, skilled and experienced staff.

Reasons for our judgement

The manager told us sufficient staff were employed for operational purposes and there was a good skill mix within the staff team. The manager also told us the majority of staff had worked at Cliffe Vale for a number of years which ensured people who used the service received continuity of care.

We saw there was a recruitment and selection policy in place and all applicants were required to complete a job application form and attend a formal interview as part of the recruitment process. The manager told us during recruitment, they obtained two references and carried out full enhanced Criminal Records Bureau (CRB) disclosure checks on new recruits before they started work. CRB checks identified whether staff had any convictions or cautions which may have prevented them from working with vulnerable people. We looked at two staff employment files and found all the relevant information was available. This demonstrated to us that appropriate checks were undertaken before staff began work.

We spoke with five members of staff and they told us the recruitment process was thorough and done fairly. They said they were not allowed to work until all relevant checks on their suitability to work with vulnerable adults had been made. They also said that they felt well supported by the manager and senior management team and enjoyed working at Cliffe Vale.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

The manager told us all new staff completed an induction training programme that took into account recognised standards within the care sector and was relevant to their workplace and roles. We saw training was provided either by staff attending in-house courses or facilitated by an external training provider. The manager told us all the staff employed by the service had achieved a National Vocational Qualification (NVQ) in social care (or equivalent) at level two or three depending on the post they held.

We looked at the staff training matrix and saw it required updating and some staff were due to update their mandatory training. However, the manager told us they were aware of this and were putting a training plan in place for 2013 which would address the matter.

The manager told us individual staff training and personal development needs were identified during their formal one to one supervision meetings. The manager told us supervision meetings were important as they supported staff to carry out their roles effectively, plan for their future professional and personal development and gave them the opportunity to discuss areas of concern.

We saw staff meetings were held as and when required so staff were kept up to date with any changes that might affect the running of the service or the care and support people received.

The care staff we spoke with told us there were clear lines of communication and accountability within the home and they were supported through a planned programme of supervision, appraisals and training. Staff also told us that they got a great deal of job satisfaction working at Cliffe Vale and staff worked well as a team.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

The people we spoke with told us they were aware of the complaints procedure and would have no hesitation in making a formal complaint if they had any concerns about the standard of care provided. However, people also said the manager and staff were very approachable and were sure that any concerns they might have would be resolved quickly and without the need for a formal complaint to be made.

We asked the manager how they dealt with complaints or concerns raised by people who used the service or their relatives. The manager was able to explain the process for dealing with complaints and who people could contact if they were not satisfied with the outcome of their complaint or how it had been dealt with. The manager told us they had a proactive approach to managing complaints and were always available to talk to people and deal with any concerns as soon as they arose. This demonstrated to us that people were supported by the provider to air their views and opinions of the service and facilities provided without fear of retribution.

The manager also told us that as part of the care plan review process the relatives of people who used the service were asked if they felt any part of the service provision was not working for the individual. This gave people the opportunity to discuss any concerns they might have without having to raise the matter as a formal complaint.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines
	How the regulation was not being met: The registered care provider did not have effective systems in place to ensure that people were protected against the risks associated with the unsafe use and management of medicines. Regulation 13

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 16 March 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – 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.

Moderate impact – 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.

Major impact – 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

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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