Inspection Report

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

Tel: 01274583380

Date of Inspection: 12 September 2013

Date of Publication: October 2013

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

Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Management of medicines	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Requirements relating to workers	✓ 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

Contents

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'.

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 12 September 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 staff and were accompanied by a pharmacist.

What people told us and what we found

During the inspection we observed care in the communal areas of the home, spoke with eight people who used the service and four staff. We looked at the care records for four people chosen at random.

Everybody we spoke with told us they were happy in the home and felt well cared for. One person told us "they will do anything for you here, they respond quickly when I need help." Another person told us "they couldn't be nicer, they treat me really well."

We found people experienced care, treatment and support that met their needs and protected their rights. Appropriate risk assessments and care plans were in place and there was evidence they were updated reflecting people's changing needs.

We found people were protected against the risks of inadequate nutrition and hydration as there was a choice of suitable food and drink available.

We found the provider had systems in place to ensure the safe management of people's medicines.

We found the building was homely, well maintained with appropriate facilities to care for the needs of the people who used the service.

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

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

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

During the inspection we observed care in the communal areas of the home, spoke with eight people who used the service and four staff. We looked at the care records for four people chosen at random.

Everybody we spoke with told us they were happy in the home and felt well cared for. One person told us "they will do anything for you here, they respond quickly when I need help." Another person told us "they couldn't be nicer, they treat me really well."

We observed care in all three communal lounge/dining areas of the home. People looked clean, well dressed and well cared for. It was clear from the interactions between staff and people who used the service that staff knew people and how to care for their needs. We saw staff provided companionship and chatted to people. They also helping out with routine care tasks.

All the staff we spoke to told us they thought the home provided a good standard of care to people who used the service. We asked staff about the care needs of a number of people and they were able to describe them in detail along with any associated risks. We saw staff read care plans at the start of their shift which ensured they were up to date with recent events and any changes in people's needs.

We looked at the care records of four people who used the service. We found care records were well organised which allowed staff to find key information quickly. Each care plan contained initial information which included a photograph, information on their next of kin and existing medical conditions for quick reference. We found a "service user long term needs assessment" was completed and updated monthly for each person. This assessed a range of care areas which included psychological wellbeing, eating and drinking, sleeping, moving and handling and communication. We found where risks were identified in this assessment; a more detailed care plan was completed, for example for diabetes management, pressure ulcer care, mobility or falls. We saw evidence the provider recorded all falls in a dedicated section of the care plan to alert staff to people's falls

history. There was evidence care plans had been amended following falls with appropriate measures put in place.

However, the provider may wish to note, we found information was missing from some care plans. For example, one care plan we looked at was missing information on the person's "future wishes." Another person's care plan did not contain enough up-to-date information of the care tasks required to manage the person's diabetes. However we spoke with staff who were able to describe in detail the care required to manage this person's condition.

We saw evidence people had been referred appropriately to a range of health professionals which included GP's and nurses. Detailed notes were completed by staff which followed the health professional visits to ensure all advice was noted and followed.

Staff told us a range of activities were provided for people. We saw evidence of recent visits by an entertainer and staff had organised games for people to play. Everyone we spoke with said they thought there was enough to do in the home. During the inspection we observed the hairdresser visited and cut people's hair. We saw a staff member doing some people's nails. Other people were content reading, listening to music and chatting with other people or staff.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

We spoke with eight people who used the service. Everyone told us they were happy with the food at the home. One person explained to us that the home was very flexible and occasionally they would bring their own food back from the shop and care staff were happy to cook it for them.

We looked at the provider's menu which ran over a four week cycle. We saw evidence a range of nutritious foods were available. Staff explained to us people could choose from cereals, toasts or something warm for breakfast. At lunchtime there was normally one main course which varied day by day. Staff explained to us if people did not like the food on offer they would cook something else. In the evening we saw there was a range of sandwiches and lighter meals available. This showed us that a variety of suitable foods were provided by the home.

During the inspection we observed the lunchtime meal. People ate either in the dining room or in one of the living rooms. This depended on their personal preference. We saw staff explained to people what the food was and asked them whether they wanted it before serving it to them. We saw people were provided with appropriate portion sizes. When people had finished their plate, we observed staff asked them whether they would like any more. We saw most people in the home could eat independently, but a small number of people required assistance. We saw staff provided this assistance appropriately.

We saw a choice of drinks was offered to people at regular intervals throughout the day. This included juices, tea and coffee. Regular snacks which included biscuits and cakes were also offered. We saw evidence the food intake of people with diabetes was carefully planned, for example, sugar free desserts were provided for these people.

We looked at the care records of four people who used the service. We saw a nutritional screening tool was completed for each person. People's weights were monitored monthly and we saw evidence people had been referred to their GP/dietician where concerns were identified. We saw one person had been prescribed a nutritional supplement after a visit from their GP. This showed us the provider had appropriate systems in place to refer people to a specialist to ensure their nutritional needs were met.

Management of medicines ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

At our previous visit in May 2013 we found people were not protected against the risks associated with medicines because the provider had not fully implemented or monitored the arrangements in place to manage medicines. At this visit we found the managers had sought community pharmacist and other healthcare professional advice about medicines which were handled at the home. We found this advice had been acted upon and medicines handling had improved.

During this inspection we found appropriate arrangements were in place in relation to how medicines administration was recorded. All medicines were administered by care workers who had completed certificated medicines training. We saw people's medicines needs were checked and confirmed on first admission to the home. People who wished to self-administer medicines were, where possible, supported to do so. One person we spoke with explained how they liked to self-administer their medicines; this was documented within their care plan to help ensure consistency in the support provided.

We looked at how five people's medicines were handled. The medicines administration records were clearly presented to show the treatment people had received. We observed part of the morning medicines round and saw people were clearly asked about whether they needed any "when required" medicines. There was some information for care workers about what any "when required" medicines were used for but, the provider may wish to note this could be individualised to help support consistency in the use of these medicines. Arrangements were in place to ensure where doses of the same medicine were repeated throughout the day, enough time was left between doses.

Appropriate arrangements were in place in relation to obtaining medicine. We saw sufficient stocks of medication were maintained to allow continuity of treatment. We saw medicines were kept safely and securely which reduced the risk of mishandling. A manager explained the fridge was not working properly but a new one had been ordered, and new supplies of medicines would be ordered where necessary.

Staff competency assessments and regular checks of the medicines record keeping were being completed. Additionally, managers showed us plans to implement a broader medicines audit to help ensure that should any shortfalls arise, they can be promptly

identified and addressed.

Safety and suitability of premises ✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

We spoke with eight people who used the service. Nobody we spoke with had any concerns regarding the premises and many people were complimentary about the standard of their room and the communal areas. People told us the home was always pleasantly warm.

During the inspection we looked at the communal areas of the home and in a random selection of bedrooms. We found the building had a homely feel and was nicely decorated with well-maintained carpets, walls and surrounds.

The majority of the rooms were single occupancy with shared bathrooms. There were a small number of double bedrooms which had appropriate curtains installed so people could maintain their privacy. We saw people's bedrooms were personalised with personal possessions and pictures of relatives displayed. Rooms were spacious and contained appropriate facilities to support the comfort of the people who used the service. Each room contained a call system to enable people to summon assistance. We saw many of the rooms on the upper floors contained door alarms to alert staff if people wandered at night. A manager explained to us that the alarms could be turned on/off depending on the risk to that person. We saw restrictors were in place on the upper floor windows to reduce the risk of falling.

We found the layout of communal areas was appropriate with plenty of space for people to relax, eat and participate in activities. The grounds of the home were accessible and well maintained. Laundry facilities were appropriate and there were separate facilities to house clean and dirty laundry.

This showed us the home was suitably designed and laid out to protect people against the risks of unsafe or unsuitable premises.

The provider employed a part time maintenance worker to complete routine maintenance tasks and perform necessary weekly, monthly and annual checks. We looked in the providers' maintenance book and found maintenance tasks were noted by staff on a task sheet and then completed by the maintenance worker. We looked at a recent task sheet and found the majority of tasks had been signed off as completed within reasonable

timescales. This showed us the provider had a system in place which identified and rectified building issues.

We looked at the documentation of the programme of weekly, monthly and annual checks which showed checks were done and issues acted upon. These covered lifting equipment, water safety, the nurse call system, electrical equipment, gas systems and fire systems. The maintenance worker explained to us how they did a weekly check of the home to ensure equipment was working correctly and the premises were safe.

We found there was wheelchair access into the building and stair lifts which ensured wheelchair users had full access around the building. We saw evidence these were maintained regularly.

We found the home practiced good security measures which included access control systems on the entrance to prevent unauthorised access into the building.

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

We reviewed two staff files which showed the provider had carried out the relevant checks before they employed staff. We saw evidence of detailed application forms, enhanced Criminal Record Bureau (CRB) checks, two written references, proof of identify and pre-employment health screening. A manager told us if the CRB disclosure came back with a caution or conviction, they would undertake a risk assessment which determined whether the individual was suitable for the role. We saw evidence people's qualifications had been verified prior to employment to ensure they had the qualifications they stated on their application form.

We spoke with a newly appointed member of staff who confirmed to us they had to complete a CRB check, confirm their identity and provided two references before they started work.

This showed us the provider had effective recruitment procedures in place which ensured staff were suitable for the role.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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.

Contact us

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