Cleeve Lodge Limited

Cleeve Lodge

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

This inspection took place on 6 September 2016 and was unannounced.

Cleeve Lodge is a care home which provides accommodation and personal care for up to 21 older people, including people living with dementia.

There was a registered manager in post. 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 and their relatives were extremely positive about the home and the difference it made to people's lives. Throughout the inspection there was a relaxed, cheerful atmosphere that promoted the development of meaningful relationships. There was genuine kindness and affection shown between people and staff, which had a positive impact on people's well-being.

The service was exceptionally well led by the provider who promoted an open and honest culture. Without exception people were at the centre of all the service did. Staff respected people as individuals at all times and were passionate about the need to provide care that valued people as individuals. People were supported to remain as independent as possible with an emphasis on positive risk taking to enable them to do so. People were encouraged to pursue ambitions and supported to achieve them.

People had the opportunity to engage in activities that interested them and were supported to participate in community activities. Staff used their extensive knowledge of people to engage with them in exceptionally positive interactions and participate in activities that were personalised. Throughout the inspection we heard many animated and enthusiastic conversations between people, relatives and staff.

The service was managed by an experienced registered manager who was highly motivated. Staff told us they felt valued and listened to. The registered manager and provider were approachable and clearly available throughout the inspection. This provided clear leadership and promoted the positive culture we experienced in the home.

People's views were always central to decisions made about the service. People were involved in plans to improve the service and their opinions were valued, listened to and acted upon. This included decisions relating to recent refurbishment of the home and garden. People were able to make requests and these were responded to positively.

The provider took exceptional steps to support people to remain at the home if this was their choice. People and their relatives were appreciative of the support and the positive impact living in the home had on people's quality of life.

There were effective systems in place to continually monitor and improve the service. Where audits identified areas for improvements timely action was taken to resolve the issues. People, relatives and staff were regularly asked for their opinions of the service through meetings and questionnaires.

People's care plans were developed with them. Care plans were person centred and identified how people wished to be supported. Staff had a clear understanding of their responsibilities to respect people's decisions and to act in their best interest when necessary in line with legislation.

People were supported by staff who had the skills and knowledge to meet their needs. There were sufficient staff to meet people's needs and staff had time to sit and chat with people.

There were systems in place to safeguard people and any concerns were investigated and reported to the appropriate agencies. Where risks to people were identified there were plans in place to support people to manage the risk.

People's medicines were managed safely and people were supported to take their medicines as prescribed. People had access to health professionals to maintain and improve their health.

The chef was knowledgeable about people's dietary needs and provided freshly cooked food which respected people's choice and met their nutritional needs.

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 were supported by staff who understood there responsibilities to identify and report concerns related to the abuse of vulnerable people.

There were sufficient staff to meet people's needs. The atmosphere was calm and Staff had time to spend chatting with people.

People's medicines were managed safely and administered by trained, competent staff.

Is the service effective?

Good

The service was effective

Staff were knowledgeable about the Mental Capacity Act 2005 and supported people in line with the act.

People were positive about the food and specific dietary requirements were met.

Staff were well supported through training and supervision to ensure they had the skills and knowledge to meet people's needs.

Is the service caring?

Good

The service was caring.

Staff were kind and compassionate and developed caring relationships with people.

People were involved in their care and their choices were respected.

The service supported people with end of life care. The service used the National Gold Standards Framework to enable staff to deliver high quality end of life care.

Is the service responsive?

Outstanding ☆

The service was outstanding in responding to people's needs and preferences.

The provider, registered manager and staff took exceptional steps to ensure people received personalised care that valued them as individuals.

People were encouraged to pursue activities that interested them and were supported to do so by a dedicated staff team who nderstood the impact of social isolation on people's well being.

People's care plans reflected people's needs, likes, dislikes and histories. People's pasts were valued by staff and used to provide personalised support.

Is the service well-led?

Outstanding ☆

The service was extremely well led by a management team that was outstanding in its approach to leadership.

There was an open and honest culture that ensured people were at the centre of all the service did. This resulted in an exceptionally personalised service that valued people and staff.

The extremely inclusive culture in the service meant people were actively involved in all decisions about the service and their views and opinions were respected and acted upon.

The provider supported people and their relatives to achieve positive outcomes by liaising with professionals and going the extra mile to resolve issues.

Cleeve Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was 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 6 September 2016 and was unannounced.

The inspection was carried out by two inspectors.

Before the inspection, the provider completed 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. We looked at previous inspection reports and notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern.

During the inspection we observed staff interactions with people. We carried out a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing
care to help us understand the experience of people who could not talk with us.

We spoke with two people who used the service and two relatives. We also spoke to the registered manager, the provider, three care workers, a housekeeper and the chef. Following the inspection we spoke to a further three relatives.

We spoke with two social and healthcare professionals.

We looked at six people's care records, including medicine records, six staff files and records relating to the management of the home.

Good

Is the service safe?

Our findings

Relatives felt people were safe. Comments included; "Absolutely 100% safe. As a relative I have to know [person] is safe"; "Yes most definitely safe. Very safe" and "[Person] is safe and happy, that's the most important thing".

Staff had completed safeguarding training and were clear about their responsibilities to identify and report any signs of abuse. Staff were knowledgeable about the agencies they could contact regarding safeguarding concerns if they felt the provider had not taken any action. Staff told us; "I'd see the manager or most senior member of staff or I can call CQC (Care Quality Commission)"; "I'd talk to [registered manager] and the provider. I also have numbers to call the local authorities" and "I would speak to the manager and contact safeguarding".

The provider had safeguarding policies and procedures in place. Contact details for the local authority safeguarding team and CQC were displayed at the entrance of the home. Safeguarding records showed the provider and registered manager had taken appropriate and timely action when any concerns had been raised. All concerns had been referred to the appropriate agencies and thoroughly investigated.

Care plans contained risk assessments and where risks were identified there were plans in place to manage the risk. Risk assessments included risks associated with: falls; moving and handling; nutrition, personal care and leaving the home unaccompanied. For example, one person had been assessed as 'low risk' in relation to developing pressure ulcers. A risk assessment tool and body map were used to manage this risk. Creams had been prescribed and daily notes evidenced staff applied this cream in line with the guidance. Staff were also guided to monitor this person's skin. The person did not have a pressure ulcer.

People told us any requests for support were responded to promptly. Relatives felt there were always staff present when they visited.

Staff were positive about staffing levels and told us how these had been improved by the provider. Staff comments included: "Yes there is a high staff ratio here. No staff would say they were struggling"; "We have enough (staff). The high ratios are to meet resident's needs" and "Yes we have plenty of staff, much more than there ever was before".

During our inspection we saw there were sufficient staff on duty to meet people's needs. People's requests for support were responded to promptly and staff had time to sit and chat with people. The atmosphere was calm and staff were not rushed as they supported people. People who chose to remain in their rooms or were unwell were visited regularly by staff.

The provider used a dependency assessment tool of people's needs which was reviewed monthly. The registered manager used this information to calculate the staffing levels required. Staff rotas showed that assessed staffing levels were consistently met.

People's medicines were managed safely. Medicines were stored in a locked medicine trolley in a key coded room. Room temperatures and medication fridge temperatures were monitored and recorded daily to ensure medicines were stored at the correct temperature.

Medicine administration records (MAR) included a photograph of the person and details of any allergies. Details of all medicines were recorded on MAR to ensure people received their medicines as prescribed. MAR were completed accurately which confirmed people had received their medicines.

Where people were prescribed 'as required' (PRN) medicines, there were protocols in place which clearly identified when the person may require the medicine. For example, one person sometimes took pain relief for their knees. Staff were guided on how to support this person with their medicine which included not exceeding the maximum daily dose. We saw people were offered PRN medicines in line with the prescriber's instructions.

Staff responsible for administering medicines received training and their competency was assessed prior to them administering medicines unsupervised. Staff competencies were regularly assessed to ensure people received their medicines safely. One member of staff told us, "I do help residents with medicine. We are all checked on a regular basis".

Staff were allocated four to five people at the beginning of each shift who they would support. Staff were responsible for all aspects of the care and support for these people, which included their medicine administration. If any staff had not completed medicine training the registered manager allocated trained staff to administer people's medicines. The provider told us they aimed to have a holistic approach to support for people and that all staff would be trained and competency assessed in administration of medicines so that people could have all their needs met by the same member of staff.

Staff files included records relating to the recruitment of staff. Recruitment records showed relevant checks had been completed before staff worked unsupervised in the home. These included employment references and Disclosure and Barring Service (DBS) checks. These checks identified if staff were of good character and were suitable to work with vulnerable people. This allowed the provider and registered manager to make safer recruitment decisions.

Good

Is the service effective?

Our findings

People were supported by staff who had the skills and knowledge to meet their needs. Relatives were positive about the skills of staff. One relative said, "Staff absolutely know what they're doing. They understand the different types of dementia and have talked about the different types with me".

New staff completed an induction period which included training and shadowing more experienced staff before working alone. One member of staff told us, "I had a good induction. It was useful and gave me confidence". Training included: fire; dementia care; food hygiene; infection control; safeguarding; dignity in care and the Mental Capacity Act 2005.

Staff were positive about the training they received and told us they were able to request additional training to improve their skills and knowledge. Staff comments included; "After my induction I had further training and now have level's two and three in care (national qualifications in health and social care)" and "I've had lots of training so I am prepared for my role, but you have got to care first. You can't learn that".

Staff felt supported through regular supervisions and annual appraisals. Staff comments included: "I feel I am well supported. There is always someone to ask"; "We have a really good team here along with all the outside support. I get supervision, they help us to improve and stay up to date"; "Supervisions are helpful, they let you share your feelings and worries about the job. I asked for some further training and I know I'm on the list for it" and "I get supervision and it's useful. You can let the manager know any little niggles. She always fixes things and deals with those niggles". The provider had a supervision schedule that ensured staff received regular supervisions in line with the provider's supervision and appraisal policy.

The provider and registered manager had a clear understanding of their responsibilities in relation the Mental Capacity Act 2005 (MCA). 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. Where people were assessed as lacking capacity to consent to some aspects of their care and support, capacity assessments were included in their care plans.

Where people were assessed as lacking capacity to consent to restrictions in relation to their care and support the provider and registered manger had considered an application for a Deprivation of Liberty Safeguard under the MCA. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards.

Staff had completed training in MCA and had a clear understanding of how to apply the principles of the act when supporting people. Staff comments included: "It helps me keep people safe with their decisions. I always assume they have capacity and I help them with decisions in their best interests"; "It is making sure they (people) are kept safe. We work in their best interests" and "These people have dementia. The act

protects people to make decisions themselves. If they struggle we help them in their best interests".

People were positive about the food. One person told us, "We get good food and when my family visit we eat together". Relatives were complimentary about the food. Comments included; "[Person] gets very good food. Freshly cooked, it's just like a five star hotel. When we visit we are always invited to stay to lunch" and "The food is good. [Person] has put on weight. They [staff] sit and talk to her, they take their time and encourage her".

The provider ensured that people received food and drink they liked. For example, there was a regular delivery to the home of tea cakes, hazelnut yoghurts and a specific beer as people had specifically requested these. During the inspection we heard the provider laughing with a person about the tea cakes and the provider promising they were on their way.

People's nutritional needs had been assessed and the assessments used to develop a care plan to meet people's dietary needs. These included special dietary requirements, likes and dislikes and any allergies. The chef was knowledgeable about each person's needs and told us, "I have lists of people's likes and dislikes. I keep a chart of their weights here [kitchen] so I can manage their diets relating to their needs. Any special diets such as pureed or fortified foods are prompted by the records. I get regular updates from staff on people's needs. I cook fresh food, all myself from fresh ingredients. I know what all these people like but they can have anything they want. It is my job to give pleasure through food". Staff were able to tell us in great detail about people's dietary needs and preferences. People were weighed monthly and records showed people were maintaining their weight.

People were supported to maintain good health and had access to health professionals when needed. One person told us, "The doctor comes every week and sees whoever needs it". On the day of our inspection one person was being supported by a member of staff to attend a hospital appointment.

Various health professionals were involved in assessing, planning and evaluating people's care and treatment. These included the GP, the local authorities care home support service (CHSS) and speech and language therapist (SALT). Visits by healthcare professionals, assessments and referrals were recorded in people's care plans. For example, one person's medicine had recently been reviewed by their GP. The review concluded there were no changes required to the person's medicine.

Good

Is the service caring?

Our findings

People and relatives were extremely complimentary about the caring nature of all the staff. One person said, "I get on with them (staff) all. They are very good. They will help me with anything I ask". Relatives comments included: "They make it like home. [Person] feels like she is home. Staff are so friendly and nothing is a chore. They welcome them as part of the family"; "[Person] is happier than we could ever have imagined. The staff are brilliant, always welcoming"; "Staff are very, very good. They ask me about [person] and really listen"; "They have a wonderful rapport with [person]. When I come in and go up to her room I often hear her laughing with staff"; "Staff are amazing, brilliant" and "Staff are absolutely fantastic, there is such a nice atmosphere".

Staff were highly motivated to provide kind and compassionate care. Staff spoke with genuine care and affection when speaking with and about people. Staff comments included: "Yes we do care. When they first arrive they are unsure but we soon win them round", "I do like it here. Things were tough before but we now have time with the residents which is how it should be" and "I love it. I love to help people and I am happy when I help them. This is their home and we are their family".

People clearly had caring, meaningful relationships with staff. Staff knew people well and valued them as individuals. One member of staff told us, ""I look after certain residents so I know them really well. It makes for caring relationships".

Throughout the inspection we saw many kind and compassionate interactions. For example, one person was waiting to go to hospital for an appointment. A member of staff sat with the person, reassuring them and chatting. All staff that passed stopped to talk with the person and chat about where the person was going. The person was regularly offered drinks and had a constant supply of biscuits. It was clear all the staff knew the person well and understood how to reassure and calm them. Another member of staff stopped to support and reassure a person who was living with dementia. The person was saying they wanted to 'go home'. The member of staff clearly knew the person well and understood how to alleviate the person's distress. They knelt down and made eye contact and held the person's hand. The member of staff acknowledged the person's request to go home and talked to her about her family and when they had visited and what they had done during the visit. The person was calm and was smiling by the end of the interaction.

People were treated with dignity and respect. We saw people supported to return to their rooms for personal care in a discreet manner. Staff told us how they ensured people were treated with dignity and respect. One member of staff said, ""This is one of our goals. I assume nothing and make sure they are happy for me to proceed. I draw curtains, shut doors and keep everything confidential".

Staff were supported to consider people's dignity at all times and reflect on how they could improve the dignity and respect shown to people. Staff files contained a 'dignity audit tool' that was used by staff to assess their attitudes and practice relating to 'dignity and respect'. Staff had completed these documents that rated and scored the results allowing staff to reflect on, and improve their practice.

A poster entitled 'Cleeve Lodge Philosophy' was displayed in the staff office and reminded staff of the home's intention to provide a 'safe, relaxed and homely environment' for people. Staff clearly worked to the values displayed at all times.

Staff were exceptional at supporting people to remain independent. Staff told us; "I try to get them to do as much as they can on their own. I encourage them but I am there in case they struggle" and "Most of our residents are still capable of many things". We saw many examples of people being encouraged and supported to maintain their independence. For example, one person was struggling to manage the stairs. Staff were encouraging and offered support when the person requested it. It was clear the person was fiercely independent. The provider told us the person was regularly offered the opportunity to use the lift but going upstairs was extremely important to them and they had to respect the person's choice and their wish to remain independent. Another person was encouraged to pour a drink for themselves at lunchtime. Staff stood close by and offered encouragement and guidance whilst respecting the person's need to carry out the activity themselves.

It was clear that people were involved in every aspect of their care. Throughout the inspection staff took time to explain to people what was happening and asked if people were happy to be supported. Staff clearly understood that people made their own choices and decisions about how they wished to be supported. Staff comments included: "I talk to them and involve them. I explain what I am doing and I remember I am working in their home"; "I ask permission before I do anything" and "Their body language tells me if they are happy, when you get to know them well. I explain to them what we are doing". We saw many examples of staff ensuring people were being supported in a way they chose and were happy with.

Relatives felt involved in people's care and were informed of any concerns or changes in people's conditions. One relative told us, "They are very quick to let me know if anything changes and always involve me in decisions".

People were supported to remain living in the service at the end of their lives if this was their choice. One person was being supported with end of life care. The person's relative told us, "I can't praise them enough. They are ringing me every day to keep me up to date now [person] is extremely unwell. They have supported me absolutely".

People's wishes relating to 'end of life' care were recorded and respected. Advanced care plans recorded people's preferences and wishes. For example, whether people wished to be buried or cremated, funeral and family arrangements and their choice of music for funerals. Care records also recorded where people wished to be supported with their end of life care. For example, one person had stated they 'wanted to remain pain free and comfortable' in the home. Care plans included information based on the Gold Standards Framework to ensure they were supported in the way they chose at the end of their life. The Gold Standards Framework is an evidence based approach to optimising care for all patients approaching the end of life. One health and social care professionals told us, "They [provider] provide a very high quality of care, particularly end of life".

Outstanding ☆

Is the service responsive?

Our findings

People living at Cleeve Lodge had a diverse range of needs which included needs relating to living with dementia. The provider ensured people's individual needs were assessed prior to admission to the service to ensure they were supported in a way that enabled them to live a full and active life. The provider recognised the challenges for people living with dementia and looked for innovative ways to enhance their lives. This promoted a person-centred culture that recognised people as valued and respected individuals. The positive culture ensured people maintained and improved their well-being when living in the service.

People and their relatives were clearly involved in the pre admission assessments and told us the process was extremely reassuring and supportive. One relative told us "They went out of their way to reassure me [person] would be well looked after. I was so put at my ease when I visited". People were visited in their homes where possible. One relative told us, "[Registered manager] visited and was so positive. She explained it to [person] in such a positive way that they thought they were going on a holiday". The relative also said the person had been very reluctant to consider a move into a care home but the positive approach by the provider, the registered manager and staff when the person moved into the service had made the experience "Amazing". This meant people were reassured before moving to Cleeve Lodge and settled more easily as a result.

Pre admission assessments had been used to develop personalised care plans that were detailed and ensured people's individual needs would be met. For example, one person could present behaviour that may be seen as challenging to others or themselves, particularly if they became anxious. The care plan guided staff to talk calmly and reassure the person to relieve their anxiety. Another person had difficulty hearing. Staff guidance included making 'eye contact with [person] and speaking clearly'. Daily records confirmed staff used this guidance.

Staff showed outstanding skills when supporting people. We saw staff using their knowledge of people to communicate effectively in order to alleviate and prevent people's distress throughout the day.

Relatives were complimentary about the personalised care provided to people and the impact this approach had on people's lives. Relatives comments included: "The difference in [person] is amazing. [Person] is much calmer. They are all encouraged to live as normal a life as possible which is good. It gives you a little bit of hope to see such good care" and "It's unbelievable [Person] was really low when she came here. They've made her happier. [Person] is settling more and more".

The provider and registered manager promoted a personalised culture throughout the home and used innovative ways to do so. In the entrance was a board with photographs of people as they were now and pictures of when they were younger. The provider explained the pictures were to remind staff and visitors that people living in the home had lived full and rewarding lives and that should be remembered and respected. This promoted the culture of valuing and respecting people, which was reflected throughout the inspection.

We saw many examples of staff actions which clearly demonstrated the person centred culture within the home that consistently promoted people's rights to live their life to the full. Staff undoubtedly understood the importance of knowing the individual and the impact the support people received could have on their lives. Staff comments included, ""It is doing what they want their way. If someone wants to eat with their fingers that's fine. It's personal choice" and "Everybody is different so you make their care suit them. We know them and how they want it". This ensured care was personalised and people were valued as individuals.

The provider ensured the service was tailored to meet people's individual needs and understood the challenges that living with dementia could bring. There were many examples of the consideration shown to individuals to ensure they saw Cleeve Lodge as their home. One relative told us how a person had complained about the way a certain food was cooked. The provider and chef spoke with the person's relative to find out how the person had prepared the food when they lived independently. The relative said the chef now prepared the dish in this way and the person was eating and enjoying it.

People's rooms were personalised and attractively decorated. The provider explained that all rooms were decorated before planned admissions to the home. People and their relatives were encouraged to be involved in the choice of the decoration of their new home and were given samples of soft furnishings and paint colours. People brought in personal possessions to promote the homely feel. This ensured people were treated as individuals and enjoyed an environment they had chosen.

We saw that some rooms had double beds. The provider explained that they gave people a choice of beds because many people had double beds at home. The provider told us they wanted to promote continuity and to make people's new home feel "as much like home as possible". This meant people were supported to live in a comfortable, familiar surrounding that they could consider their home.

People were encouraged to pursue their ambitions. One person wanted to go on a cruise. Staff had supported the person by obtaining holiday brochures and discussing the practicalities of going on holiday. The person had recognised they could not go on holiday alone but did not want a member of the care team to accompany them. The provider was still supporting the person to try and find someone to accompany them. This resulted in the person feeling positive about the future and reinforced the person's ability to live a full and active life.

People were supported by staff who were totally committed to delivering meaningful activities to people to reduce the risk of social isolation. People were able to spend their day as they chose and had access to a variety of activities. One person told us, "There's a lot to do. We get taken out when we want. I went to the river last week. We listen to records, watch television, do puzzles and go into the garden. We had a 'do' in the garden a few weeks to go, there were lots of people here. I can do what I like. If I want to stay in my room I can".

Relatives were complimentary about the range of activities available. Relatives comments included: "Whenever you walk in they're doing something"; "There is always something on and activities are always well attended"; "[Person] used to stay in their room all the time but staff developed a strategy to persuade her to come down to meals. Gradually [person] is spending more and more time downstairs. [Person] even attended the garden party a few weeks ago and enjoyed it" and "They are always good at engaging [person]. [Person] likes drawing. They (provider) supplied her with pens etc to keep her going. There are still portraits of staff she drew in her room".

During the inspection we saw many examples of staff using their knowledge of people to engage them in

meaningful social interactions. One member of staff was talking with a person about their enjoyment of dancing, encouraging them to share their memories. The member of staff asked the person, "What was your favourite dance". The person had difficulty in responding and the member of staff gently made some suggestions. This promoted engagement with other people who joined in the conversation. This resulted in people reminiscing about times when they had enjoyed dancing. Another member of staff sat with a person reading a newspaper. The member of staff encouraged the person to share the sports news which the person clearly enjoyed. The interactions showed people were valued for who they were and had opportunities to express their individuality.

During our visit people were engaged in a variety of activities that interested them. The provider and staff used innovative ways to ensure people were not socially isolated and had access to activities that recognised their abilities. This included a weekly newspaper called 'Weekly Sparkle'. This was a reminiscence paper created by the provider, registered manager and staff that contained interesting events that had occurred over the past 40 years. The paper promoted discussion at many levels and was used by staff and relatives to engage people in conversation. It was clearly successful as people were engaged and animated during conversations prompted by the use of the newspaper.

The provider, registered manager and staff supported positive risk taking which encouraged independence and respected people's rights to live their lives as they chose. For example, one person liked to go out into the local area alone. The risk assessment identified the person had short term memory problems but that they had lived in the local area for many years and had never got lost when leaving the home. The risk assessment stated, "Life is not without risk and the pleasure [person] gets from being able to come and go as he wishes outweighs the risks posed to him by going into [local village]". Staff were made aware of when the person left the service and knew when they would return. The risk assessment was regularly reviewed to ensure that any changes or concerns were addressed. This meant the person maintained their independence and sense of well-being the freedom to go out alone gave them.

The service had a warm and welcoming atmosphere that made visitors feel comfortable and at home. Visitors who visited on the day of our inspection were clearly relaxed and knew people and staff well. One person was celebrating their birthday. The person was supported to be ready for a day out with family and was delighted by the many wishes from both people and staff. In the afternoon the person's family visited to celebrate with the person. They were greeted warmly by staff. Children were clearly comfortable in the environment and ran about in the garden, playing football using the football net that was in the garden. The provider told us they wanted to encourage relatives to feel it was their home as well as the people living there and had purchased the football net to promote interaction between different generations. It was clear this had been a huge success as several relatives told us they had observed people living in the home and staff playing football with visiting children. This meant people's relationships with each other and with others were valued and innovative ways were used to make people feel at home.

The provider had developed a library of books. These were both for people and relatives. The library included books about different health conditions, including dementia and books for children to help them understand why their relatives were the way they were. This enabled visitors to understand people's conditions and better support them.

The recent garden party had been a huge success. People, relatives and staff were still talking about the event and were proud that they had raised money for a charity. This made people feel valued and that they were still contributing to the community. Many members of the community had been invited to the party.

People and relatives knew how to make a complaint and felt comfortable to do so. One person told us, "I

know the manager and I could tell her anything". Relatives comments included: "We were given lots of information and policies. I would feel comfortable to make a complaint if I needed to"; "I am asked for my opinion all of the time and would be happy to raise any concerns" and "They [management team] were very quick to sort out a small concern. They are very open to anything I have to say".

Outstanding ☆

Is the service well-led?

Our findings

Cleeve Lodge had a warm and homely atmosphere where people and their relatives were clearly happy and contended. There was a caring ethos, promoted by the management team which resulted in a valued, compassionate staff team. The whole of the staff team were committed to providing a service that ensured people felt valued and appreciated as individuals.

Relatives were overwhelmingly complimentary about the management of the service and the positive culture they had developed that ensured people were at the heart of the service. Relative's comments included: "They're marvellous, can't sing their praises enough"; "[Provider] is an innovator, always looking for ways to improve" and "Can't praise them high enough. Amazing, absolutely amazing. The service is well run and that filters down to staff. I think the staff must be well treated which reflects in how they treat the residents".

Health and social care professionals were exceedingly complimentary about the management of the service. Comments included; "The home has changed dramatically since [provider] took over. The whole feel of the place is more homely and lot of time and thought goes in to how the home looks" and "It is very well managed. It is like a big family home, there is no institutional feel. I absolutely would put a relative here and would definitely recommend it".

The provider and registered manager clearly had a positive relationship where they worked in partnership to promote a culture of inclusivity, openness and honesty. There was a culture of transparency that promoted relationships of mutual respect, which encouraged and promoted the views of people, relatives and staff. It was clear that these views were central to the developments that had been made to the service and those planned for the future.

Staff were passionate about their jobs and the ethos promoted by the management team. One member of staff told us, "There is no culture of blame here, it's open and honest". Another member of staff said, "Oh it is definitely open and honest, it is so friendly and small here, there is nowhere to hide".

Throughout our visit the provider and registered manager were supporting people and chatting to them in a friendly and familiar manner. People responded in a relaxed way and undoubtedly had positive relationships with them both. The provider and registered manager led by example and this supported the positive culture we experienced in the home.

The provider took extraordinary steps to support people and their families through the admission process and to ensure people had access to support that met their needs. The provider worked extensively with funding authorities and advocated for people and their relatives to resolve issues related to people being able to remain in the service. For example, the provider had supported one person to remain in the home as the person had settled well and the family were extremely impressed with the improvements in the person's well-being. The provider told us, "It is not always financially advantageous to the business but it is about more than that. It's about the benefit to the person, their family and staff. The improvements in this person

have given everyone such a lift and this has had a knock on effect on everyone".

Staff were enthusiastic about the home and management. Comments included: "She [registered manager] is very good. She listens and is very quick to act on things"; "I get on with [registered manager] very well. She is supportive and understanding"; "The manager is lovely. She is very approachable, helpful and supportive. She will also muck in with the rest of us"; "Everyone is so supportive, they listen and act upon suggestions. They are flexible and seem to want my involvement".

The provider recognised where improvements were required and took responsive, effective action to implement systems in order to provide high quality care. For example, where English was not staff's first language they were supported to attend an English class each week in the home. The classes were funded by the provider and staff were paid for the time they attended. One health and social care professional we spoke with us told us that communication with staff whose first language was not English had been difficult in the past but that it was now much improved. This ensured people were supported by staff who could communicate with them effectively.

Staff were valued and respected. Staff views were sought and acted up on. For example, the provider had suggested introducing a 'carer of the month' award. Staff felt that they should all strive to be the best they could be at all times and did not feel the award scheme would improve practice. Staff suggested that they be given the day off when it was their birthday. The provider had agreed to this suggestion and staff received a paid day's leave on their birthday. This reflected a provider who clearly appreciated the staff and was prepared to introduce changes that ensured staff felt valued and listened to.

There had been many significant improvements made to the service, which were recognised and appreciated by people, relatives and staff. This included an increase in staffing levels to ensure people's needs were met and enabled staff to spend time with people to develop positive, meaningful relationships. The provider had introduced a holistic approach to people's care, recognising the benefits of meeting people's social needs on their physical health.

There were numerous ways used to communicate with people and their relatives to enable people to maintain relationships. The provider had set up a secure social media site which enabled relatives to contact people and be aware of what was happening in the home. For example, one relative told us one of their siblings lived abroad and had been worried about the person settling into the home. The provider had recorded the person enjoying a social occasion and made it available to the relative living abroad. It was evident from the response that the relative was overwhelmed by seeing the person had settled so well and was clearly enjoying themselves.

The service was in a village location and the provider used the links with the local community to enhance people's lives. People were supported to attend a weekly coffee morning in the village and to attend a monthly cinema club. Several members of staff were members of local groups and used these links to improve the community involvement in the home. Visitors from the community were invited to events held at Cleeve Lodge and people living in the service attended community events.

The provider and registered manager promoted the service as people's own homes and ensured people were involved in all decisions about the service and their decisions were respected. This ensured people felt valued and that they mattered. There were regular meeting's that enabled the provider and manager to share ideas with people and obtain their views about the improvements people would like to see in the home. For example, one person had suggested they would like a cat in the home. The provider had discussed this with people and their relatives. It was agreed that a cat would be a positive addition to the

home. The provider ensured that an appropriate pet was found. During the inspection we saw people speaking affectionately and spending time petting the cat. It was clear the cat was one of the family and its presence was enjoyed by people and staff.

The provider ensured people were involved in decisions about the business, for example the provider was planning to change the logo on publications about the service. People had been shown ideas of potential logos and indicated which they preferred. The logo most popular with people had been chosen and the provider was in the process of arranging for publications to be printed with the new logo.

The provider had arranged for extensive improvements to the environment and people were involved in all decisions, these included choosing paint colours and furnishing fabrics. The provider had displayed various samples in the home and people were encouraged to indicate their preferences. The provider then selected the most popular choice. People had also been involved in the development of the garden. People had chosen the plants they wanted in the garden and had been encouraged to share memories about the plants they had chosen. There was attractive seating in various areas of the garden and during the inspection we saw many people spending time in the garden walking around, enjoying the environment and sitting alone or with others.

There were effective systems to monitor and improve the quality of the service. The provider and registered manager carried out regular audits which included: medicines; falls; call bell response times; weight loss; care plans and people's rooms. Where issues were identified action was taken to address them in a timely manner. For example, one person's room was audited and it was found that the wash basin needed to be replaced. This was completed before the next monthly audit. Audits were effective and ensured the safety of people using the service. For example, a medicine audit identified that records relating to the administration of topical medicines were not always completed accurately. The system for recording had been improved and was regularly audited. At our inspection we saw that records relating to the administration of topical medicines were accurately completed.

The provider and registered manager monitored all accidents and incidents to look for patterns and trends. Although no patterns had been identified the system ensured people who experienced falls were referred to the care home support service (CHSS) for assessment.

The provider sought feedback from people and their relatives by holding regular meetings and sending out annual quality questionnaires. The feedback from the questionnaires sent out in March 2016 was positive and did not identify any areas for improvement. Comments were extremely positive in relation to the quality of care and the improvements the provider had made.

There was a programme of planned improvements. Relatives were kept informed of progress against improvement plans through regular updates sent by the provider. Planned improvements included: A facility for people and relatives to make hot drinks in a communal area of the home and improved dining facilities.

Staff surveys were also completed annually. The survey carried out in March 2016 was overwhelmingly positive. Staff recognised the improvements made and several commented on the improvement in communication and staff morale.

The provider was knowledgeable about good practice guidance and was enthusiastic about seeking ways to improve the service. The provider spoke passionately about the introduction of the Gold Standards Framework and was committed to ensuring all staff were trained and understood the positive impact the framework had on the care of people at the end of their life.

The provider was a member of the local care providers association. The provider and registered manager attended meetings and accessed training arranged by the care home association to keep their skills and knowledge up to date. They had used information gained from the meetings to influence improvements made to the service. For example, following attendance at a meeting of the care providers association regarding recruitment in the local area, the provider had introduced a recruitment incentive scheme for existing staff to encourage staff to recommend suitable people to work at the home.