Advinia Health Care Limited

Cloisters Care Home

Inspection report

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Hounslow
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Cloisters Care Home is a care home with nursing for up to 58 older people. At the time of our inspection 55 people were living at the service. There were two units. One unit was designed for people living with the experience of dementia. The other unit was for older people with nursing needs. The provider also offered care and support for people at the end of their lives and those receiving palliative care.

People's experience of using this service and what we found
People using the service and their relatives told us they were happy and felt safe. They liked the staff and felt their needs were being met. Some relatives told us people's health and wellbeing had improved since they moved to the service.

Risks to people's safety and wellbeing had been assessed, planned for and monitored. There was equipment designed to keep people safe and staff were appropriately trained to use this. We saw people being supported in a safe way. There were systems to learn when things went wrong, for example following accidents and complaints. The staff made changes to help keep people safe from further harm and minimise risks.

People received their medicines as prescribed from trained staff. The staff worked closely with other health care professionals to monitor people's needs and respond to changes in their health and wellbeing.

There were enough staff working at the service to keep people safe and meet their needs. The provider had systems for safe recruitment and training staff. The staff explained they felt supported and had the information they needed to care for people.

The environment was suitable. It was clean and there were systems for managing infection control and prevention. These had been updated in 2020 due to the COVID-19 pandemic. The staff wore personal protective equipment (PPE) and made sure they followed procedures to prevent the spread of infection.

People were cared for by staff who knew them well. Their needs were assessed and recorded in care plans. The staff had consulted people about their care plans and the review of these to make sure their choices and views had been captured. People were supported to take part in a range of different activities and events. There had been changes to visiting arrangements in 2020 due to the pandemic, but relatives we spoke with were happy with the arrangements and told us they had opportunities to see their family members. Care was provided in a personalised way, taking account of people's individual needs, such as their religion and cultural needs.

The provider offered care to people at the end of their lives. This meant sometimes people moved to the home from hospital for a short time before they died. The staff worked with palliative care teams and other professionals to make sure people were safe, comfortable and pain free during this time.

The registered manager was supported by a team of senior staff. They had regular meetings and discussions to help make sure they had a consistent approach and provided coordinated care. There were effective systems for monitoring and improving the quality of the service, including making changes following adverse events, such as complaints, falls and safeguarding alerts. The staff worked closely with other stakeholders and consulted people using the service and their representatives so they could make improvements based on their feedback.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was good (Published 10 March 2018).

Why we inspected
The inspection was prompted in part due to concerns received about people's care and safety. A decision was made for us to inspect and examine those risks.

As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. Therefore, we did not inspect them. Ratings from the last comprehensive inspection for those key questions were used in calculating the overall rating at this inspection.

We found no evidence during this inspection that people were at risk of harm from these concerns because the provider had made the necessary improvements to the service. Please see the safe, responsive and well-led sections of this full report. The overall rating for the service has not changed. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cloisters Care Home on our website at www.cqc.org.uk.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service responsive?

Good

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Cloisters Care Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by two inspectors and a nurse specialist advisor. A member of the CQC medicines inspection team carried out an audit of medicines management by looking at records relating to this remotely and by having virtual meetings with the staff.

Service and service type
Cloisters Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We looked at all the information we held about the service. This included records of complaints, safeguarding alerts and information about significant events, such as accidents and incidents. We spoke with a representative from the London Borough of Hounslow to ask for their feedback about the service.

During the inspection
We spoke with five people who used the service. We observed how people were being cared for and supported, including how they were supported at lunch time. We spoke with one visiting relative and a

visiting healthcare professional. We also spoke with three nurses, seven care workers, the deputy manager, registered manager, administrator and other staff on duty including housekeeping staff and members of the maintenance team.

We looked at the care records for eight people who used the service, the recruitment training and support files for six members of staff and other records used by the provider for managing the service, which included records of accidents, incidents, complaints, safeguarding alerts, audits and quality checks.

We conducted a partial tour of the premises, looking specifically at how infection prevention and control was managed and safety.

After the inspection
We spoke with the relatives of five people who used the service. We also spoke with the quality lead at the local authority for further feedback. We reviewed medicines administration records and care plans relating to this and we looked at records of team meetings and staff training.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People using the service and their relatives told us it was a safe place. One person said, ''I feel very safe, the staff are all lovely and look after me.'' Comments from relatives included, ''I feel it is absolutely safe there'' and ''I am 100% happy with the home and feel [person] is safe.''
- There were procedures for safeguarding people from abuse and whistle blowing. The staff received training in these and were able to describe what they would do if they felt someone was being abused. There were posters informing staff, people using the service and visitors what to do if they had concerns about abuse.
- The registered manager had worked closely with local safeguarding teams to investigate allegations of abuse and to keep people safe by learning from these and implementing protection plans.
- There were procedures designed to safeguard people's money and valuables. These included making inventories for each person, offering safe storage for valuables and systems for recording and checking payments.

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing had been assessed, planned for and monitored. We observed people being supported in a safe way, for example moving around the environment and when being supported to eat and drink. People confirmed they felt staff met their needs safely.
- Care plans included detailed assessments relating to people's physical and mental health, moving safely, equipment being used, skin integrity and nutrition and hydration. There were also specific assessments for individual health conditions. The assessments were reviewed monthly and following changes in people's needs or an accident. There were clear plans for staff about how they should support people and minimise risks.
- The staff had worked closely with other healthcare professionals to make sure risks were being managed. For example, making referrals when they identified a risk, such as choking. Information from healthcare professionals was incorporated into care plans.
- Staff monitored people's wellbeing and kept detailed records where there was an identified risk, such as monitoring people's fluid intake and recording changes in their behaviour, along with analysing these changes and making changes to their care when needed.
- The registered manager and senior staff took part in regular clinical risk meetings. At these they considered different risks and how these were being managed, for example accidents, medicines incidents, skin integrity, people's mental health needs, changes in weight or health needs and new admissions to the home.
- The environment was safely maintained with regular checks on health and safety and equipment being

used. The staff had created individual evacuation plans to describe how to support people in an emergency evacuation. There were regular tests on fire safety equipment and staff received fire safety training.

Staffing and recruitment

● There were enough staff to keep people safe and meet their needs. One person explained, ''When I press my buzzer, the staff come quickly.'' People told us they did not wait for care and support. We saw staff quickly attending to people's needs throughout our visit. The provider had liaised with the commissioning authorities to arrange one to one staff support for people who were identified as at very high risk. We met three members of staff who had been assigned to give this type of individual support to different people. They knew the needs of the people they were caring for well. They spent time making sure these people were safe and well cared for.

● The staff told us they felt there were enough of them and they were happy with their working arrangements. One member of staff said they did not feel they had adequate breaks. We discussed this with the registered manager who explained there were regular allocated breaks during each shift and staff could request additional time out following a difficult situation or because of a specific need. They agreed to discuss this again with all staff to make sure they were aware of this.

● The provider had procedures for recruiting staff in a safe way. These included making checks on their suitability and an induction when they started. Inductions included shadowing experienced staff, training and assessments of their skills and competencies. Staff files included evidence of recruitment checks and their induction. This meant the provider had systems to help make sure only suitable staff worked at the service.

Using medicines safely

● People told us they received their medicines on time. They had a good understanding of the medicines they were prescribed and told us the staff administered medicines in a respectful manner.

● Medicines were stored in a safe way in locked areas. Staff kept these clean and well ordered. They monitored the temperature of medicines storage areas to make sure these were correct.

● The provider used an electronic medicines records system which was completed and doses of medicines had been administered in accordance with prescriptions. The records clearly described how and when people were supported to take their medicines.

● Some people had their medicines given to them in a covert manner. This is where medicines are disguised so the person does not know that they are taking them. Where this happened there were clear records that the correct procedures were followed before this process was undertaken. We saw that the decision was regularly reviewed and had been made in the person's best interests by a multidisciplinary team.

● There were systems in place to report any medicines errors or incidents. Regular medicines audits were completed. Where issues were identified, the actions for improvement were recorded.

Preventing and controlling infection

● There were systems to help prevent and control the spread of infection. These included infection control procedures which had been reviewed and updated since the start of the COVID-19 pandemic. Three of the staff were dedicated infection control leads who were responsible for ensuring the procedures were followed.

● The environment and equipment were regularly cleaned and checked by a team of housekeeping staff. There were regular audits of cleanliness and infection control.

● Staff and visitors were provided with personal protective equipment (PPE) such as gloves, aprons and masks. Their temperatures were checked on arrival at the service. PPE was disposed of appropriately and there were effective systems for disposing of other clinical waste.

● People using the service were offered seasonal flu vaccinations. The staff monitored people's clinical

wellbeing and responded when people caught an infection, by contacting the doctors, regularly monitoring their vital signs and making sure people were given the care and treatment they needed.

Learning lessons when things go wrong

● There were appropriate systems for learning when things went wrong. The registered manager and senior staff had regular meetings to discuss the service and learn from adverse events, such as incidents, accidents, complaints and safeguarding alerts. They told us they reflected on these events and discussed common themes and how they could improve the service. They also involved other staff in these discussions. The registered manager gave us examples of incidents and the learning from these. They told us, ''If something happens, we learn from it, we look at what happened, contact the GP and review their medicines.'' We saw where improvements had been made following lessons learnt.

● The provider had a computerised system for recording and tracking adverse events. The staff created action plans for improvement on the system specifically linked to the incident. We saw care plans and risk assessments had been updated following accidents. The staff monitored people's wellbeing and made appropriate referrals to other healthcare professionals when needed. This showed us the provider had been proactive in responding to incidents and had learnt from these.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● People's needs were met in a personalised way. They told us they were happy with the care they received. Relatives also felt good care was being provided. Some of their comments included, ''[Person] likes things a certain way, the staff try to recreate it as near as possible, there is nice recognition that everyone is an individual'', ''The staff are kind, caring and come across as wanting to help'' and ''They can see if something is a struggle for [person] and offer to help where needed.''

● We saw people were clean and well presented in clean clothes. Relatives confirmed they had observed this as well. They told us people were comfortable and kept healthy. Some relatives explained people's health and weight had improved since they moved to the home. The staff were attentive when people needed them, answering call bells promptly, speaking to people in a kind and polite way and offering them choices.

● The staff recorded people's needs in detailed care plans. These were regularly reviewed and updated. We saw the staff had consulted with other professionals when needed and incorporated their guidance into plans. A visiting doctor spoke with us and they said they felt the staff met people's needs well, monitoring their health and responding to changes in their condition.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● The staff had created communication care plans for people, which took account of their language, sensory needs and barriers to communication. Relatives of people told us the staff supported people well with communication. One relative explained how the staff had addressed the hearing loss for a person through liaising with other professionals. The person's hearing was assessed and they received the treatment they needed, which had improved their quality of life because they were able to communicate more easily.

● The environment was designed to meet people's sensory needs, in particular within the unit which accommodated people living with the experience of dementia. There were different areas which people could interact with, including tactile decorations. Information, such as menus and room identification, was clearly displayed. The staff had undertaken training to support them to better understand the needs of people with dementia. They offered people choices in personalised ways, for example using objects of reference, pictures and showing them plates of food so they could make informed choices.

● Some people spoke different languages. This was clearly recorded in their care plans and staff who could

speak the same language were allocated to support them where possible.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● People were able to stay in touch with friends and family. Since the start of the COVID-19 pandemic visiting arrangements had changed. Visitors were able to book appointment slots. The registered manager tried to accommodate as many visits as it was safely possible to do. Alternative arrangements, such as video calls, also took place regularly to make sure people were able to stay in touch. The relatives we spoke with told us they felt the arrangements were suitable and felt well informed. They told us staff kept in contact with them to let them know about any changes in people's needs. One relative told us, ''[Person] has lots of friends and the staff help [them] video call these friends, it is amazing and [person] can stay in touch which is very important.'' Another relative told us, ''We ring and speak with [person] every day and are able to visit every other day.''

● The staff supported people to participate in a range of different social activities. On the day of the inspection we saw people singing and dancing together. People told us they had enough to do and relatives explained they felt the staff supported people with their hobbies. One relative said, ''[Person] loves music and the staff know this and play music for [them].''

● People were supported with their religious needs. One relative told us how the staff helped a person pray each day because this was important for them.

Improving care quality in response to complaints or concerns

● There were appropriate systems for investigating and responding to complaints. All of the relatives we spoke with told us that any issues were quickly resolved with comments which included, ''[Registered manager] is really hot on getting things sorted'', ''We talked together and came to a solution'' and ''They righted it then and there, they made all the arrangements and it was so easy and straight forward [to rectify a problem].''

● There was a process for dealing with complaints. These were recorded along with details of the investigation into these and any actions taken as a result of the complaint. The staff discussed the themes of complaints so they could learn from these and improve the service.

End of life care and support

● Some people were being cared for at the end of their lives. The staff worked closely with the local palliative care teams, other professionals and relatives to make sure people's wishes were respected, they were comfortable and pain free. One relative told us, ''The nurses were very friendly when they explained about [person] being put on palliative care. [Person] is warm, clean, dressed each day, comfortable and pain free. [They] are not agitated and I am happy with the care [they] receive.''

● The care plans for people described specific wishes they had, including religious needs, for the end of their lives. People received pain relief when they needed this and coordinated care from all the professionals involved.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

● People and their relatives told us there was a positive and person-centred culture. Some of their comments included, ''The staff are nice and I know the managers, they come to visit me regularly'', ''I am really happy with the service and how [person] is looked after'', ''All the staff are absolutely amazing, from my first impressions walking in, if there is a problem they sort it'' and ''It was really nice when we first arrived at the home and the welcome [person] received.'' We observed the staff caring for people in a kind and respectful way. The environment was nicely laid out with plenty of communal facilities for people to enjoy and personalised bedrooms. People, and their representatives, had been involved in planning and reviewing their care.

● The staff commented about the positive atmosphere. One staff member said, ''I like working here, I love it, everyone is happy, I like looking after the residents – it is like a family.'' Another staff member told us, ''We work together as a team, I can't imagine life without my job here.'' The staff received regular supervision and training to help them carry out their roles and care for people well. The registered manager told us the staff team worked well together. They said, ''The staff have been amazing, pulling together [through the time of the COVID-19 pandemic]. I am really proud of their work.''

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● The provider had a range of policies and procedures which were regularly reviewed and updated. These included procedures for dealing with complaints and duty of candour. Information about the service's performance and quality audits was displayed on notice boards.

● Records of complaints included evidence that the registered manager had investigated these, responded to complainants and apologised when things went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

● The registered manager was suitably qualified and experienced. They had a good knowledge of the service and of individual people's needs. People using the service and their relatives told us they knew who the management team were and felt they could approach them. Staff spoke positively about the registered manager. Their comments included, ''I feel very supported and look forward to coming to work each day, the manager is excellent and very supportive'' and ''The manager is very good and listens to us.''

● The registered manager had a good understanding of their legal responsibilities and kept up to date with

changes in legislation and best practice.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● People and their representatives were supported to give feedback about their experience of the service. They had opportunities to speak with managers and also to complete surveys about different aspects of their care and support. They were involved in planning and reviewing their care.

Continuous learning and improving care

● There were effective systems for monitoring and improving the quality of care. The provider had a computerised auditing tool which included action plans for improvement. The registered manager and staff undertook regular audits of all areas of the service and discussed the outcome of these so the staff team could learn and improve together.

● There were regular staff meetings which included daily management and regular clinical meetings where risks were discussed and planned for. There were also individual and team meetings for staff to discuss the service and keep updated with information about people's needs and changes to the service.

Working in partnership with others

● The staff worked closely with other health care professionals and family members to make sure people's needs were met. One family member explained how the registered manager had supported them to access services in order to support the person using the service. The community matron had regular virtual meetings with the management team to review people's needs and the GP carried out weekly visits to the service. We spoke with the visiting GP who told us, ''I think the service is coping well, they are very good at monitoring patients and they provide me with all the information I need.''

● The registered manager had regular contact with other managers working for the provider and also within the local area. They attended training, webinars and forums with the local authority and healthcare teams so they could learn from each other, share ideas and plan for the service.