

# Care UK Community Partnerships Ltd

## Cleves Place

### Inspection report

Cleves Place, Millfields Way  
Haverhill  
Suffolk  
CB9 0JB

Tel: 01440715840

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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?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

Cleves Place provides accommodation, nursing and personal care for up to 60 older people some of whom may be living with dementia and/or have complex nursing needs. At the time of our visit there were 55 people using the service. The home was situated in the town of Haverhill in Suffolk.

Cleves Place is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. This inspection took place on 5 April 2018 and was unannounced.

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.

At our last comprehensive inspection on 30 November we found that the home was safe with effective and responsive care. We rated the home as Good in each of the five questions that we ask and overall. At this inspection we found that the home had developed further. We have rated the service Outstanding in caring and responsive making the overall rating for the service Outstanding.

People and their relatives were extremely complimentary about the care they received. Staff were particularly positive about the people they provided care to and supported and the management and leadership inspired them to deliver a high quality service. People received exceptionally personalised care and support which they were in control of. Activities were planned by staff who worked closely with people to establish their individual and unique preferences. People were supported to take part in activities of their choosing.

There was an exceptionally strong ethos within the home of treating people as individuals and with respect. People were at the forefront of their care. Information was given to people about how to raise any concerns they may have and where concerns were raised these were dealt with speedily and in detail. Staff were passionate about providing the best, most compassionate and respectful end of life care to people.

People were involved in developing their support plans, which were highly personalised and detailed to ensure their individual preferences were known. The home was extremely responsive to people's specific and individual needs and preferences. Activities were planned by staff who worked hard to ensure that all people were able to be involved. People were supported to take part in stimulating activities of their choice, which had a positive impact on their well-being.

There were sufficient staff to meet people's needs in a timely manner and ensure that care was person

centred and not task focussed. The provider completed relevant pre-employment checks to ensure staff were safe to work with older people. The registered manager analysed staffing needs to ensure staff had the right mix of skills to meet people's needs safely. High standards of cleanliness and hygiene were maintained within the home.

Staff felt well supported in their role and had received training and supervision which ensured they understood how to do their job well. Meals were of a good quality, varied and people were given choices. The staff were knowledgeable about the support people required to enjoy their meals and drinks safely and this was provided.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and put it into practice. Where people had been unable to make a particular decision at a particular time, their capacity had been assessed and best interest's decisions had taken place and recorded. Where people were being deprived of their liberty for their own safety the registered manager had made Deprivation of Liberty Safeguard (DoLS) applications to the local authority.

Quality assurance checks were in place. There was an open culture at the service and the views of people, relatives and staff were gathered. The service worked in partnership with other agencies to secure positive outcomes for people.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe

There were systems in place to help protect people from the risk of abuse and harm.

Risks specific to each person had been identified, assessed, and actions implemented to reduce them.

Systems were in place for the safe management of medicines.

Good 

### Is the service effective?

The service was effective

Staff received an induction to the organisation and ongoing learning and development opportunities were tailored to ensure people experienced effective care and support.

People were supported to eat a healthy, balanced diet of their choice, which met their dietary requirements.

Staff supported people to access health care services whenever they were required.

The service was meeting the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards, which helped to ensure people's rights were upheld.

Good 

### Is the service caring?

The service was very caring

Staff were exceptionally caring and kind towards the people they supported.

People were supported by staff who were very committed to the provision of high quality care.

The service was extremely respectful. Staff were highly respectful of people's privacy and treated them with dignity.

Outstanding 

### Is the service responsive?

The service was very responsive.

Care plans clearly described how people should be supported.

People and their relatives were supported to make choices about their care and support.

People were offered meaningful and person centred choices of activities both in the home and the wider community.

There was a robust system in place to manage complaints. People and their relatives were confident any complaints would be listened to and taken seriously.

People received end of life care and support which met their individual needs and preferences.

**Outstanding** 

### Is the service well-led?

The service was well-led.

Good leadership was demonstrated at all levels.

The management team provided clear and direct leadership which inspired staff to provide a high quality of care and service.

Good quality assurance systems monitored people's safety and welfare on a continuous basis.

The service worked collaboratively with other health and social care agencies.

**Good** 

# Cleves Place

## 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 comprehensive inspection took place on 5 April 2018 and was unannounced. The inspection team consisted of three inspectors, a specialist advisor and an expert by experience. The specialist advisor was a trained nurse, who looked at people's nursing care needs. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we requested that the provider complete 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. This was received from the provider.

We also reviewed information that we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We also sought views from commissioners who funded the care for some people and the local authority Provider Support Team.

We looked at the care records of nine people in detail to check they were receiving their care as planned. We also looked at other records including six staff recruitment files, training records, meeting minutes, medication records and quality assurance records. We spoke with 12 people who live at the home, eight members of care staff, two nurses, the activities co-ordinator, the chef, the deputy manager and the registered manager. We spoke with relatives of eight people currently living in the home and also spoke with three healthcare professionals. After our visit a further 11 relatives contacted us wanting to share their experiences of their family member living at Cleves Place.

# Is the service safe?

## Our findings

At our last inspection in November 2015, we rated this key question Good. At this inspection we found that the home had sustained this rating.

People told us they felt safe living at the service. One person said, "I am very happy here, I love it and I feel very safe and looked after." Another person told us, "I'm very glad I came here, it was the right time for me. I feel safe and people are so kind." A third person commented, "When I had a fall here they checked me out, that's why I like it here. I don't wait for hours like I would at home and I don't necessarily have to go to hospital."

A persons' relative told us, "First and foremost, we have been impressed by the systems at the home that enable my [family member] to be kept safe. This was one of our prime reasons for choosing the home. My [family members] dementia means that they are unable to make safe decisions for themselves and their physical challenges leave them vulnerable to falls. There have been no falls since [family member] was admitted and every process, including the high degree of night time supervision, gives us confidence that [family member] is much safer than they were in their own home."

Staff we spoke with understood people's individual risk factors to ensure strong safeguarding practice. There were systems in place designed to keep people safe from the risk of harm and abuse and people received support from staff trained to recognise and report abuse. One staff member we spoke with told us, "I have needed to report something I saw and wasn't happy with, it was looked into straight away." Another said, "I get safeguarding training, it is updated every year. The people to contact is up on the noticeboard in the staff room."

Individual risk assessments were completed in respect of the support people required. Risk assessments identified how risks could be minimised without limiting people's independence more than necessary to keep them safe. These included risks associated with pressure ulcers, mobility and falls. Where people had been assessed as being at risk of developing pressure ulcers there were systems in place to minimise the risk. This included seeking support from health professionals, providing pressure relieving equipment and supporting people to reposition. One person, who was cared for in their bed and was at risk of falling, had their bed set low, with a safety mat by the bed to reduce the impact of any falls they might have. Another person had a motion sensor set to alert staff if they got out of bed during the night so that they could go and ensure the person was safe. While we were checking records in that person's room, we accidentally set off the alarm. A staff member came to check the room very quickly. This showed that the staff were alert to the possibility that the person may be in their bedroom and checked that they were safe even during the day when they knew the person was out of bed.

To further help ensure that people were safe, regular health and safety checks were carried out regarding the building and environment, such as legionella water checks, fire alarm tests and fire drills. Regular servicing schedules were in place to make sure that services within the home were properly maintained and safe to use. This included fire safety equipment, gas appliances and hoists for example.

People, their relatives and staff we spoke with told us there were good staffing levels. When people had asked for help they received this promptly. One person said, "If I ring my bell someone will always come, I don't have to wait long at all." Another person told us, "They come even at night, there is always someone there and I don't have to wait more than a few minutes." A third person stated, "There's always enough staff around and even if they are busy they never make you feel like you are a bother" A fourth person told us, "'I am prone to falling, that's why I came here, there is always someone to come. I fell a while ago and someone came really quickly."

We noted that call bells were answered quickly and staff were available if people were looking for help. Staff had time to sit with people to spend time to interact with them and were encouraged to do so. One person's record read, '[Staff] should sit and chat with [me] regularly throughout the day.' Other care records reminded staff that they should spend time with people while they were providing support to them to listen to what they had to say and to make sure they gave people time to understand what was being said to them and to give their reply. One record said, "Please be patient and give [me] time to communicate [my] wants and needs."

Staff told us that they believed that there were enough staff one duty, one staff member told us, "It gets busy sometimes, but most of the time we have time to do our jobs and I can still take my time with people to do those extra little things to help them feel relaxed and cared for." The registered manager used a dependency tool to determine how many staff were required in each area within the home and staff rotas were based on people's individual needs.

The service had a robust staff recruitment system. We saw that there was a policy and procedure in place for the safe recruitment of staff. The files showed that this procedure had been followed including disclosure and barring service (DBS) checks on staff. DBS checks were undertaken prior to the member of staff commencing their employment. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. This meant that recruitment processes were robust and contributed to protecting people from the employment of staff who were not suitable to work in care.

People told us that they received their medicines when they needed them on time. One person said, "I'm taking pain killers four times a day, staff see to that and always stay with me to make sure I take them." Another person told us, "I know what I take but I don't need to do anything. They do it all for me now thank goodness."

Medicines were safely managed. Staff had undergone regular training in medicines administration and safety and their competencies were checked regularly. Storage of medicines was secure and stock balances were well managed. We audited stock balances, including medicines which carried a higher risk, and found they corresponded to medicines administration records (MAR) and were correctly recorded. Records were comprehensive and well kept. Staff were observed administering medicines appropriately and safely and demonstrably enjoyed a good relationship and knowledge of each person as they assisted them. Staff told us they were confident that people received medicines as they the prescriber intended.

Staff had a good understanding of infection prevention and control issues and all areas of the home, both communal and clinical, were clean and tidy with no malodours. We noted that whilst staff were observed to be wearing personal protective equipment (PPE) such as gloves and aprons at various times, the equipment was discreetly stored and not on obvious display. All staff spoken with during the morning and the afternoon demonstrated awareness of how to access PPE.



Incidents and accidents which occurred in the home were recorded and we were able to see that action was taken as a result of safety incidents to ensure lessons were learnt. The staff looked for patterns or trends to make sure actions taken where needed. They gave an example of actions taken when one person had fallen on more than one occasion. The advice of a specialist was sought and a sensor mat was put in place to alert staff when the person moved from their chair or bed.

## Is the service effective?

### Our findings

At our last inspection in November 2015, we rated this key question as Good. At this inspection we found that the home had sustained this rating.

Full assessments of people's individual needs were carried out before they started using the service. This meant that the resulting care plans were able to reflect people's needs holistically. The areas covered in the assessment included their physical, mental, social needs and future plans. The management team and the staff worked with other professionals involved in people's care to ensure that their needs were met in a consistent and effective way.

Assistive technology was used within the service to support people in their everyday life to make life easier or to help keep them safe. For example, for some people who were at risk of falling because they were unsteady on their feet, monitors were in place to immediately alert staff when they got out of bed and may need assistance. People had access to Wi-Fi throughout the service so they could use their electronic devices, this enabled people to stay in contact their friends and relatives by email or video conferencing.

People told us that the staff had the skills to meet their assessed needs. One person said, "They [the staff] come when I need them, they know what help I need and make it easy for me."

New staff completed the Care Certificate which is a nationally recognised induction training programme. The Care Certificate is designed to help ensure care staff that are new to working in the care service have initial training that gives them an understanding of good working practice within the care sector.

Staff told us that they had the training and support they needed to carry out their roles and were provided with regular update and refresher training. They were also provided with training and the opportunity to achieve qualifications relevant to their role enabling them to meet people's needs effectively. Staff were provided with the opportunity to complete a 'qualifications and credit framework' (QCF) diploma qualification relevant to their role. Training provided to staff included safeguarding, moving and handling, fire safety, and dementia. Staff files evidenced the training staff had achieved.

Records and discussions with staff showed that they were supported. Staff told us they felt listened to and supported. They also received one to one supervision meetings and annual appraisals which provided them with the opportunity to discuss their work, receive feedback on their practice and identify any further training needs they had. One member of staff told us, "Its brilliant here, lots of support."

The service supported people to maintain a healthy diet and people told us they enjoyed the food. One person said, "The food is varied and there is a choice and plenty of it." Lunch was a very relaxed, social event and people spoke well of the food. In one of the dining rooms a carer provided entertainment and created a light, fun atmosphere, singing and dancing much to the clear amusement of people.

The senior care staff, who was responsible for serving the food, took care to make sure it was attractively

plated and prompted staff to keep the food covered while it was being taken to the tables. The tables were set with clean tablecloths, napkins and condiments. As people who used a wheelchair were supported into the dining room they were carefully transferred from their wheelchair into a dining chair, they were not expected to eat sitting in their wheelchair which can make it difficult for them to reach their meal and might lead to food being dropped in their lap.

Three courses were on offer, people were asked individually if they wanted soup before it was served. People eating in their bedrooms were given their meal one course at a time as if they were being served in the main dining room. This meant that they got each course freshly served and at the temperature it was intended to be served at. People were shown both plated main meals on offer, the staff member described what the meal was and people chose which one they wanted to eat. One person was given two different vegetarian options to choose from. A carer adjusted their position so that they were at eye level with the person to speak to them and help them to make their selection of meal. This meant that people were given the choice of what they wanted to eat in a meaningful way. When they had finished eating staff asked people if they had finished before removing the plate and asking whether they had enjoyed their meal.

Drinks were plentiful throughout the day; each unit had a dining room and small kitchen where most people chose to eat. Drinks were prepared freshly as people asked for one and they were actively offered throughout the day and. One person told us, "The food is excellent, we get the choice of two hot meals, the staff ask you what you want and if you don't like the options they ask what you would like instead."

Records showed that where there were risks associated with eating and drinking appropriate referrals had been made to health professionals. In addition, records were kept to allow the staff to monitor if people had enough to eat and drink; where people required assistance to gain weight high calorie items such as drinks were provided. Staff told us that finger foods were available for people who had difficulty sitting down at the dining table to eat, people living with dementia for example. This meant that they were able to eat as they walked to maintain their nutritional intake. One person told us, "The chef brought up these snacks for me - they are very thoughtful, all the staff are."

We spoke with the chef who was clearly very enthusiastic and motivated about their role at the home. With plenty of experience in a variety of settings, the chef was clear and knowledgeable about dietary requirements and the presentation of specially modified food such as puree meals. The chef actively sought feedback about people's meal time and their thoughts about the food being prepared. One person had made a comment that the food was generally good but for them, could be bland at times. In response to this the chef was meeting with the person to discuss what improvements they would specifically like to the meals. We looked at the care records and found that the healthcare needs of this person were also affecting their enjoyment of their food and as a result a referral had been made to a dietician. It was the clear the staff were fully engaged with the person regarding this matter and were evidently making clear efforts to support them with their meal experience and nutrition.

Where necessary the staff team worked with other teams to deliver effective care and support. People were supported to access a wide range of core and specialist health care services such as specialist nurses, community physiotherapists, occupational therapists dentists and opticians. This helped to ensure that people's healthcare needs were met.

People's records included information about treatment received from health professionals and any recommendations made to improve their health was incorporated into their care plans. One person told us, "I can see the medic anytime, I just ask and that's it." Another person's relative told us, "[Person] has had a hospital appointment for a chest x-ray, staff arranged it all and I met them there but they arranged all the

transport."

People's rooms were spacious and people were encouraged to personalise their rooms and make them their own. The layout of the home was well maintained and decorated with appropriate furniture and fittings, including appropriate lighting. The areas were noted to be clean and well maintained. The home had a cosy and authentic looking pub area which was used by people for socialising and for their own special events. Other facilities included a small sweet and 'nick knack' shop created to simulate a shopping experience for people. The shop had bay window style displays and sold a range of items for people to browse and purchase if they chose. There was also a cinema room with comfortable chairs. The provider had implemented many items of interest and themed decor to the walls and communal areas to make the home 'dementia friendly'. Bathrooms and toilets had signs on them and other 'shop fronts' had been installed to help identify different areas. Different colours, names and pictures and memory boxes had been applied to some doors to assist people in identifying their rooms.

The Mental Capacity Act 2005 (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.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff supported people in a way that encouraged them to make choices about their care. One person told us, "They [staff] never just do anything, it's like we are in charge, and it's always 'do you want to...?'"

Mental capacity assessments had been undertaken and recorded, showing the specific decisions, the people involved and consideration of the least restrictive solution made in the person's 'best interests'. The registered manager was aware of any relatives with Lasting Powers of Attorney that have bearing on the decision making where a person did not have capacity to make a specific decision.

## Is the service caring?

### Our findings

At our last inspection in November 2015, we rated this key question of Good. At this inspection we found that the registered manager and team had developed the home further and the care being provided was of an outstanding nature. We have rated this key question Outstanding.

People were all highly positive about the standards of care provided at Cleves Place. One person told us, "It feels like home, my grandson comes and he pops into the kitchen too - the family are always welcome." Another person told us, "[Care staff] are cheerful and helpful and they make it really nice, I settled in really quickly." A third person told us, "They are all so kind, not just the carers but the cleaners too, everyone is." And a fourth person said, "All the girls are good, all of them, we have a laugh too that's nice."

People's relatives were equally highly complementary and many took the time to contact us immediately after our visit to tell us how impressed they were with the care their family member was receiving. One relative told us, "I don't know why this place isn't (rated as) outstanding, they really care about people." Another relative told us, The staff are, without exception, extremely pleasant and caring and go out of their way to make each [person] feel "special." And another, "From day one we have witnessed nothing but care for [person] in all senses of the word. [Persons] privacy and self-respect needs are foremost in each and every carers mind, they continue to be extremely kind and give all the time and attention needed." A fourth relative told us, "The overall atmosphere of Cleves Place is one of caring and love."

Without exception, staff spoke positively and passionately about working at the home. One staff member told us, "I love working here, it's just amazing and the care people get is second to none." All the members of the team, the registered manager, the care staff, chef and the maintenance worker, displayed caring tendencies through the relationships they had built up with people. It was clear they all knew people exceptionally well. A healthcare professional gave us an example of how staff knew a person they were working with very well and their individual preferences for eating "One [person] in particular wouldn't sit down to eat, so I often found [person] with snacks as they walked and they used 'show plates' to help [person's] decision making with meals." People were treated as equals and their individual needs were respected.

One relative whose family member had very specific support needs told us, "The staff are wonderful, they pop in and out all the time, they talk to [family member] and keep [family member] going. The carers, the cleaners, the maintenance man and the chef, they all talk to [family member]. Sometimes the carers treat [family member] to fish and chips."

We saw many compliments about the home stating how considerate and kind-hearted staff were. They included, "Fabulous to see such a wonderful dementia friendly community." And "a very positive holistic home." A visiting healthcare professional told us, "The carers clearly love and care here."

We saw many examples of positive and caring interactions between the staff and people living at the home. When staff interacted with people, they were open and friendly. Staff were clearly extremely passionate

about ensuring that people had the very best care and without exception spoke positively and passionately about working at the service. Throughout we overheard numerous friendly exchanges between care staff and people they supported. One member of staff told us, "It's really important to me that everything is just right, this is their home and I want everything to look good and feel right for everyone." One person told us about the staff, "Staff are excellent, very friendly and supportive. I feel they really care."

We saw that staff had time to allow them to spend time with people to pass the time of day and to check to see if they needed anything. For example, we saw a staff member, who had just passed on a message to another staff member, stop when passing a bedroom where someone was being cared for in bed. They went into the room brightly greeting the person as they did. They went to the side of the bed the person was facing, knelt down so they could make eye contact with them and asked how they were doing. The person responded and the staff member took their hand and gently stroked it as they went on to initiate a conversation about the person's relative. This was a positive interlude for the person spending time in their bedroom.

One person, who was living with advanced dementia, had taken their replica baby into the dining room and had offered it some of their soup. After the person had finished eating, a staff member helped them freshen their face and offered to wipe the 'babies' face, which they did as gently and as carefully as they would have done for a real baby. This action showed compassion and a good understanding of how to support a person living with advanced dementia. On another occasion, a member of staff approached the same person to see if they would like a drink and biscuit. The person stated they also wanted biscuits for their 'baby' which the staff member happily provided much to the person's happiness. We saw that this approach of kindness and respect was also carried out by the whole staff team who came into contact with the person.

An example of the home going the 'extra mile' was explained to us by a person's relative. Their relative told us, "As you will gather I cannot think of a better place, given that my [family member] has to be in a home, where [my relative] would be better cared for or where their every need would be better provided and I am so grateful to all the staff for the excellent care and attention that they are given." Another relative told us about how the exceptionally good care from staff meant that they saw a positive change in their family members wellbeing after they moved to the home, "Very shortly after [family member] moved into Cleves Place we saw a marked change in their happiness. They now mix with the other residents and engage with the staff, due mostly to the fact that all the staff there are so friendly and approachable."

People were actively involved in making decisions about their care and were offered choices at every opportunity. People felt that they counted and that their views and wishes were taken into consideration. One person told us, "The carer comes in and says to me 'what would you like today' and I say 'just a quick wash please' and it's done." Another person told us, "They check with me if I want a bath or a shower or just a wash." A third person said, "It feels like a hotel. I can choose whatever I want to do or not to do." Another person's relative told us, "As we have got to know the staff and systems at Cleves; we have found communication to be good. My [family member] has a comprehensive care plan which we have been consulted about. [Staff] are approachable and always willing to listen and give their time." Another relative told us, "The level of care at Cleves Place is excellent. All staff are extremely proud of the care home and are keen to provide a 'home from home' for every resident."

Many visitors had completed reviews about the service, which were publicly available on the internet. Two recent reviews were particularly positive about the caring nature of staff. For example, one relative wrote that, "My [family member] is receiving excellent care and the staff keep me up to date. Any issues are resolved and my [family member] now calls Cleves 'Home'."

People were involved in all aspects of their care and were encouraged and empowered to share their views. The ethos of the home was about seeking people's views. People were offered the opportunity to attend 'residents' meetings' as an additional way of gathering their views. We looked at the minutes of some of the meetings and saw areas discussed were acted on. During one of the meetings there was a discussion about developing the gardens further and creating a sensory garden. As a result the home had contacted a local agricultural college to help out. Other areas discussed were about making further efforts to involve the local community in the home. As a result the home was liaising with a local school and branch of the 'Girls Brigade' to spend time befriending people living in the home. This told us that the registered manager was open to feedback and was proactive in acting on anything that needed addressing.

We overheard one staff member speaking to a person and offering several choices. The staff member was unaware they were being listened to and the care and choices they were offering were clearly usual practice for them. They asked the person, "Would you prefer these [shoes] ones? Hold on a sec, I will get them for you; they are right under the bed. Would you prefer to sit in your chair or would you like a rest in the bed?"

Where people needed some help and support and they had no immediate family to help them information about advocacy services was available. The registered manager told us that no one currently needed the support of an advocate however people had done beforehand. A discussion with the registered manager showed the home was aware of how to access advocates for people who had nobody to act on their behalf. An advocate is a person who represents people independently of a care home.

From the discussions we had with staff, it was obvious that they knew the people well. They were able to tell us people's preferences, background and the help and level of support they needed to retain as much independence as possible. When staff talked with us about people they did so in a respectful manner and protected their privacy. When working with people, we saw that staff closed bedroom doors when they were supporting people with their personal care needs and spoke softly to them when asking if they needed to use the toilet, which showed they respected people's dignity and privacy.

Staff consistently respected people's privacy and dignity. People had privacy when needed and staff respected people's personal space. One person's relative told us, "They always knock on the doors, they are really considerate." Whilst we were speaking with one person and their relative as part of our visit their bedroom door was closed. As this was out of the ordinary for this person, a carer came and knocked on the door and waited to be asked to come in. The care staff said to us all, "I'm sorry I was just checking as we usually have the door open so we can keep an eye on [person]."

Records included information about people's friends and family who were important to them and the arrangements for support to maintain these relationships. There were areas in the service where people could entertain their visitors, in private if they wished.

Displayed within Cleves Place was a document detailing the home's specific vision and values statement, written by a staff member and selected by people, staff and relatives as the statement of care at the home, it started 'Cleves is where love is...' and ended, 'And laughter never ends.' This statement accurately summed up how people and their relatives and friends saw the care provided at Cleves Place. A relative added, "It has been an extremely difficult process for [family member], but the support she has received from all of the staff at Cleves has been amazing... to have the kindness and thoughtfulness from the staff for us has been a God send and truly amazing."

## Is the service responsive?

### Our findings

At our last inspection in November 2015, we rated this key question of Good. At this inspection we found that the home were now exceeding this rating and we have rated this key question Outstanding.

People and their relatives told us about their individual lifestyles, which were all enabled by excellent staff support. It was evident that care and support was focused on individual need and people's requirements were responded to in a highly responsive way. People told us they had their care delivered exactly as they wanted it to be. One person told us, "I can have a bath whenever I want, I just have to say 'can I have a bath today' and they fit me in." Another person told us, "When I want to go to the shops one of the carers just comes with me."

Care management records were extremely comprehensive and included assessment data relating to capacity, mobility, nutrition, continence management, weight monitoring, activities and healthcare for example. The ongoing notes were found to be well written, objective and comprehensive. There was evidence of consent based planning and included clear guidance to staff relating to use of tone, voice and posture when communicating with people. Overall there was excellent attention to detail; notes on continence management for example were written to ensure that consent is sought when products are required to be replaced.

The care plans recorded information about the person's likes, dislikes, aspirations and their care needs. Care plans were person centred and detailed enough for the staff to understand how to deliver care to people in a way that met their needs and without discrimination. Staff supported people in ways that reflected their needs. For example, one document was titled 'food for thought' that set out what help people needed whilst eating. One person's record contained detailed comments such as, 'I have no issues with decision making especially with regards to mealtimes, I enjoy coming to the dining room for all my meals. I have a normal diet and eat with a knife and fork, I do not need a clothes protector, but I like a serviette to hand. I am a slow eater so please make sure you give me enough time to finish my main course before you offer me desert.' We considered the last point in particular good practice and is important when supporting people living with dementia to eat. This is because if people were offered desert, before they have finished eating, they could leave their main course to eat their desert. This meant that they would eat less than they would if they had been given the opportunity to finish their dinner before the desert was given to them.

People's care plans were individual to each person and recorded how to support them to maintain their independence in areas that they were able to, including choosing their own clothes, what they wanted to eat and how they spent their time. For example one said, 'Be patient, [the person] hates being rushed, take time to listen to [their] little stories.' Another said, 'I have a wicked sense of humour, I enjoy a good laugh, I like to be happy'

People's life histories were recorded in a life storybook which staff developed in partnership with them. The books included photographs and memories important to the person. This enabled the staff to get to know people well and enabled them to support them in the way they wanted to be. After the history section the



storybook went on to record people's lives once they had moved into Cleves Place, which included photos of them taking part in activities, celebrations they had taken part in and family visits. This acknowledged that people continued to have good lives and make new memories once they had moved into residential care.

People who lived at the home received care and support that was highly personalised to their individual needs wishes and aspirations. Without exception people and their relatives attributed their good health and longevity to the exceptional care they received at Cleves Place. One person's relative told us, "[Person] hasn't been ill since they have been here, they look after [person] so well. They know that [person] says 'no' to lots of things but they are patient and encourage [person] and they know how to help them." Another relative commented, "We consider ourselves and [family member] extremely lucky to have found a place at Cleves [Place]. They are [persons] second family and [person] has come on leaps and bounds since moving in. [Family member] is eating better and has made friends. [Family member] no longer has just the four walls of [their] flat to look at and as much as we visited daily, [they] now has so much more to do! [Family member] has more of a social life than me! My [family member] can rest easy that they are safe and are now socialising albeit in their own way with dementia."

People's specific support needs were met in a responsive manner. The registered manager and staff had recognised that there were a number of people who were living with dementia who did not react well to the internal door to the rest of the home being kept secured to keep them safe. As a result they had taken the initiative to widen the safe area to include the café and reception areas of the home. A member of staff who worked in this area told us, "We used to lock the doors to the [community] but people who want to walk about didn't like it and used to challenge us by banging on the doors so now when the reception area is open we keep our doors open for [people] who like to walk around – it's all safe. The nursing unit (opposite) keep their doors shut because their [people] can ask to leave or know how to use the code and that means our [people] don't go in and move things around in their rooms. It works really well now and we have much less challenging behaviour."

People's lives prior to moving into the home were valued and their personal leisure pastimes supported and encouraged. It was evident that care and support was focused on individual need. One person had an interest and personal hobby and it was clear from the array of materials in their room that this was important to them. As a result the person had been supported to set up their own weekly activity session at the home where they were able to share their knowledge and passion for their hobby. They told us, "I really enjoy doing that [leading hobby session]." On a weekly basis other people living at the home attended the sessions and had the opportunity to try a new pastime.

Activities were taking place in the various areas of the home during our visit. The activities plan for the day within the area of the home called 'Pearl' was a 'pamper session' at 10.30am and 'Flower arranging' at 2.30pm. The pamper sessions took place within the privacy of people's bedrooms and they were able to relax and enjoy this without the potential distractions of communal areas. The flower arranging activity took place and we saw people from the different areas of the home attended. In observation all participants were engaged and were supported and encouraged by the activities co-ordinator who facilitated the session. There were good resources available to each participant and although some people were living with dementia, the activities co-ordinator supported people equitably using good prompts and plenty of friendly encouragement and interaction.

The activities co-ordinators and staff worked hard to ensure activities appealed to both men and women living at the home. As such they had created a 'gentleman's' corner in a communal area. This area had been kitted out with armchairs, a range of books, a record player and a full size snooker table that was accessible

to all. In addition gentleman living at the home were supported to access a social event for men which was held in the town. One person told us, "I'm going to try the 'men's club' in town next Friday – I'm looking forward to it."

Staff recognised and emphasised the importance of meaningful occupation in helping people to maintain their independence and individualism. This meant that the activities often had a purpose. We saw some good examples of people being supported towards maximum independence. One person who had a passion for maintenance and D.I.Y prior to moving to Cleves Place was the home's 'resident 'caretaker'. This person regularly worked alongside the home maintenance staff member fixing odd jobs and walking around the premises checking for repairs needed. The maintenance person told us, "[Person] has helped me with lots of things and some painting too." Another person who had been a cleaner during their working life often helped the home housekeeping staff. This helped to give people's day meaning and purpose. Another person told us they had responsibility for the daily garden watering. We observed them out in the garden independently taking care of the various raised flower beds, pots and lawns.

Social presence was an important part of life at Cleves Place. A central meeting point where people assembled during the day was the 'Stowbridge Café'. We saw throughout our visit that this area was used for people to meet with their friends and families, with staff and also by themselves if they wished to have a quiet drink or look out onto the gardens. People and their relatives, friends and guests could help themselves to homemade cakes and drinks. Other social opportunities were created through the use of the home's pub which people had voted to call the 'Dog and Parrot' pub, named after popular pets at the home. The in-house cinema, named 'The Fleapit' again by people voting was also an area that people could use to mix with people living at the home or through inviting their friends and families in.

People were supported to maintain the personal and family relationships that mattered and were important to them. One person had a private lunch arranged for them and their family members in the cinema room. There was great attention to detail by the chef, the food was beautifully served and the chef came to check all was well. The person and their family were free to spend as much time as they liked over lunch and told us that subject to availability they could book to have this private family lunch at the home whenever they liked. Another person told us, "Last weekend I went out with family and I didn't get back til almost midnight, they didn't say a word about it like it was normal and they helped me get ready for bed. It was lovely." Within the café area there was a table of toys for toddlers and young children to play with which enabled family visits to be involved for all. One person told us, "[Grandchild] loves coming here and makes a beeline for the toys."

People enjoyed the companionship of the homes rescue dog Noella. Noella was a big part of the home, spending time with people and adding the sense of home that was strongly present throughout Cleves Place. Prior to Noella being at the home, there was a previous rescue dog. The registered manager told us about one person who historically never came out of their bedroom. They told us that once there was a dog living at the home, this person began coming out to spend time with the dog, take it for walks and generally look after it. Sadly this dog was unwell and had to 'put to sleep' whilst the person remained with the dog throughout. The registered manager told us that without a dog at the home the person was beginning to withdraw to their bedroom again so Noella was found. The registered manager showed us photographs of the person taking care of the dog, bathing it and spending time with her. This person had also chosen to keep Noella's bed in their bedroom as they liked her to sleep with them. Other people also gained great pleasure from having a household pet. Another person told us, "She [Noella] will be here soon, she's just like one of the family."

The registered manager and staff had a positive and transparent approach to complaints. People we spoke

with told us they would not hesitate to make a complaint, should they need to do so and staff members we spoke with told us they would know how to handle a complaint, if necessary. One person told us a complaint they had was taken seriously and addressed very quickly. They told us, "I did have a complaint. Someone took my bottle of sherry. But they have given me this key – look it's a staff key and I am never to let it out of my sight – so that I can lock the door when I go out then everything is safe. They did that straight away."

Other people told us they had no need to complain. One person said, "I've never had to make a complaint – I can just talk to anyone if there is a problem." Another person said, "I haven't ever made a complaint – if I am worried about something I say and they just sort it out."

The registered manager and staff at Cleves Place were very clearly passionate about providing the best and most compassionate and respectful end of life care to people. The staff were extremely responsive to people's needs and wishes so they could have a dignified death. The relatives of a person who had passed away at Cleves Place contacted us to tell us, "I would just like to tell you how wonderful this care home is. My [family member] was there for [their] final year. [Family member] was so happy there. [Family member] told me everyone was lovely and they couldn't do enough for her. The home seems more like a hotel. My grandchildren always loved going and visiting, and even now, after my [family member] has passed away, the children still ask if they can go there. If I ever needed to go into a care home Cleves place would be the one. Excellent." Another relative told us, The necessary paperwork, including decisions about end of life care, was dealt with in a very supportive and sensitive manner. "Feedback sent to the home about end of life care stated, "For as good as end of life care goes you really couldn't wish for anything better."

People's care records included information about the choices that people had made regarding their end of life care. This included whether they wished to be resuscitated and where they wanted to be cared for at the end of their life.

The continuous training and development that the staff received had embedded a culture of promoting staff skill and enthusiasm for responsive care. A member of staff was the homes bereavement champion meaning that they took a focus on this area of people's care. We spoke with the member of staff and found they were extremely passionate about ensuring that the end of life care people received was exactly how they wanted it to be. They told us, "There needs to be a perfect end of life, how the person wants it to be. If we [staff] get it wrong at the end of the person's life, it's wrong forever. We can't then rectify it."

The bereavement champion had written a guide to end of life care for people and their relatives titled 'The final journey of life'. They had also organised an evening event with the same name. The event was for people, their relatives and friends and staff if they wished to attend too and was a focus on end of life care and practicalities. As such the bereavement champion arranged for a speaker from the hospice to attend, two different undertakers offering funerals and a solicitor to talk about wills and legal aspects.

Another initiative by the bereavement champion was an end of life storage box. Within this were items to help the person who was approaching the end of their life remain comfortable but there were also items that were there for visiting relatives. The bereavement champion told us that sometimes if their family member became very unwell relatives rush from home or work, sometimes travelling a distance without having time to pack items for themselves. Essential toiletry items were therefore included for relatives to use too.

We observed during our visit a ribbon tied on a bedroom door. A member of staff told us, "When someone passes away we put a velvet ribbon on the door so that staff members know when they come and relatives

and friends know. People like it, it is discreet and respectful." They then proceed to show us a small table in a communal area of the home where there were some flowers and a candle and a photo of the person who had passed away. The member of staff told us, "The relatives really like this way of remembering someone."

## Is the service well-led?

### Our findings

At our last inspection in November 2015, we rated this key question of Good. At this inspection we found that the home had sustained this rating.

The registered manager was very visible around the home and we found her to be very knowledgeable about not only the day to day running of the home and their overall legal responsibilities but people's individual support needs.

People and their relatives were very positive about the registered manager and her abilities to run the home. One person's relative told us, "I would like to give Cleves 110% per cent out of 100%!" Another person's relative said, "Thank you to them [registered manager and staff] for welcoming us all into the Cleves family. They encompass what all care homes should be and more." A third relative commented, "We had visited a number of local care homes including an unsolicited visit to Cleves Place. Immediately upon entering it became our first choice by far. The ethos, atmosphere and all that we witnessed instantly sealed our decision; we felt that [family member] would be very happy there."

Staff told us that the manager was approachable and supportive. One staff member said, "She is there if you need help, if I have been ill she has been there to listen." Staff told us that they were happy working in the service. One staff member said, "The senior staff here are approachable and give us support when we need it." Another staff member told us, "We work as a team, a family unit. I can talk to the manager at any time; I don't need to store everything up for my supervision."

Staff were supported to take training to support and develop their peers in training, for example one staff member had recently completed their train the trainer training in moving and handling.

Staff confirmed that they received one to one supervisions and that regular staff meetings were held. The management team and the provider assessed the quality of the service through a regular programme of audits. These included audits on medicines management, health and safety, care records and the care provided to people. This contributed to enhancing the quality and safety of the service people received.

Team meetings were held regularly which were used as an opportunity to discuss, amongst other things, activities, general updates and changes to documentation. Staff told us the meetings were an open forum for discussion. This helped to ensure staff had an opportunity to raise any concerns or make suggestions about how the service was run.

Management systems ensured people receive a safe, quality service. We found quality monitoring systems were well established and used for evaluating information about then service. The monitoring systems were underpinned by a comprehensive range of audits and reviews in place which focused on positive outcomes for people. These were carried out in wide number of areas such as care planning, accidents and incidents, monitoring of falls, medicines, skin integrity, infection control and nutrition and hydration. The provider had policies and procedures in place that took into account guidance and best practice from expert and

professional bodies and provided the registered manager staff with clear guidance.

The audits were effective in identifying shortfalls where improvements were needed. Where shortfalls were identified, records demonstrated that these were acted upon promptly. For example, a quality audit review done in March 2018 noted that staff were collecting soups bowls by stacking them in their arms before taking them to sink. This was said to be poor practice as they should be collected singly. During our mealtime observation we saw that the plates were collected singly from each person as they finished their meal.

The registered manager worked effectively in partnership with other health and social care organisations to achieve better outcomes for people and improve quality of care and safety. These included the local hospital and local commissioning teams. We received feedback from a professional who was very positive about their experience of working with the home.

People benefited from staff that understood and were confident about using the provider's whistleblowing procedure. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. They can do this anonymously if they choose to. Providers are required to notify CQC of important events such as allegations of abuse, deaths or serious injuries. The registered manager demonstrated a good understanding of when to send notifications to CQC when we spoke with them. It is a legal requirement that a Provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the Provider had clearly displayed the last assessed rating, given when the home was run by another Provider, at the entrance to the home.