Mr & Mrs S Neale

Cloisters E M I Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 22 and 23 November 2017 and was unannounced.

Cloisters EMI is a 'care home' and is registered to provide care and support for up to 20 older people and people living with dementia. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of the inspection there were 20 people living at the home. Accommodation is provided across three floors and facilities included one dining room, two large TV rooms, a garden area to the rear of the building as well as a small car park at the front.

At the time of the inspection 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 the previous comprehensive inspection which took place in October 2016, the home was rated as 'Requires Improvement'. We found the registered provider was not meeting legal requirements in relation to 'good governance'.

Following the previous comprehensive inspection the registered provider submitted an action plan which outlined how they were improving the standards of care and quality of service. We then conducted a 'focused' inspection in February 2017 to check the provider had made enough improvements to meet their legal requirements.

During the focused inspection we found that a number of improvements had been made and the registered provider had met the breach in regulation.

During this inspection we found the registered provider was delivering a 'good' service although we have made a number of suggestions to the registered provider in relation to the on-going assessment and monitoring of people living at the home and quality assurance systems.

We reviewed a number of care records and risk assessments which were in place for the people who lived at Cloisters. Care plans and risk assessments were being regularly reviewed and staff were familiar with people's support needs. However, audits and checks were not identifying some areas of concern we raised during the inspection.

We have recommended that the registered provider reviews their quality assurance processes

Accidents and incidents were being recorded and monthly audits were conducted. However, we found evidence to suggest that accidents/incidents were not being thoroughly investigated. This meant that some of the records were not up to date and important information was not being recorded.

We have recommended that the registered provider reviews their processes in relation to accident and incidents.

During this inspection we found the home was operating in line with the principles of the Mental Capacity Act, 2005 (MCA). People were appropriately assessed, mental capacity assessments were decision specific and there was best interest processes in place for people who lacked capacity.

We found the environment to be clean, well maintained and free from any odour. There was an effective cleaning rota in place and infection control policies were being adhered to.

Health and Safety audit tools were in place to monitor, assess and improve the quality and standards of the home. This meant that people were living in a safe environment.

Supervisions and appraisals were taking place. Staff were receiving the necessary training to support them in their roles and staff expressed that they felt supported on a daily basis.

During this inspection we found that care records contained person centred information and staff were able to provide person centred care. The environment itself had been adapted to support people living with dementia although we did discuss some further improvements which could be made with the registered manager.

We reviewed the recruitment processes and found these were safely managed. This meant that staff who were working at the home had suitable and sufficient references and the appropriate criminal record checks had been carried out.

Medication processes and systems were safely managed. During the inspection we found that routine monthly medications audits were being conducted, medication administration records (MARs) were being appropriately completed and only staff who had received the appropriate training were administering medication. This meant that people were receiving a safe level of care in relation to the medications which they were being prescribed.

The day to day support needs of people living in the home was being met. We reviewed a number of files which demonstrated that the appropriate referrals were taking place and the relevant guidance and advice which was provided by professionals was being followed accordingly.

Privacy and dignity was preserved and respected. Staff were observed providing dignified care and there was evidence to show how people were provided with 'choice' and supported to remain as independent as possible.

There wasn't an activities co-ordinator at the time of the inspection. We were informed that each staff member was responsible for arranging activities as part of a scheduled rota. The feedback we received about activities was positive. People we spoke with said they enjoyed the activities which were organised and people were observed taking part in the activities. .

People told us they were happy with the quality and standard of food they received. We observed good

quality, nutritious food being offered during the inspection. People were offered a variety of choices and preferences, likes and dislikes were also recorded in people's care records.

We reviewed the complaints policy and processes which were in place. People and relatives we spoke with were familiar with the complaints process. At the time of the inspection there were no formal complaints being investigated.

Staff morale was positive. Staff expressed how there was an open and supportive culture within the home and expressed that it was a 'lovely' home to work in.

The registered manager was aware of their responsibilities and had notified the CQC of events and incidents that occurred in the home in accordance with the CQC's statutory notifications procedures. The registered provider ensured that the ratings from the previous inspection were on display within the home.

We reviewed the range of policies and procedures which were in place. Policies and procedures were available to all staff and staff were able to discuss specific procedures and processes with us during the inspection.

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.

We have recommended that the registered provider reviews their accidents and incidents processes.

Medication processes were being safely managed.

Health and Safety audits and checks were in place and were routinely completed.

Is the service effective?

Good

The service was effective.

Principles of the Mental Capacity Act, 2005 were being complied with.

Staff were receiving regular supervision and appraisals.

People were supported to have sufficient food and drink.

Is the service caring?

Good

The service was caring.

We observed kind, caring and compassionate support being provided.

Staff were able to demonstrate a good knowledge of the people they were supporting.

People expressed that they felt well cared for and were treated with dignity and respect.

People's personal and confidential information was kept secure and people's privacy was respected.

Is the service responsive?

Good

The service was responsive.

Care records contained person centred information which promoted individual choice.

Activities were stimulating, creative and meeting the needs of the people living in the home.

There was a complaints policy and procedure in place.

Is the service well-led?

Good

The service was well-led

We have recommended that audit processes are reviewed in order to improve the overall quality of service provision.

Staff meetings were regularly taking place.

The culture within the home was open, supportive and transparent.

Cloisters E M I Residential Care Home

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.

The inspection took place on 22 and 23 November, 2017 and was unannounced

The inspection team consisted of one adult social care inspector, an assistant adult social care inspector and an Expert by Experience. 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 visit we reviewed the information which was held on Cloisters Care Home. This included notifications we had received from the registered provider such as incidents which had occurred in relation to the people who lived at the home. A notification is information about important events which the service is required to send to us by law.

A Provider Information Return (PIR) was also submitted and reviewed prior to the inspection. We used information the provider sent us in the PIR. We require providers to send us at least once annually to give us key information about the service, what the service does well and improvements they plan to make. We also contacted the commissioners of the service and the local authority safeguarding team. We used all of this information to plan how the inspection should be conducted.

During the inspection we spoke with the registered manager, four members of staff, maintenance co-ordinator, seven people who lived at the home, the chef and two relatives.

In addition, a Short Observational Framework for Inspection tool (SOFI) was used. SOFI provides a

framework to enhance observations during the inspection; it is a way of observing the care and support which is provided and helps to capture the experiences of people who live at the home who could not express their experiences for themselves.

During the inspection we also spent time reviewing specific records and documents. These included four care records of people who lived at the home, four staff personnel files, recruitment practices, staff training records, medication administration records and audits, complaints, accidents and incidents, infection control procedures and other records relating to the management of the service.

We undertook general observations over the course of the inspection, including the general environment, décor and furnishings, the bedrooms and bathrooms of some of the people who lived in the home, the dining/lounge areas and garden area.

Good

Is the service safe?

Our findings

During the inspection we asked people if they felt safe living at Cloisters, some of the comments we received included "Yes I do feel safe" and "I'm very safe and well." People's relatives also commented positively on the service. Their comments included, "It's very good care here, [relative] always looks well", "We feel really pleased [relative] is here" and "Lovely staff whenever I have come. Nothing is ever too much trouble."

We reviewed four care records and risk assessments of people living at the home. These were regularly reviewed and generally contained up to date and relevant information. Care plans which we reviewed included continence care, nutrition and hydration, medication, social activities, human rights, choice and preferences as well as care needed during the day and care needed during the night.

Risk assessments were evident in all files and indicated the 'hazards' which had been identified as well as the support measures which had were in place to manage any risks. Daily records were completed by all staff and monthly reviews took place to establish whether there had been any change in the care needs of people they were supporting. However, we did identify some areas of care needed further monitoring and assessment.

We reviewed one care record which contained a 'body map'. This had been completed for one person who had noticeable bruises on their body. Body maps are used to identify and monitor vulnerable skin and helped to identify when changes had occurred. We found that the relevant documentation had been recorded in the person's care records however there was no follow up investigation to identify how the bruises developed. When we discussed this with the registered manager, they were responsive to our concerns and understood that such incidents needed to be monitored and appropriately assessed to keep people safe.

We reviewed accident and incident processes which were in place at the home. We found that all accidents and incidents were recorded appropriately and reviewed at the end of each month. A monthly audit was also conducted to review if there had been any changes to people's This meant that although systems were in place to record accidents/incidents trends were not being managed. The registered manager was responsive to our feedback and ensured us that a robust system would be implemented to safely manage such trends.

We have recommended that the registered provider reviews their accident and incident processes as to ensure that people's safety is not being compromised and trends are being established in order to manage risk.

During the inspection we reviewed the medication processes which were in place. Medication systems were in place and well organised. The temperature of the rooms where medication was stored was being monitored to ensure these were kept at temperatures specified by manufacturers.. Ensuring medications are stored at the correct temperature is important, as their ability to work may be affected if they are not stored correctly. Medication requiring cold storage was kept in a dedicated medication fridge; the

temperature of the fridge was also recorded to ensure it was in the correct range.

Medication Administration Records (MARs) were reviewed for four people. We checked that the information found on the MARs corresponded with the medication which remained. We saw that all medication totals corresponded to what was recorded and medication codes were used correctly.

People were prescribed pain relief such as paracetamol to be given 'as and when' required (PRN). A PRN protocol was in place to guide staff as to when this medication could be given. PRN medication can be administered when people present with short term conditions. PRN protocols were detailed, contained information about the person, why the medication was being prescribed, administration instructions and side effects which needed to be monitored.

We reviewed the medication policy during the inspection. We found that the policy contained relevant information in relation to different medication procedures. For example, the policy contained information about self-administered medication, PRN medication and protocols and storage and disposal of medication. This meant that staff were able to consult the relevant policy for guidance and support.

During the inspection we observed the were sufficient numbers of staff to keep people safe. Typical staffing levels included three care staff until early afternoon, three care staff until early evening, two 'wake-in' night staff, one registered manager, full time cook, housekeeper and maintenance co-coordinator.

We received positive comments about the staffing levels from people we spoke with. These included "I never have to wait for anything" and "Always someone around. Yes there is enough staff to help you with anything you need." Relatives also expressed "Plenty of staff around when I come" and "The staff are great here. I've never seen that there is never enough staff on duty. [Relative] is looked after well."

Staff also expressed "Staffing levels are good. There is always enough staff" and "Short notice absence is always covered. We cover it between us or as a last resort there is on-call." 'On-call' is a covering schedule that ensures staff are able to speak to a senior or manager during evenings and at weekends. The registered manager, deputy manager and senior care staff shared the responsibility for this cover.

We reviewed recruitment processes and found that there were robust systems in place. Full pre-employment checks were carried out prior to any member of staff commencing work and there was comprehensive records relating to each staff member in each personnel file. Records included the interview process for each person, two suitable references as well as the appropriate Disclosure and Barring Service (DBS) checks. DBS checks are carried out to ensure that staff are suitable to support people within health and social care settings. This enables the manager to assess their suitability for working with vulnerable adults

There was evidence of personal emergency evacuation plans (PEEPs). PEEP information included name of the person, bedroom number, level of mobility and equipment needed. PEEPs are in place to ensure that staff can respond to and manage an evacuation should an emergency situation arise.

The registered provider employed a maintenance co-ordinator to attend to any day to day maintenance work which needed to be attended to. There was a maintenance book which staff completed and repairs were systematically prioritised and completed. We discussed the system which was in place with the maintenance co-ordinator and asked if it was safely managed, they expressed "Oh yes, it works great." We also saw examples of repairs which had been documented and when they were repaired. This meant that people were living in an environment which was safe and well maintained.

We saw evidence of routine health and safety audits and checks being conducted to ensure the home was safe. Audits/checks included a monthly legionella audit, lifting operations and lifting equipment regulations checks, (LOLER) health and safety checks, water temperature checks, window restrictors, fire alarm and fire extinguisher checks, accident/incident reviews. Records also confirmed that gas appliances, electrical equipment and legionella testing all complied with statutory requirements.

During the inspection we reviewed the systems which were in place to manage and monitor infection prevention control. It is essential that there are systems and control measures in place to ensure people are protected from avoidable and preventable infections and ensuring that environments are safe and hygienic. There was a daily cleaning schedule in place, as well as weekly cleaning schedules and a monthly 'deep clean' rota. We observed staff wearing personal protective equipment (PPE) as well as evidence of an infection control policy which provided guidance for staff in relation control processes and the measures which needed to be in place.

Staff expressed their knowledge and understanding of safeguarding and whistleblowing policies and procedures. Staff were able to explain what safeguarding concerns they would raise and who they would raise their concerns with. 'Whistleblowing' policies were also explained and understood by the staff we spoke with. They explained that this was in relation to raising concerns identified in relation to inappropriate practice. Training records confirmed that the appropriate safeguarding training had been completed and the appropriate referrals had been made to the local authority. This meant that that people were protected from the risk of abuse.

Good

Is the service effective?

Our findings

People and relatives we spoke with expressed how effective the care was that was being provided. Comments included "It's better than my own home", "The staff ask first before doing anything for me, very good like that" and "There's always someone around, enough staff, they help you with anything you need." Relatives said "The staff are great here. I've never seen that there is never enough staff on duty. [Relative] is looked after well" and "We are involved all the way. They [staff] asked us everything when [relative] moved in. If there is anything wrong, they ring us. We feel fully involved."

The Mental Capacity Act (MCA) requires that as far as possible people make their own decisions and are helped to do so when needed. When people lack mental capacity to make 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 interest 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 reviewed mental capacity assessments and found people were being appropriately assessed, assessments were 'decision specific' and the necessary DoLS application had been submitted to the local authority. A new mental capacity assessment tool had been introduced following the last comprehensive inspection. This had been designed to assess 'decision specific' areas of care in the best interest of the person receiving support. Areas which were assessed from the point of admission included finance, accommodation, specialist clinical care and medication.

Families and external healthcare professionals had been involved in any 'best interest' decisions which needed to be made and the staff we spoke with demonstrated their knowledge and understanding of the principles of the MCA and DOLs. Training records also confirmed that staff had received the necessary training to support their understanding.

We identified that consideration had been given to people who were living with dementia. People living with dementia should be living in environments which have been adapted to support their care needs. People should be able to interpret their surroundings and be able to navigate independently around the home safely.

There was signage on each of the doors throughout the home so people could determine where they were going, hand rails had been painted in contrasting colours and each bedroom had been personalised in relation to personal taste, preference and 'home comforts'. It had also been recognised that staff were using creative methods as a means of support. For example, we observed a person who became distressed after the lunch time period. Staff offered the person a small doll and this immediately managed their anxieties. The person became responsive to the staff and appeared calm and relaxed. This meant that the skill and experience of staff allowed for effective provision of care to be given.

We did discuss with the registered manager how some areas of the home could be adapted further. For

example the patterned carpet throughout the home could cause problems for people living with dementia as well as bedroom doors not being painted in a contrasting colour to the walls. The registered manager informed us that they had developed an 'action plan' and was aware of the areas we had identified.

During the inspection staff expressed that they were supported to develop their skills, knowledge and expertise. We saw evidence of staff induction and training. Staff we spoke with told us about specialist training which had been encouraged to improve skills and competencies. One staff member expressed "I had training in MUST (malnutrition universal screening tool) by dieticians; wound training, catheter care by the district nurses. The district nurses still come weekly."

The registered provider showed us a training matrix which was regularly being updated. The matrix indicated training which needed to be completed on an annual basis as well as refresher training which was required. The training courses which staff needed to complete as part of their role included fire training, dementia care, 'challenging behaviour', infection control, whistle-blowing, deprivation of liberty, nutrition and wellbeing, health and safety, medication, food hygiene, induction awareness, moving and handling, diversity and equality, Mental Capacity Act and safeguarding vulnerable adults. This meant that staff were receiving the appropriate training which enabled them to provide the support and care which was needed.

Staff were receiving regular supervisions and annual appraisals. Supervision enables management to monitor staff performance and address any performance related issues. It also enables staff to discuss any development needs or raise any issues they may have. Appraisals are used to identify goals and objectives for the year ahead to ensure staff are supported to develop within their role.

'Handover' systems were in place and regarded by staff as an effective method of communication. We were informed that three handovers were taking place each day. Handovers provided staff with day to day information which needed to be relayed as well as the more significant events which may have taken place. This meant that all staff were familiar with the day to day activities but also if there had been any significant changes to people's circumstances and/or areas of risk which needed to be communicated.

We reviewed how people's nutrition and hydration needs were assessed and met. Some care files contained 'food and fluid' balance charts which had been implemented on the advice on speech and language therapist teams (SALT). Weight charts were in place in order to monitor and assess people's health and well-being and preferences, likes and dislikes were very well known amongst the staff team. Staff had also completed the necessary malnutrition universal screening tool (MUST) training. This enables staff to identify people who are underweight and at risk of malnutrition.

Kitchen staff had completed training in food hygiene and were aware of the specialist dietary needs that needed to be catered for as well as the different preferences, likes and dislikes of some of the people who were living at the home. Menus changed every three months to account for changes in preferences and different options people wanted to have. We received positive comments about the quality and standard of food, these included "I can choose what I want", "Food is great, there is lots of it" and "There is always enough food." We also saw evidence of the 'food and drink' being discussed during monthly 'service user' committee meetings as well as 'dietary options and preference' audits being conducted. The registered manager was then able to establish any changes in food preferences, new food/menu options and any allergies which need to be managed.

We asked staff how people's communication was supported where the person had difficulties in communicating. Staff told us, "We have flash cards and picture cards.", "We try to encourage the person to signal at least 'yes' or 'no', they can say 'yeah'." "Sometimes it is just using 'hand actions', not sign language

as such, but just showing something by moving your hands." This meant that staff were able to effectively communicate with and respond to people who had difficulties communicating with staff.

We saw evidence of effective partnership working with external healthcare professionals. Care records confirmed that people were receiving support from external services such as GP's, occupational therapists, social workers, physiotherapists, dieticians and opticians. This meant the people were receiving a holistic level of safe care and support which could help with their overall quality of life.

Good

Is the service caring?

Our findings

During the inspection we received positive comments from people who lived at the home. Comments included "They are lovely girls", "[Staff] are all very kind and caring to me", "Yes they [staff] do look after me well" and "If I've anything to say, they [staff] listen to me." We also received positive comments from relatives we spoke with these included "We feel really pleased [relative] is here. Staff have got to know [relative] really well…..Likes, dislikes, past history so they can chat to [relative]" and "Lovely staff…nothing is ever to much trouble…Very caring."

We also reviewed some of the relative questionnaires which had recently been submitted and some of the comments included "The service of care is above and beyond", "Caring and compassionate staff" and "Very welcoming…they [staff] do their best to accommodate needs of the residents and the visitors."

Staff were observed providing responsive, kind and compassionate care. It was evident that staff were familiar with each person living at the home and the relationships which had been developed were positive, supportive and caring. Staff would always use preferred names when talking to people, they were observed using their skills to support people and provided person centred care accordingly. For example, one person had chosen to remain in the lounge rather than having their lunch at the time it was being served. Staff ensured that the person still had food and drink and also ensured that the person was warm after they had expressed that they were feeling particularly cold.

Privacy and dignity was maintained by staff at the home. Staff ensured that they knocked on doors' before entering, kept doors closed when providing personal care and would always inform people of the support they were providing beforehand. Staff also explained how they would encourage people to remain as independent as possible. For example, staff described how they would support people to make choices such as what food to eat, what clothes they would like to wear and if they would like to engage in the different activities taking place. One person expressed "I can do some things for myself, but when I cannot staff help me" and another person said "I can make my own decisions if I want to."

Staff explained that they would always try and accommodate any requests which people would ask for and they would ensure that people's preference, choices and interests were accommodated. For example, on the second day of the inspection, hairdressers visited the home to provide people with a 'salon style' experience. This was a weekly event which people looked forward to. People could have their hair done, have tea and sandwiches and sit and chat with family and other people who lived in the home. There was music playing and the people appeared to enjoy the experience.

People's confidentiality was maintained and sensitive information was securely stored away. We observed how information in relation to personal lives, specialist diets, support needs were securely stored away in a staff office and private and confidential information was respected and preserved. This meant that people's sensitive information was respected and was not accessible to unauthorised individuals.

The atmosphere throughout the course of the inspection was inviting, warm and friendly. People were

observed looking happy, content and living in an environment which was supportive, responsive and caring. Relatives we spoke with told us they felt their loved ones were well cared for. The registered manager also expressed how they offered support to relatives who visited the home, "We are here for family members, too. Sometimes decisions can be very hard and of course they may be emotional for family. We understand that and we are here to support them."

During the inspection we reviewed how people were involved with the delivery of care being provided. We saw evidence of monthly 'service user committee' meetings. Discussions were held around the care being provided, consideration and respect, nutrition and hydration and cleanliness and hygiene. People also expressed how they felt listened to and responded to, one person said "If I've anything to say, they listen to me." One relative expressed "We have no concerns as a family. When we visit there is always something going on. It feels a happy place. That reassures us. I can sleep at night. [Relative] is treated as an individual."

During the inspection we observed how staff were able to respond to the varying levels of support needs. Staff were observed using their different skills and abilities to communicate with people, manage difficult situations and support people with their requests. For example, staff were observed supporting one person who became quite distressed. Staff were calm, supportive and attentive to the person's needs and the situation was managed with respect and dignity. Other examples included, staff using visual images when different choices of food was being offered as well as staff using different creative techniques to support people living with dementia such as 'doll therapy'. This enabled us to see how staff were able to be responsive and supportive regardless of the level of support which was needed.

For those who did not have any family or friends to represent them, contact details for a local advocacy service were available at the home. At the time of the inspection there was nobody being supported by a local advocate.

The registered manager explained that details about the home and the facilities they could offer was provided to people and relatives from the outset. A 'residents guide' was offered and this provided people with a significant amount of detail in relation to the care which was provided, facilities within the home, staffing and accommodation.

Good

Is the service responsive?

Our findings

We received positive comments from everyone we spoke with in relation to the responsiveness of the staff and the care which was being provided. Comments included "Staff know me well. Always chatting about something to me", "I'm very safe and well" and "They [staff] are very good here."

Care records we reviewed contained 'About Me' information at the front of the file. This provided staff with a level of insight in relation to family, social history, employment and interests. During the inspection it was clear to see that staff were familiar with people they were supporting. For example, the registered manager was able to discuss the previous profession of one person who was living at the home. Staff had established this level of information because of the comments the person would make and some of the activities they wishes to get involved in. When this was explored further staff were able to confirm the persons interests and their employment history.

Significant information was gathered from the outset which then helped to formulate the different care plans and risk assessments which were in place. For example, one care record we reviewed highlighted that the person 'enjoyed gardening', 'liked to go to bed between 9pm and 10pm' and was a 'very sociable person'. Staff we spoke with told us they spoke to people to learn more about their likes, dislikes and routines.

There wasn't an activities co-ordinator in post at the time of the inspection but people were positive about the range of different activities which took place. The registered manager informed us that the activities were delegated to staff as part of a rota, which meant that each staff member was responsible for arranging different activities for different days of the week.

Comments we received included "There is always something going on", "We have sing songs, dancing, quizzes all sorts", "We go out into the garden in summer" and "I can sing and dance if I want to." During the inspection we also observed a poster which was inviting people to 'Karaoke' as well as observing a rotating digital picture frame which showed the different activities which took place within the home. There was also evidence in the 'service user committee' meetings that discussions were taking place on the different activities as well as suggestions which had been made.

There was a formal complaints policy and sufficient processes in place. At the time of the inspection there were no formal complaints being investigated. People were aware of the complaints systems and how to make a complaint, one person expressed "I have no complaints, I'm quite happy" and "I don't want to complain, I have none." And another person said "I've no complaints, I love it, I'm cared for and I've got everything I need." People living in the home explained that they had never had a reason to complain but if they did they would happily speak to staff or the manager.

People we spoke to told us they liked living at the home and enjoyed the company of staff and people they lived with. One relative commented "[Relative] is treated as an individual" and "[Relative] is treated with respect." It was evident during the inspection that staff had developed positive and caring relationships with

people they were supporting.

We saw evidence of staff being supportive, encouraging people to remain independent and using 'prompts' to support people when needed. For example, one person needed a small level of support during the lunch time period. The staff member helped to cut up their food, helped the person to hold their cutlery and ensured the person was supported during lunch to make sure they had eaten enough of their meal. The staff member was warm, friendly and provided genuine care.

We asked if 'End of Life' care was supported at the home but we were informed that this was not an area of care which they routinely provided. People who were living at Cloisters were generally supported with personal care and different stages of dementia. Although it was noted that staff had received training which provided them with skills to support people who needed advanced level, of care. 'End of Life' care is provided in a specialist way in an environment which can accommodate people who are at the end stages of life.

Good

Is the service well-led?

Our findings

There was a registered manager at the home at the time of the inspection. The registered manager had been registered with the CQC since July 2017 and was fully aware of their responsibilities. They understood how and why they needed to be providing a service which was compliant with Health and Social Care regulations as well as understanding the responsibility which came with the role of 'registered manager'.

As of April 2015, registered providers are legally required to display their CQC rating. The ratings are designed to provide people who use services and the public, with a clear statement about the quality and safety of care being provided. The ratings inform the public whether a service is outstanding, good, requires improvement or inadequate. The rating from the previous inspection for the home was displayed for people. Statutory notifications were also submitted in accordance with regulatory requirements. Statutory notifications are documents which inform the CQC of the incidents/events which affect the safety and well-being of people who are living in care homes.

We looked at the quality assurance systems and auditing processes which were in place. We saw a range of different audits and checks which were being completed in number of different areas. Although audits and checks were being completed on areas such as care planning, health and safety of the building, infection prevention control, diet and preferences, maintenance and medication and accident and incidents, they were not identifying some of the concerns we identified during the inspection. For example, we reviewed one care file which contained information in relation to a number of separate accidents a person had suffered over the period of one month. Accident and incident records were completed however; there was no evidence of any monitoring, on-going assessment taking place. This evidence demonstrated that whilst systems were in place they were not always identifying areas of care which needed to be monitored.

We recommend that the registered provider reviews the quality assurance systems which are in place in order to capture all areas of safe care and treatment which is being provided.

Staff we spoke with were complimentary about the registered manager. Throughout the inspection it was clear that they were very passionate about the care people received. Some of the comments we received about the registered manager included "Every day is different. It is a lovely place, very homely. It is as if I am looking after my Nan and Grandad. The manager is always here Monday to Friday. [Manager] has been known to come in and cover [at weekends]" and one relative expressed "Yes we know [manager]….Very good, Brilliant. Not had any concerns."

We also reviewed some of the staff questionnaires which were circulated on an annual basis. Some of the comments included "[Manager] will do anything for service users and staff", "I enjoy being part of a good team", "I feel happy and I love working here" and "I have been working in care for over 18 years and Cloisters is by far the nicest, it's the most welcome home I've worked in."

The registered manager told us about changes that had already made and how they had further plans to improve the service. One example of positive change which had been implemented was in relation to

medication management. The registered manager felt that medication systems and processes needed to be improved. They had sourced a different pharmacy, developed a new working relationship and explained that they had very clear expectations about how people's medications should be safely managed. Staff expressed that the new changes were making a positive difference, less medication errors were occurring and medicine management was much more efficient.

It was evident throughout the course of the inspection that the registered manager was committed to delivering a service which was safe, effective and of good quality. We observed the interactions been staff, senior staff and the registered manager and it was evident that there was mutual respect between all. Staff expressed how the registered manager was visible, transparent and engaged with all the people who lived at the home.

We reviewed the different policies which were in place at the home. Policies are in place to provide clarity for staff when dealing with issues which could be of critical importance. Policies we reviewed included equal opportunities, safeguarding, confidentiality, medication, hygiene and control of infection and supervision policies. Staff were aware of the range of different policies which were in place and were able to explain their understanding of specific policies when they were asked.

We saw evidence of regular staff meetings taking place at the home and the staff expressed that there was an 'open door' culture within the home. For example, we saw evidence of meetings taking place which discussed care plans and updates, menu and standard of food, leadership and management, training and development, the environment and the culture within the home.