

Cleeve House Care Limited

Cleeve House

Inspection report

49 Hornyold Road
Malvern
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Tel: 01684564454

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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

Cleeve House is located in Malvern. The service provides personal care and accommodation for up to 23 older people. On the day of our inspection there were 15 people living at the home.

The inspection took place on the 3 and 5 February 2016 and was unannounced.

There was a registered manager at this home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives said they were happy with the support that staff provided. They told us staff were caring and promoted people's independence. People told us they were able to maintain important relationships with family and friends. We saw people had food and drink they enjoyed and had choices available to them, to maintain a healthy diet. They were supported to eat and drink well in a discreet and dignified way. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage them. People and their relatives told us they had access to health professionals as soon as they were needed.

Relatives we spoke with said they felt included in planning the support their relative received and were always kept up to date with any concerns. The registered manager had identified that relatives were not consistently involved with reviews of people's care needs, so she had put a system in place to improve this. This was a new system that had not been in place long enough to measure the improvements. People living at the home were able to see their friends and relatives as they wanted. They knew how to raise complaints and felt confident that they would be listened to and action taken to resolve any concerns. The registered manager had arrangements in place to ensure people were listened to and action could be taken if required.

Staff we spoke with were aware of how to recognise signs of abuse, and systems were in place to guide them in reporting these. They were knowledgeable about how to manage people's individual risks, and were able to respond to people's needs. Staff had up to date knowledge and training to support people. We saw staff treated people with dignity and respect whilst supporting their needs. They knew people well, and took people's preferences into account and respected them.

Staff had the knowledge and training to support people. Staff were knowledgeable about ensuring people agreed to the support they received. They worked within the confines of the law to ensure they did not treat people unlawfully. There were no applications to the local authority to deprive people of their liberty at the time of our inspection.

The registered manager promoted an inclusive approach to providing care for people living at the home. People who lived at the home and staff were encouraged to be involved in regular meetings to share their

views and concerns about the quality of the service. The provider and registered manager had systems in place to monitor how the service was provided, to ensure people received quality care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

People were supported by staff who understood how to meet their individual care needs safely. People benefitted from sufficient staff to support them. People received their medicines in a safe way.

Is the service effective?

Good ●

The service was effective

People's needs were met by staff who were well trained. People enjoyed meals and were supported to maintain a healthy, balanced diet. People were confident staff had contacted health care professionals when they needed to.

Is the service caring?

Good ●

The service was caring

People were involved in how their care was provided. People living at the home and relatives thought the staff were caring and treated them with dignity and respect. People were supported to maintain important relationships.

Is the service responsive?

Good ●

The service was responsive

People who lived at the home and relatives felt listened to. People were supported to make everyday choices and engage in past times they enjoyed. People were regularly asked for their opinion on how they were supported.

Is the service well-led?

Good ●

The service is well-led

People were able to approach the registered manager and the provider at any time. People and their families benefited from a management team that regularly monitored the quality of care provided, and an open and inclusive culture.

Cleeve House

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.

We made an unannounced inspection on 3 and 5 February 2016. The inspection team consisted of one inspector.

We looked at the information we held about the service and the provider. We looked at statutory notifications that the provider had sent us. Statutory notifications are reports that the provider is required to send us by law about important incidents that have happened at the service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with nine people who lived at the home and five relatives or close friends. We also spoke with a district nurse, a nurse practitioner, and a member of the mental health in reach team.

We observed how staff supported people throughout the day. As part of our observations we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager, the deputy and five staff. We looked at five records about people's care and three staff files. We also looked at complaint files, minutes for meetings with staff, and people who lived at the home. We looked at quality assurance audits that were completed.

Is the service safe?

Our findings

People we spoke with said they felt safe. One person said, "I am never nervous about anything." Another person told us, "There is a really relaxed atmosphere, they (staff) always have time for people and we are never rushed." We saw people were confident and relaxed throughout our inspection, we saw many positive conversations between staff and people living at the home.

Relatives we spoke with said they felt their family member was safe. One relative told us, "They really know what's going on with (family member); they know how to keep them safe." Another relative said, "They (staff) always have time for everyone here, they know each other really well."

We spoke with staff about what actions they took to ensure people were protected from abuse. They explained that they would report any concerns to the registered manager and take further action if needed. Staff were aware that incidents of potential abuse or neglect should be reported to the local authority. The registered manager was aware of their responsibilities, and knew how to report any concerns to the correct authority in a timely way. Staff said they really knew the people that lived at the home and their families well. They told us they were confident that they would know if a person was distressed or worried about anything. One member of staff said, "We know straight away if there is a problem." There were procedures in place to support staff to appropriately report any concerns about people's safety.

We observed staff receiving information about the people who lived at the home during handover. Staff told us this supported them to be aware of any current concerns about each person's health and wellbeing. Staff said sharing information with their colleagues at handovers contributed to the safe care of people living at the home. Staff told us immediate concerns would be discussed and they would take action straight away. The registered manager told us that the handover sheets were kept available for staff off shift to look at on their return so they were up to date with what happened with people living at the home.

People had their needs assessed and risks identified. Staff were aware of these risks and the registered manager kept them under review. For example we saw one person needed a specific piece of equipment to reduce the risk of sore skin, the person was using the piece of equipment where ever they were sitting. A staff we spoke with were aware of this risk and ensure the piece of equipment was moved with the person. The member of the community mental health team we spoke with said that the registered manager took appropriate action to support people safely, and maintain people's independence at the home.

People and their relatives told us there were sufficient staff on duty to meet people's needs. One person we spoke with said, "There are always enough staff to help us if we need it." One relative told us they visited regularly at different times of the day and at weekends and there were consistently sufficient staff on duty. We saw and staff told us there were enough staff on duty to meet the needs of people living at the home. One staff member said, "We have time to speak with our residents, and I really enjoy just being able to chat with them." We saw people and staff chatting, many of the staff had been employed for many years at the home and really knew people well. The registered manager told us staffing levels were determined by the level of support needed by people. This was assessed when people arrived at the home then monitored to

ensure there was sufficient appropriately skilled staff to meet the needs of the people living at the home. Staff told us of occasions when additional staffing had been arranged, for example when people living at the home went out on trips with staff support.

Newly recruited staff we spoke with said they were supported through their induction period by the management team. They had read the care plans for people living at the home, and were introduced to them and shadowed experienced staff. This was to give people time to get to know them and for them to know about the people living at the home. Staff told us the appropriate pre-employment checks had been completed. These checks helped the registered manager make sure that suitable people were employed and people who lived at the home were not placed at risk through their recruitment processes.

We looked at how people were supported with their medicines. People we spoke with told us they had their medicines on time and were happy with staff supporting them to take their medicines. One person said, "I always have my tablets when I need them." Relatives told us they were confident their family members received the support they needed. One relative said, "It's a relief to know (family member) definitely has their tablets all the time." Another relative explained to us how well the staff knew their family member; staff knew when to administer additional medication prescribed by the GP as only when needed. This relative went on to tell us how their family member was much happier now and they were confident about the support their relative received. All medicines checked showed people received their medicines as prescribed by their doctor. We saw staff supported people to take their medicines; they explained what they were taking and sought consent before they administered them. Staff were trained and assessed to be able to administer medicines. Staff were aware of what to look for as possible side effects of the medicines people were prescribed. Staff told us and we saw suitable storage of medicines. There were suitable disposal arrangements for medicines in place.

Is the service effective?

Our findings

People told us staff knew how to meet their needs. One person said, "They (staff) really know me well, and know how to help me when I need it." Relatives we spoke with said staff knew how to support for their family member. One relative said, "They (staff) really know their stuff, they are on the ball."

We saw people were supported by staff that had received regular training and knew how to support people living at the home. The staff we spoke with were able to explain how their training increased their knowledge on how to support people living at the home. For example, a member of staff told us how their training about epilepsy had increased their knowledge about the triggers of epilepsy, which enabled them to support people more effectively. Staff told us their working practices were assessed to ensure they were competent to provide effective care. For example administering medicines. Staff said they were supported to achieve their job related qualifications and they valued this opportunity. Staff we spoke with said their mandatory training was up to date, and they had the skills to effectively support people who lived at the home.

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.

We looked at how the MCA was being implemented. We spoke with the registered manager about her understanding of the act. She explained that she was in the process of completing capacity assessments for one person living at the home. She had sought support from the relevant professionals to enable her to complete this effectively. We saw family and health care professionals were involved with this assessment. The registered manager said she was using this experience to develop her understanding of the act to ensure she complied for all the people living at the home.

Staff explained they understood the importance of ensuring people agreed to the support they provided. One member of staff told us, "We always ask for consent before we do anything." We saw they worked with people and supported people living at the home to make decisions for themselves about how they were supported. All staff we spoke with had an understanding of the MCA, and how that translated to their work practice. The member of the mental health community team explained that the registered manager worked with them to take appropriate action to support people living at the home.

Staff we spoke with understood the legal requirements for restricting people's freedom and ensuring people

had as few restrictions as possible. The registered manager had not submitted any DoLS applications at the time of our inspection. They understood the process and had completed this in the past, she was aware of how to access any further support.

People said they had choice about the food they ate and that the food was good. One person said, "Good food, I never leave any." Another said, "Really good, we choose what we want." We saw when extra support was needed that staff did this in a discreet way, promoting people's independence as much as possible. Staff we spoke with said people were monitored regularly to ensure they were maintaining a healthy diet with both food and drink. Staff knew who needed extra support. We spent time with kitchen staff and they showed us how people's nutritional requirements were met. They were aware which people had special dietary needs and how they needed to meet them. Relatives we spoke with said the food was very good. One relative told us, "Food is always good, we can eat here with (family member) if we want to." We saw a relative sharing a meal with one person living at the home. We saw the person enjoyed the experience of sharing a meal with their relative.

People told us they had access to their GP, and their dentist and optician when needed they needed to. One person said, "I am very confident they will call a GP if they need to." Relatives we spoke with said their family members received support with their health and wellbeing when they needed it. One relative said, "I am always in the loop, they keep me very well informed." Staff we spoke with told us how important it was to monitor the health of each person. The district nurse we spoke with told us that staff were very good and would always call for support quickly if people needed it. The community nurse practitioner said that staff really knew the people living at the home well, and made appropriate referrals when they needed to. They also explained that they were confident that staff followed their advice and took the appropriate action.

Is the service caring?

Our findings

People told us staff were caring and kind. One person said, "Very homely, always been home here." Another person told us about staff, "It's more personal here, they really care." We saw many caring conversations between staff and people living at the home.

Relatives told us they were happy with their family members care. One relative said, "Very good, a very caring, happy home." Another relative told us, "Staff here really care, they are always welcoming." A further relative said, "There are no homes on a par with this one, it's like a little family." They told us they felt involved and included in the care for their family member and felt welcome to visit the home. We saw, and people told us that their family were welcome to share a meal with them at the home. People said this helped them to maintain important relationships.

We noticed that all staff engaged with people in a friendly and understanding manner. For example, we saw one member of staff chatting with people sitting in the living room whilst the member of staff was painting one person's nails. We saw that people enjoyed the chat and appeared at ease with the member of staff. Throughout our inspection we saw staff had time to chat with people, and that staff had a good knowledge of all the people living at the home. The member of the mental health team we spoke with told us how staff were always welcoming to them. They also said that they saw good interactions between staff and people living at the home consistently.

People told us they had choice in how they were supported by staff. They said staff knew them well. One person told us, "I really enjoyed my bath, it felt like I was back at home again." Another person said, "I can choose what I do and when I do it." We saw staff promote people's independence, and respond to each person with knowledge of them as an individual. For example one person had a pendent call bell. They explained to us that this promoted their independence to move about as they wished safely and increased their confidence and well-being.

We heard staff calling people by the names they preferred. People told us they were supported with their choices in how they looked. One member of staff explained how they offered a selection of clothes to one person to support their choice, to ensure they were not overwhelmed. We saw that people's rooms were personalised. One person showed us their room, and explained how important it was to them that they had their personal things around them, they said, "It's my home." People had a choice of different communal rooms to spend time in.

People and their relatives told us they were treated with dignity and respect. One relative said about staff, "I have always seen how well they speak to people living here, always so respectful to every-one." Staff said maintaining people's dignity was very important to them. One member of staff told us how important the thought it was to cover people whilst they were supporting them with their personal care. They explained how vulnerable they would feel if they had no clothes on, therefore the member of staff felt this was really important when maintaining people's dignity. The district nurse we spoke with told us how they regularly saw staff respecting people's dignity at the home. For example they told us how staff always supported the

person to their room so they could visit with them in privacy.

Is the service responsive?

Our findings

People told us they were involved in their care planning. One person said, "I can say what I need help with, and we do it together." Relatives we spoke with told us they were included in their family members care. One relative said, "I am included in the yearly review, every time." Another relative told us, "I am always welcome here; everyone has a really good attitude." A further relative said, "They (staff) have worked with (family member) and now their anxiety levels are much better and they are so much happier. I can go away without worrying so much."

We saw in care records that staff recorded as much information as possible about each person living at the home, their interests, history and preferences. The registered manager told us that some care records needed to be reviewed. She had identified some families were less involved than others. She was looking at ways for staff and families to be consistently involved in reviewing the support needed for people living at the home. She had implementing a key worker system that linked a specific member of staff with people and their families, to ensure that support was reviewed effectively. This system was still in its infancy; therefore we were unable to review its effectiveness. People we spoke with told us staff knew how to support them. Staff told us they shared with each other additional information on how people liked to be supported. The registered manager was reviewing the care plans to ensure that this additional information was consistently recorded in people's care records to ensure any new members of staff were aware.

We saw that a full assessment was completed before people arrived at the home to ensure they could meet people's needs. We saw staff were familiar with people's likes and dislikes. For example, we saw a member of staff spend time reassuring one person that their relative would be visiting later that day, the member of staff knew all about their relative and the person was reassured by the conversation.

One person told us, "I can go out for a walk most days." They went on to say how much they enjoyed doing this and how this helped with their well-being. People said they could choose to spend their day in their room, or the communal areas, wherever they liked. We saw people were able to have breakfast later in the morning if they wanted. Staff told us it was up to the person to decide when they wanted to get up. One person said, "Nice, kind, genuine care, a real home from home. I always feel special." One relative told us the home was, "Warm, embracing, and friendly, with endlessly patient staff."

We saw the home undergone some improvements that involved building work, which included a new lounge and bed rooms. This work was nearing completion and people and their families shared with us their experience during the building work. People told us they had not felt too disrupted and the staff team had worked hard to not let the work impact on people's lives at the home. One person said, "I was included in discussions and we went out on trips during the busiest days which I have really enjoyed." A relative told us, "Whilst the building work was going on everyone was kept safe with the minimum disruption." People and their families told us they had been included in discussions about the building work and the choices in flooring and colours. All those we spoke with were looking forward to enjoying the improvements now they were nearly completed. The community nurse practitioner told us that staff coped with the building work really well, and there was minimal disruption to people living at the home.

We saw people chose how they spent their day. People told there were organised events such as trips out and a weekly exercise class. One person said, "I am happy to be as I am now, I am too old for exercise classes." Another person said they could get bored but because there was always people about to chat with, they didn't. A further person told us, "I enjoy helping with the washing up and laying the tables," they went onto say, "I do the dusting in my room, I like making it look nice." We did see organised activities during our inspection, which some people chose to be involved in. For example we saw staff spend one to one time with people painting their nails.

Relatives told us their family members had interesting things to do. One relative said, "They have had lots of trips out, the safari park, Weston super mare, there is always something to do."

People told us that there were regular meetings with the registered manager to discuss what was happening in the home. For example the building work, activities and changes with the menu. Relatives told us there had been meetings that kept them up to date with what the plans were for improvements at the home. The registered manager regularly used questionnaires to gain feedback from people, relatives and professionals. For example, we saw all the comments from the professionals were positive; one comment was that they had always found staff helpful and willing to help. The feedback supported the registered manager to monitor the quality of the care provided. The registered manager had used comments from relatives, who asked to be included in communications about the home, to drive the meetings with families during the refurbishment.

People said they would speak to staff or the registered manager about any concerns. One person said, "I am very happy with the service, I would raise anything if I had any problems, but I don't."

Relatives told us they were happy to raise any concerns with either the registered manager or staff. One relative said, "When I have had a need to raise a concern I have always found the registered manager to be open and honest with no defensiveness. They will always look into my concern and we will discuss and agree what to do about it." We saw there were complaints procedures available for people and their relatives. People and their relatives said they felt listened to and were happy to discuss any concerns with any of the staff team at the home.

Is the service well-led?

Our findings

People we spoke with knew the registered manager and we saw people enjoyed talking to her. One person said, "This is a special place." Relatives told us they were confident with the registered manager and staff at the home. One relative said, "This place is run really well, the registered manager is very capable." The district nurse we spoke with said that staff focussed on each person as an individual and the registered manager would always do her best for people living at the home. The nurse practitioner told us that staff and people living at the home, were well supported by the registered manager and there was always a good atmosphere.

The registered manager knew all of the people who lived at the home well. They were able to tell us about each individual and what their needs were. We spoke with the deputy manager and they were also very knowledgeable about the people and the staff team they supported. They both had a clear understanding of their roles. Staff told us they had defined roles and responsibilities and worked as part of a team. The registered manager told us how important it was to her that the people living at the home and staff felt they were working together as part of a family. For example, staff told us they were happy to approach the registered manager with any ideas for improvements and they would always be listened to. The registered manager said they were working with the senior team to improve their roles to enable them to have development opportunities.

Staff told us the registered manager, and the deputy were always available when they needed to speak to them. The registered manager said staff could speak directly to them at any time when they were on duty or out of hours on the phone. Staff also told us they would raise any concerns with the registered manager or the deputy manager. They said they felt listened to and if they had an idea they could share it with the registered manager and she would listen. For example, one member of staff had asked for a piece of equipment to improve communication between staff at the home. The registered manager had agreed and was sourcing that piece of equipment.

Staff told us there were staff meetings which had kept them involved with the refurbishment over the last year. Staff told us they had been asked for suggestions on how to keep disruption down to a minimum, and they said they had all worked together to support people during these developments. This ensured that all staff received the information they needed and were given an opportunity to voice their opinions and these were accepted. Staff we spoke with said they felt these meetings were useful and they felt supported. They were aware of the whistle blowing policy and said they would be confident to use it if they needed to.

All the staff we spoke with said they had regular one to one time with the registered manager. They said this was very helpful in their development and they had the opportunity for further vocational qualifications. The staff we spoke with said they felt valued by the registered manager, and the management team. One member of staff we spoke with said, "We all work as a team." The registered manager told us that they had few changes in staffing because staff were well supported and listened to.

The registered manager and the management team completed regular audits to monitor how care was

provided. For example the registered manager had an overview of accidents and incidents to ensure that concerns were identified and investigated. We saw that the registered manager had identified strategies for one person who had regular falls. They had discussed with the family and staff and now the amount of falls had reduced.

The provider regularly visited and monitored how care was provided and how people's safety was protected. For example, the provider looked at how people's medicines were administered, and the overall health and safety of the home. We saw the provider looked at an overview of all aspects of care provision, what was going well and what need improving. We saw that the area's identified for improvement had been acted on and were subject to on going monitoring.