

Cleeve Lodge Care Limited

Cleeve Lodge Care Home

Inspection report

Cleeve Lodge Close
Downend
Bristol
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29 March 2018

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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?

Outstanding 

Summary of findings

Overall summary

This inspection took place on 28 and 29 March and was unannounced. There were no concerns at the last inspection of February 2016. Cleeve Lodge provides accommodation and personal care for up to 33 people. At the time of our visit there were 27 people living at the service.

At our last inspection, we rated the service Good. At this inspection, we found evidence continued to support this rating and in addition, we found the service had improved to outstanding in some areas.

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.

We were introduced to people throughout our visits and they welcomed us. People were relaxed, comfortable and confident in their home. The feedback we received from people was extremely positive throughout. Those people who used the service expressed great satisfaction and spoke highly of all staff and services provided. One person wrote to the registered manager recently and said, "You have an amazing team of workers that made a difference to my parent's quality of life".

Staff involved in this inspection demonstrated a genuine passion for the roles they performed and their individual responsibilities. Visions and plans for the future were understood and shared across the staff team. They embraced new initiatives with the support of the provider, registered manager and colleagues. They continued to look at the needs of people who used the service and ways to improve these so people felt able to make positive changes.

People experienced a lifestyle that met their individual expectations, capacity and preferences. There was a strong sense of empowering people wherever possible and providing facilities where independence would be encouraged and celebrated. People's health, well-being and safety were paramount.

The registered manager listened to people and staff to ensure there were enough staff on duty to meet people's needs. They demonstrated their responsibilities in recognising changing circumstances within the service and used a risk based approach to help ensure the staffing levels and skill mix was effective.

Staff had the knowledge and skills they needed to carry out their roles effectively. They enjoyed attending training sessions and sharing what they had learnt with colleagues. There was an emphasis on teamwork and unison amongst the staff at all levels. People were supported to enjoy a healthy, nutritious, balanced diet whilst promoting and respecting choice. The 'residents' annual surveys consistently reflected how much they enjoyed the quality of food, the variety and the constant access to beverages and snacks through the day.

The registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). For people who were assessed as not having capacity, records showed that their advocates or families and healthcare professionals were involved in making decisions.

Staff had an excellent awareness of individuals' needs and treated people in a warm, loving and respectful manner. They were knowledgeable about people's lives before they started using the service. Every effort was made to enhance this knowledge so that their life experiences remained meaningful.

People received appropriate care and support because there were effective systems in place to assess, plan, implement, monitor and evaluate people's needs. People were involved throughout these processes. This ensured their needs were clearly identified and the support they received was meaningful and personalised.

Regular monitoring and reviews meant that referrals had been made to appropriate health and social care professionals and where necessary care and support had been changed to accurately reflect people's needs. People lived meaningful lives and that suited personal interests and hobbies. The service had developed a creative and active community life at the home.

Staff were proud and felt privileged when supporting people during the end of their life. They did this with empathy, love and respected people's wishes to the very end in order to ensure a peaceful, dignified death. Two relatives wrote expressing their gratitude, "At the end of mum's life the care she received was great. We couldn't have had it any better with the love we received" and "I have no doubt if my father could speak now he would like to say thank you personally in appreciation of all your hard work and time spent with him in his last days his comfort".

People and relative feedback was a vital part of the quality assurance system either through annual surveys, 'residents' meetings, complaints or reviews. People, relatives and staff were listened to and action was taken to make improvements where required. The registered manager monitored and audited the quality of care provided striving to meet the ever changing needs of people living in the home.

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 remains Safe.

Is the service effective?

Good ●

The service remains Effective.

Is the service caring?

Outstanding ☆

The service has improved to Outstanding

The service was exceptionally caring.

People who used the service valued the relationships they had with staff and expressed unreserved satisfaction with the care they received.

Staff were passionate about enhancing people's lives and promoting their well-being.

Staff treated people with dignity, respect and compassion.

People were supported to maintain relationships that were important to them.

Is the service responsive?

Outstanding ☆

The service has improved to Outstanding

Staff identified how people wished to be supported so that it was meaningful and personalised.

People were encouraged to pursue personal interests and hobbies and to access activities in the service and community.

People received end of life care that was compassionate and dignified.

People were listened to and staff supported them if they had any concerns or were unhappy.

Is the service well-led?

Outstanding ☆

The service has improved to Outstanding.

The vision and values of the home were embedded in the way care and support was provided to people. Feedback was encouraged and improvements made to the service when needed.

People benefitted from staff who felt supported and were motivated to learn and develop, embracing the culture of the home to "be the best" they could.

The managers strove to maintain, sustain and further improve the experiences of people living in the home through quality assurance processes.

Cleeve Lodge 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out by one lead inspector for adult social care. We were accompanied by an inspector on induction and an expert by experience. An expert by experience is a person who has used this type of service in the past.

Prior to the inspection we looked at information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events, which the service is required to send us by law.

Before the inspection, we had asked the provider to 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 planned to make. We reviewed the information included in the PIR and used it to assist in our planning of the inspection.

During our visit, we met and spent time with most of the people living in the home and we spoke individually with eight. Four relatives were happy to speak with us and share their thoughts about Cleeve Lodge. The service worked closely with various health and social care professionals and, we have considered and referred to the information we received from those that visit the service in addition to speaking with one during our visit. There was a host of information and comments received from many people who used and visited the service, this included a positivity comments book, surveys, emails, thank you cards and letters.

We spent time with the registered manager, deputy and business manager. We spoke with eleven staff. The provider was unable to attend on this occasion but they wrote to us about their reflection since the last inspection and how the home and staff had progressed and what impact this had on people. We looked at six people's care records, together with other records relating to their care and the running of the service. This included four staff employment records, policies and procedures, audits and quality assurance reports.

Is the service safe?

Our findings

The overall impression of people who lived at Cleeve Lodge was that they felt safe. When we asked how the staff helped them to feel safe the general themes were that there were always enough staff around and they responded quickly if they needed help. Medication and treatment was given on time and staff followed guidance on infection control. One person said, "Staff are very strictly trained". Another person who had been on a recent short-term stay at the home said, "I could tell that the care for permanent residents with various needs was taken seriously and effectively to ensure their health and safety". One staff member told us, "There is one lady who just likes me to stand outside her bathroom and she washes herself. She doesn't want me to do anything for her but being there makes her feel safe".

Since the last inspection the service had appointed a member of staff to take the lead as a safeguarding and falls champion. With the registered manager they had met with the local authority safeguarding team and community falls prevention team. This was to help ensure policy and procedure was robust, effective and reflected local policy and up to date guidance. Staff understood what constituted abuse and the processes to follow in order to safeguard people in their care. The registered manager and staff recognised their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event that may constitute abuse, had occurred. Agencies they notified included the local authority, CQC and the police.

Staff understood risks relating to people's health and well-being and how to respond to these. This included risks associated with weight loss, maintaining skin integrity and difficulty with swallowing and potential choking risks. People's records provided staff with detailed information about these risks and the action staff should take to reduce these. Equipment used was risk assessed and staff received training on how to use the equipment. Specialist equipment used included; pressure relieving mattresses, profiling beds, mobile hoists and equipment to help people shower and bathe safely. Equipment was checked by the maintenance person and maintained by an outside contractor where necessary.

Written accident and incident documentation contained a good level of detail including the lead up to events, what had happened and what action had been taken. Any injuries sustained were recorded on body maps and monitored for healing. There was evidence of learning from incidents that took place and appropriate changes were implemented. Staff continued to monitor any trends to help ensure further reoccurrences were prevented.

During the inspection, the atmosphere in the home was calm and staff did not appear to be rushed, they responded promptly to people's requests for support. People, relatives and staff confirmed there were sufficient numbers of staff on duty. The staffing levels did not alter if occupancy reduced. If people's needs increased in the short term due to illness or in the longer term due to end of life care, the staffing levels were increased.

Staff files evidenced that safe recruitment procedures were followed at all times. Appropriate pre-employment checks had been completed and written references were validated. Disclosure and Barring

Service (DBS) checks had been carried out for all staff. A DBS check allows employers to check whether the applicant has had any past convictions that may prevent them from working with vulnerable people.

Systems were in place that showed people's medicines were managed consistently and safely by staff. Staff followed the policies and procedures for the safe handling, storage and administration of medicines. Staff had received training and people received their medicines as prescribed.

The home was clean, homely and free from any unpleasant odour. The provider had infection prevention and control policies in place and staff had received training. Staff had access to the equipment they needed to prevent and control infection including; disposable gloves, aprons, sluicing facilities, and cleaning materials.

Policy and procedures to be followed in the event of an emergency were known and understood by staff. There were personal emergency evacuation plans (PEEP) for each person who lived at the home these provided the level of support someone would need in an emergency evacuation.

Is the service effective?

Our findings

People were provided with an effective service. This was because people's needs were consistently met by staff who had the right competencies, knowledge, attitudes and behaviours. Collectively they had the skills and confidence to carry out their roles and responsibilities effectively with the support of community health and social care professionals. Two professionals wrote to us and said, "Staff appeared caring towards clients' needs and were very knowledgeable about clients background and their conditions" and "Staff were aware of my visit and had informed client of my visit. A member of staff remained with the client during the visit which made the client feel supported and the member of staff added relevant information when required to ensure correct products were ordered".

Throughout our visits staff were confidently and competently assisting and supporting people. The induction training programme was in line with the new Care Certificate that was introduced for all care providers on 1st April 2015. The Care Certificate was designed to support staff who were new to caring roles, however the provider and registered manager felt that the content of the induction would benefit all staff including themselves so over the last year everyone who worked at the service had completed this.

Training and development opportunities were tailored to individual staff requirements. Staff felt encouraged and supported to increase their skills and gain vocational qualifications. All staff received core training which included; first aid, infection control, equality and diversity, food hygiene, administration of medicines and safeguarding vulnerable adults. Specific training to meet people's needs was also provided, for example, dementia, stroke awareness and diabetes. Staff confirmed training was effective, one carer told us, "When I started I was not assertive and I was scared I would make mistakes. My manager has been reassuring. I have gone on dementia awareness training and now I am able to help residents confidently".

The deputy told us, "I am keen to work with and support staff to help fulfil their full potential within their roles and possibly develop further into other roles. I am currently working on implementing more champions in other areas, I have a good response from staff that would like to develop further. The extra training will be provided for them and any additional support they need, what I like about this is that they will then share their knowledge with our team and help to support others. Good team work is important, and it will help residents feel safe and supported with our expertise and knowledge".

Staff felt they were supported on a daily basis by the registered manager, deputy and other colleagues. Additional support/supervision was provided on an individual basis and these were formally recorded. Supervisions supported staff to discuss what was going well and where things could improve, they discussed the people they cared for, any professional development and set themselves objectives.

Staff had received training on the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for those acting on behalf of people who lack capacity to make their own decisions. The DoLS provide a legal framework that allows a person who lacks capacity to be deprived of their liberty if done in the least restrictive way and it is in their best interests to do so. Staff understood its principles and how to implement this should someone not have mental capacity and how to

support best interest decisions. This included those decisions that would require a discussion with family, and possibly other significant people, for example health and social care professionals and independent advocates.

There were no restrictive practices and daily routines were flexible and centred around personal choices and preferences. People were moving freely around their home, socialising together and they had arranged to go out. They chose to spend time in the lounge, the dining room and their own rooms. They engaged with various preferred activities/interests throughout the day.

Every effort was made to make eating and drinking a pleasant experience. Tables and trays were attractively laid with flowers, napkins and condiments. People chose where they wished to receive their meals. Meals prepared and served had always been well received. Traditional freshly cooked meals were firm favourites and although there was a menu plan people were supported to choose whatever they wanted on the day. We overheard the chef talk to a person about the meal they were having the following day and asked her if she would prefer some prawns he had bought specifically for her instead. One person said, "The chef and all the kitchen staff do a superb, excellent job".

If people were at risk of weight loss staff had management guidelines to assist with developing a care plan and identifying any action required. Food and fluid intake was recorded if required, so that any poor intake would be identified and monitored. People were weighed monthly but this would increase if people were considered at risk. Referrals had been made to specialist advisors when required, including speech and language therapy when swallow was compromised and GP's and dieticians when there were concerns regarding people's food and fluid intake and body weights. The chef understood their responsibilities to support any special dietary requirements that needed to be catered for. This included things such as diabetes, compromised swallow and fortified foods for those at risk of weight loss. One person who was moving to the service and was visiting at the time of the inspection told us a four week gluten free menu had been specifically developed with them to support their dietary needs prior to moving in.

Is the service caring?

Our findings

Since their inspection in 2016, the service had considered how they could sustain and develop to further enhance their passion to provide an exceptional caring service. The whole team approach was the driving force in delivering a truly person centred service. One professional wrote in a recent survey, "I believe the whole caring ethos is client centred to a very high standard. A friendly, caring and responsive attitude pervades the whole atmosphere at Cleeve. They provide a fully inclusive four star provision with a client comes first philosophy".

We received endless heartfelt comments from people, their relatives and visiting professionals throughout our inspection and we read equally similar comments in surveys and the compliments book. Comments from people included, "They are absolutely brilliant, you can't fault them, they are always willing, always cheerful", "They're angels, and they are pushed to the limit sometimes!", "They will do anything for you" and "They are excellent, very kind staff, not just the carers the whole staff team". Comments from relatives included, "We were extremely happy with all the care and attention given", "The care was professional, in fact it was outstanding", "My family and I couldn't have asked for anything better".

People were supported to attend weddings, funerals and other important/significant family events. In a recent survey, relatives were asked what was the best thing about the home. One relative wrote, "The caring atmosphere and the willingness to go that extra mile. One staff member arranged to take my mother who was 101 years old at the time to attend a funeral and stayed with her the whole time. That was exceptionally kind and caring". They also wrote to the registered manager expressing their gratitude of the carers professional, caring nature, "She sat with mum throughout the service which was a very emotional experience due to a very sad loss to a dear friend. The experience of being back in the chapel she had grown up in and with so many friends around her lifted mum's spirits".

Although, staff acted professionally, we saw that they were not afraid to show genuine love and affection and people were treated like family. One member of staff told us how they had recently supported someone during their end of life. One evening the person had told them they were scared and didn't want to be alone. The staff member got some pillows and led by the side of the person, talking to them, offering reassurance and held her hand until she fell asleep. This level of support became a daily occurrence and in the evenings until the person's son arrived. The staff member ensured the person was never alone. They were not on duty the day the person sadly passed away. However staff on duty knew that she would want to pay her last respects so they contacted her. She came in and supported the family with their loss, they washed and dressed the person in the clothes she had chosen and stayed with the person and their family until the funeral directors arrived. The staff member was incredibly proud to be part of the person's life. We read a card the staff member had received from the family. They wrote, "We have grown very fond of you and mum thought the world of you. She loved your chats and cuddles. You went above and beyond in your care, nothing was too much trouble, you are an amazing person and it's been a very special privilege".

The culture of ensuring people's needs were understood and they were made to feel they mattered was promoted by staff and echoed amongst people living in the home. An example, of the inclusive ethos came

from a person who had moved in, and had a learning disability. The registered manager spoke with us about how people who lived at the home and staff had fully supported this person, this included respecting their values and customs around Christmas. This included letters to Father Christmas, preparing for his arrival on Christmas Eve and the giving and receiving of gifts. Everyone had embraced and shown the kindest respect for this person's beliefs and they actually felt it had brought back 'some of the magic at Christmas'. The provider told us, "I am so proud of the home that Cleeve Lodge has provided for this person".

Without doubt, people and relatives agreed they were treated with respect and dignity. Besides the expected ways people would be respected and treated with dignity staff had thought of innovative ways to promote choice and privacy. They had approached this in a way that was fun, creative and involved people in decision making. On the door of each person's room, we saw handmade signs. People had made them and personalised them. The signs could be flipped both ways and they had chosen their own messages. Messages on the signs included 'please knock before entering', 'I'm receiving personal care' and 'please come on in and have a chat'.

Every effort was made to enhance and maintain family support and existing relationships so that their life experiences were meaningful and relationships remained important. Those relationships were sustained and encouraged in various ways. Two people contacted their family regularly through video call, which was far more engaging than phone calls and 'lots more fun'. Staff also kept families and friends connected and involved by producing a quarterly newsletter. This was especially helpful for those who were unable to visit regularly. One of the relatives we spoke with had their granddaughter with them. She was very happy visiting and had plenty of toys to occupy her because the service provided a toy box. This was a lovely way to see children interact with their great- grandparents. Another relative told us that when their granddaughter visited she referred to the home as 'grampy's house'. This was another example of where a fully inclusive service was encouraged and promoted. Two other relatives we spoke with had had parents in the care of Cleeve Lodge that had now passed away. They continued to visit Cleeve Lodge to see staff and people living in the home whom they had grown fond of. One of the relative's was planning to volunteer there in the future. The relationships between them and the staff was obviously still very important and we saw lots of hugs and chatter between them all as they arrived.

Is the service responsive?

Our findings

The service continued to provide a strong responsive service and had improved to outstanding in areas around person centred care, social and emotional stimulation and end of life care. Extensive work had been completed and led by the homes person centred champion to ensure that care documentation demonstrated this. The homes approach to care was person centred and holistic. The registered manager and staff knew people extremely well and were able to explain people's individual likes and preferences. Throughout our inspection, we saw people being cared for and supported in accordance with their individual wishes. Information was explicit in detail and demonstrated how much people had been involved. Support from morning to night was very personalised. People requested things such as, "I get hot and prefer my window open at all times", "I like a cup of tea in bed at 6am", "At 7 am I am ready for the newspaper delivery, I like to read this with a cup of tea before breakfast", "If there is a programme I would like to watch I will receive my meals in my room please" and "I like a warm bath with bubbles, if staff could apply soap to my flannel I will do the rest thank you".

Maintaining independence was also integral to respecting choice and maintaining dignity. People's requests reflected this and included, "I am an independent lady, it's important to me. I wake at 5.45 am, this is a natural waking time for me and stems from when I used to work", "Every morning I like to wash, dress and shave on my own. I then like to go and say good morning to all the staff on duty and any residents who are up" and "It's important for me to go out unaccompanied, I prefer to do my own thing. I like to make regular visits to Bristol Cathedral, attend a day centre, go shopping and eating out. I also enjoy mowing the lawn at Cleeve Lodge".

People's emotions and spiritual needs had also been considered and were seen as an important aspect of someone's well-being. Staff had spoken with people about how to make them happy and how to avoid things that make them sad or anxious. People shared things such as, "When I lose my friends (through illness) I feel sad, and when I hear people being horrible to one another then that makes me upset. I do believe in prayers and that they are always answered, which makes things better", "Unkindness makes me sad and my children and grandchildren bring me happiness", "I feel passionate about cruelty in care homes. I was a nurse once and these people should not be employed" and "I believe in praying and say them every morning and night". One person didn't like loud noise as it could make them anxious. When this occurred they told us they liked to talk with their key worker and have some quiet time together. Sometimes they preferred to 'get away from the home' and go to a local coffee shop but they also liked to listen to music through their headphones in the garden gazebo.

The provider wrote, "Our care planning remains a priority and the whole staff team, impress me with their continual strive to make the care planning process personal to every resident. When I meet a new resident, I can be assured a good overview of their medical conditions and support needs, but most importantly, who they are, how they would like to spend their time and who is important to them". We read written comments received from visiting professionals who had read the care files during 'resident' review meetings. They were extremely positive and included, "We can tell that you know your residents well, you have good plans in place" and "Care plans are very well organised and clearly written. The articles about 'what makes me who I

am' provide a positive story and helps ensure people have the right support and are safe".

People's changing needs were responded to promptly and appropriately. Staff recognised when people were unwell and reported any concerns to the person in charge. We saw examples where continuous daily evaluation helped identify deterioration in people's health, or where needs had changed and intervention was required. One health care professional recently fed back to the staff and wrote, "You did a really good job with the residents arm. By taking the action you did, you saved the skin and reattached the blood supply. It should really heal well now. Well done".

The provider told us, "We have a great support network of visiting health professionals and our strong GP relationships ensure the best possible responsiveness for our residents".

One relative wrote in a recent survey, "Staff were very engaged and responsive to my father's needs. We are always involved with care reviews and kept fully informed of any changes". One person told us, "Staff never hesitate to call an ambulance or a doctor if they feel one is needed". We spoke with a GP who visiting the home at the time of the inspection. They expressed great confidence in the registered manager and staff to make appropriate referrals and to carry out instruction and guidance effectively. They said they had 'no concerns, staff were all very good, communication was effective and people were very well cared for".

The registered manager and staff recognised that people needed a purpose and would want to continue with things that were important to them so that their lives remained meaningful. There was a dedicated activities person, and volunteers. The service developed a creative and active community life at the home. They had sought input, ideas and training through Alive. Alive is a charity dedicated to improving the quality of life for older people in care through meaningful activities. The ethos is that activity sessions are proven to impact positively on older people in the expression of personal identity, enabling of personal choice, interaction with others and general well-being. The gardening club activities provided sensory stimulation, exercise, increased social interaction and promoted a sense of purpose and achievement. Art sessions were a popular activity for people and enabled individuality and expression. Some art work was framed and displayed in people's rooms and in communal areas, which indicated people were proud of their achievements and how much they enjoyed the sessions. There was also a gentleman's club where they socialised, watched, talked or played sport and reminisced about the 'old days' whilst enjoying an alcoholic beverage.

The service protected people from social isolation and recognised the importance of social contact. Staff had noticed that people enjoyed it when they brought their own children in to visit, so they were asked at their 'Circle Meeting' if they would like a baby toddler group to visit on a weekly basis. This idea received a warm welcome and a mother and toddler group were now visiting the home weekly to participate in activities with the 'residents'. They were visiting on the first day of our inspection and we saw how the babies and toddlers brought many smiles to people's faces and their faces lit up. Toddlers were dancing around and interacting with people, we saw people clapping and encouraging them to perform in front of them. People were also taking an active interest in how the children were developing and some of them had been following the progress of one toddler who had 'taken their first steps walking'. One person said "We absolutely love their visits". One of the mothers said, "I'm greeted with smiling faces, we have lots of fun with the ladies and gentlemen who love to join in. My one year old loves to be around everyone and feels at home as he parades around!". A level students also visited to join people for afternoon tea and activity engagement each week.

Trips were always enjoyed and were arranged in large groups, smaller groups for more frequent local trips and on a one to one. Organised trips had included, Longleat, the Arboretum and the Bristol Hippodrome. Photographs in the newsletter indicated people had enjoyed the outings and had a lot of fun. Events were

celebrated throughout the year from Valentine's Day through to Christmas day. Parties were organised to celebrate national events such as the royal wedding, Ascot and Wimbledon. Entertainment was also available throughout the year from visiting groups, for example, musical entertainment, pet therapy, exercise classes, Irish dancers and musical theatre.

The service organised events to raise money for national and local causes. People were asked for recommendations about which charity they would like to sponsor and donate money raised. On the first day of our inspection, there was an Easter cake bake to raise money for St Peter's Hospice. The knitting club had made and provided bonnets for the special baby care unit at Southmead hospital and knitted blankets for the local dogs home. Clothing no longer required by people or staff were taken to a facility that paid for unwanted items. This money had been used to provide sleeping bags for homeless people in Bristol.

The service anticipated sensitive changes for people and families circumstances and supported them at times when they suffered feelings of distress when receiving bad or sad news. In addition, they felt proud and privileged to be able to care for people during end of life. We saw many examples of this including one person with support from staff had expressed to donate her body to medical science. She had requested a memorial service instead of a funeral. She said staff were like family to her, she wanted everyone to wear bright colours and a tree was to be planted in the garden with a plaque saying, 'always look on the bright side of life'.

It was heart-warming to read letters of thanks and gratitude from people whose loved ones had passed away at the home. Comments truly reflected the love and care provided by staff. People wrote, "End of life was sensitive and loving", "In my father's last days his comfort was of the highest priority", "At the end of mum's life the care she received was great. We couldn't have had it any better with the love we received", "I am extremely grateful to everyone I cannot praise you all enough" and "There is so much I want to say but I don't know where to start. You have looked after her so well and I know she loved you all". People were helped to make memory books whilst living at Cleeve Lodge which provided a story of their time there. These were presented to families when people passed away as a gift to celebrate and remember their lives.

Is the service well-led?

Our findings

People continued to receive care and support from a very well-led service and had improved to provide outstanding leadership. 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.'

It was evident that the passion and desire for Cleeve Lodge to provide outstanding care was shared by the provider and the registered manager. Their effective leadership and personal investment was testament to why the service had improved since our last inspection. In addition their values and visions were embraced by the whole staff team who were all proud to be part of the service provision.

Systems in place contributed to the smooth, effective operation of the service whilst still retaining its personalisation. The service had a dedicated, competent business manager who played an essential role in co-ordinating this. This was a small service with a strong steadfast team, it felt inclusive and seamless. It was evident that the achievements were not down to one individual but had been achieved collectively with the involvement of the whole team. Staff were extremely satisfied working at the home, they were loyal and fully committed and this was reflected in their attitudes and integrity during the inspection.

Everyone who used the service expressed unreserved positivity. Comments we received and read included, "The staff are kind, courteous and patient. My sister loves it there and that says it all", "I cannot fault the home and would highly recommend", "We as a family have expressed our gratitude on many occasions for the care and treatment given to mum", "We were extremely happy with all the care and attention given" and "We would recommend Cleeve to anyone. The care they give is outstanding. The support they give to family is remarkable, myself and my family can't thank them enough".

The provider had a very 'hands on', active approach and presence within the service, with people who lived at the home, relatives, and staff. Staff comments included, "She is part of my support network, I know I can pick up the phone at any time for advice and support, she has seen my potential and believes in me, which is amazing. She constantly encourages me and helps me push my boundaries", "I cannot fault her we were all proud when she completed the Care Certificate with the rest of the staff" and "She genuinely cares about the people who live here and they are at the heart of all she does".

There was a mutual appreciation and respect between the provider and registered manager. The registered manager told us, "She couldn't be more supportive, whilst she allows us autonomy to manage our service she is always hands on to guide, reassure and boost spirits at difficult times. She is always receptive to suggestions". Most recently, the provider had extended Wi-Fi access throughout the home and provided an electronic tablet. This was instrumental in giving people access to contact family through video call, people liked to access the internet in addition to taking photographs of special events and using it in an activity.

The registered manager had been supporting and preparing for the deputy to take on the role as registered

manager. This had been achieved through a smart, measured approach over a year. The current registered manager had been promoted to area manager of all four of the provider's homes. The provider told us, "I am very proud of our deputy and her ever growing confidence, knowledge and integrity. She is ready to take the next step. She deals with anything that the home can throw at her and simply gets on with it whilst providing a wonderful service to a group of residents who she genuinely cares about". Shortly after our inspection, the deputy had been successful with her registered manager's application to CQC.

The provider and the deputy felt the deputy's progress and success was very much down to the current registered manager. The provider told us, "She (the registered manager) has a very wise head on young shoulders and her knowledge and skills are second to none. Her work with the deputy has been incredible and she is developing into a brilliant, mature, responsive manager. My registered manager is able to see the potential in people and find the best way to release it and she has created a nurturing but interesting atmosphere of learning and development". The deputy told us, "I am where I am today because the manager has guided and shown me that I can do this, she is a great manager and teacher, the person I was ten years ago would never have said I would be going for registered manager and this is because she has seen the potential and helped me gain the experience and knowledge to get to where I am now".

The provider shared with us their reflection when they had recently completed the Care Certificate alongside the whole staff team. They wrote, "When I did the Care Certificate with the staff, I found that the supervision process really helped me to take the knowledge that I was learning/revising on paper and focus it on delivering best practice for our residents. I really enjoyed the process and I think that the staff enjoyed seeing me in uniform being assessed along with everybody else! It also grounded me in my belief that day to day contact is the most essential part of a care home life and that whilst paperwork is vital in backing this up and evidencing it, nothing beats kindness and dignity when dealing with frail, vulnerable people".

The registered manager recognised positive traits in all staff and how these should be used to have the best positive impact for everyone. This approach had helped identify staff who wanted to extend their roles and responsibilities in order to further enhance the service they provided. Staff members had taken individual lead roles and become champions (experts). These roles had helped ensure the service was up to date with current best practice and legislation. The leads attended events, training and networked with other agencies to increase their knowledge and understanding. This helped them to develop improved systems in the home and further enhance person centred care. They also delivered learning sets for staff about these particular subjects and improved auditing to ensure better quality and safety. We saw a significant impact following the introduction of champions, particularly in person centred care, falls and safeguarding, and end of life.

Examples of the impact these roles had on people's safety and well-being have been referred to throughout this report.

The registered manager promoted and encouraged open communication amongst everyone who used the service. There were good relationships between people, relatives and staff, and this supported effective communication on a day to day basis. Other methods of communication included planned meetings. The minutes of the meetings gave details about what was discussed and provided information of any action that was required. The minutes reflected meetings were effective, meaningful and enjoyed. People attended the homes 'Circle' meetings which were held every other month. The meetings were held in a local pub where people enjoyed a meal and a chance to discuss plans for the coming months.

We saw various examples whereby requests from people and relatives had been listened to and actioned in addition to empowering people to effect positive changes within the service. We looked at comments made by people in the homes recent survey, their requests and what the registered manager had done to address

them. Examples included, one visitor had commented in a recent survey about more staff presence working at weekends in the afternoon, this was addressed and an extra staff member was on duty from 2-6pm. One person who stayed for respite care commented that a new bed in room nine would be preferable, this was also actioned, a relative felt one of the televisions had a poor reception and needed updating, again this was actioned.

Following our previous inspection the service had been conducting mock inspections following the guidance for our Key lines of Enquiry. This had really helped the service look at and understand the characteristics, how they could improve and sustain their achievements to date. Their improvements made in, caring, responsive and well led demonstrated the effectiveness of the mock inspections and the service was excited to explore other areas in the future. There were other various systems in place to ensure services were reviewed and audited to monitor the quality of the services provided. Regular audits were carried out in the service including health and safety, environment, care documentation, staffing levels, training, staff supervision and medication. Action plans were developed with any improvements/changes that were required.