

The Tides Cloisters Care Limited

Cloisters Care Home

Inspection report

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Tel: 01519243434

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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

About the service

Cloisters Care Home is a residential care home providing personal care to 17 people aged 65 and over at the time of the inspection. The service can support up to 20 people living with dementia.

People's experience of using this service and what we found

Staff were committed to delivering care in a person-centred way based on people's preferences and wishes.

There was a stable staff team who were knowledgeable about the people living at the service and had built trusting and meaningful relationships with them.

Staff treated people with kindness and compassion. There was a very caring and friendly atmosphere in the home between staff and people using the service.

Staff knew how to keep people safe from harm. Staff were recruited safely, and sufficient numbers were employed to ensure people's care and social needs were met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Activities were provided; people enjoyed trips out and celebrated people's birthdays.

People received a varied and nutritious diet based on their individual preferences, and regular drinks and snacks throughout the day.

Staff were respectful and promoted people's privacy and dignity when support with personal care was needed. People were encouraged to be independent in all aspects of their daily care and when mobilising throughout the home.

The leadership of the service promoted a positive culture that was person-centred and inclusive. We received positive feedback about the quality of care and support people received and the overall management of the service from people and their relatives. The registered manager and the staff team showed a desire to improve on the service provided and in turn the quality of life experiences for the people living at Cloisters.

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

Rating at last inspection

This service was registered with us on 10/10/2018 and this is the first inspection. The last rating for this service was Good (published 1 January 2018). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the

rating at this inspection.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Cloisters Care Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team consisted of an inspector, an assistant 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.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with six people who used the service and a relative about their experience of the care provided.

We spoke with seven members of staff including the provider, registered manager, senior care worker, three care workers and the chef.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- Staff received safeguarding training and had access to relevant information and guidance about how to protect people from harm.
- Individual risks to people's health and safety were assessed; risk assessments provided detailed information around people's individual risks and included guidance for staff to keep them safe.
- People at Cloisters care home were encouraged to remain as mobile as possible around the home.
- The environment was well maintained. Equipment and utilities were regularly checked to ensure they were safe to use.
- A person told us, "Yes, I feel safe there's nothing be afraid of here."
- A relative told us, "Risks such as falling are well managed. I'm absolutely delighted with this place."

Staffing and recruitment

- There were sufficient numbers of staff employed and on duty to meet people's assessed needs.
- Our observations showed staff were vigilant and attended to people's needs straightaway.
- Staff were recruited safely. New staff had been employed following appropriate checks.
- People's comments included, "I would say that there are enough staff on duty, I've never seen any problems. If I did I would have complained" and "As far as I'm concerned there are enough staff on duty".

Using medicines safely

- People received their medicines safely and on time. Staff received training in medicines management and had regular competency checks to ensure ongoing safe practice.
- There were suitable arrangements for ordering, receiving, storing and disposal of medicines.
- The managers completed monthly audits of medicines to ensure policies and procedures were followed and any errors or concerns were identified.
- A person told us, "I always get my medication when I should, and they always check to see if I need any paracetamol."

Preventing and controlling infection

- Arrangements were in place for making sure that premises were kept clean and hygienic so that people were protected from infections.
- Staff used personal protective equipment (PPE) such as disposable aprons and gloves.
- We found the home to be clean and tidy throughout.
- A person told us, "This place is not just clean and tidy, it's immaculate."

Learning lessons when things go wrong

- Staff knew how to report accidents and incidents.
- Accidents and incidents were recorded and analysed, so any trends or patterns could be highlighted.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's individual needs were assessed; this helped to ensure their needs were understood and could be met. Assessments of people's care and support needs were completed in detail and provided guidance for staff to support people based on their needs and choices.
- Staff knew people well and how to best meet their needs.

Staff support: induction, training, skills and experience

- Staff received a good range of support including regular training. Training records showed staff training was kept up-to-date.
- Staff received regular supervision and appraisal to support their developmental needs.
- Staff told us they felt supported by the registered manager and their colleagues.
- Many of the staff had worked at the home for many years which provided a consistent staff team.
- A person said, "The staff are very good, I'm happy with them; they all appear know what they are doing."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat a varied and nutritious diet based on their individual preferences and were offered drinks and snacks throughout the day.
- Staff assessed people's nutritional needs and any risks related to their eating and drinking. People's weight was monitored.
- People appeared to enjoy the meal and the lunchtime experience. When people did not want the main meal, sandwiches were offered as an alternative.
- Staff assisted people and offered them a choice of meal. Meals were served to people in a timely way.
- People's comments included, "There's a choice, the staff know what I like and don't like. The portions are big enough for me", "I've never felt hungry. You can always ask for a drink or a snack. I like the roast dinners and the gammon. We get a lot of fish dishes and I enjoy them" and "They are always bringing you cups of tea".
- A relative said, "I've stayed and had lunch here myself and I think it's good. It's what I would be happy with at home."

Adapting service, design, decoration to meet people's needs

- The premises were suitable for people's needs and provided people with choices about where they could spend their time.
- There were adaptations to shared bathrooms and toilets for people with disabilities to make them easier to

use. Signage on the doors identified these facilities, to enable people to find them without assistance.

- People had identifying information on their bedroom doors to assist their orientation. Bedrooms were personalised with items they had bought and pictures.
- People had access to a good-sized enclosed garden; a level circular path with hand rail, encouraged people to exercise and mobilise safely and enjoy the garden. There were seating areas and raised vegetable beds.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff had good relationships with health and social care professionals who had contact with the service.
- People were supported to see their GP, district nurses and were referred to other healthcare professionals, such as, optician, Speech and Language team and district nurse in a timely way, when required.
- Staff promoted good oral health care in line with recent guidance and had received training. Care plans recorded people's dental support needs in detail.
- The registered manager told us of the difficulties in finding an accessible dental surgery and a practice that was able to register the people living at the home.
- A relative told us, "I'm over the moon with my [family member's] treatment in here, the staff have been wonderful. They keep me well informed about her, let me know if there are any changes."

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager had a clear understanding of the MCA and knew what actions to take to ensure that people's rights were upheld under the Act.
- Applications for DoLS authorisations had been made when needed.
- Mental capacity assessments had been completed to identify if a person had capacity to make a specific decision. Best interest meetings had taken place when a person did not have capacity.
- People had given their consent to care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people with kindness and compassion. There was a stable staff team who knew people well and what mattered to them. Positive and caring relationships had been developed between people and staff.
- There was a very caring and friendly atmosphere in the home between staff and people using the service.
- Staff clearly knew people very well and were able to tell us about individuals and their lives and families. This enabled them to engage well with people, and we observed them chatting, which increased people's sense of well-being.
- People spoke positively about staff; comments included, "I like the staff that look after me", "I consider the staff to be kind and compassionate, I regard them as friends, they are all good to me. I can talk to them if I have a problem", and "I have always found the staff to be kind and compassionate. They always treat me with respect, if they didn't I would tell them" and "The staff are caring and thoughtful, they listen to you".
- A relative told us, "It's not just a job to them. I would say they are kind and compassionate, and treat people with respect. Staff listen to what you say; I'm very happy with their attitude to my [family member]" and "I bring a newspaper every day for my [family member] and she loves that. One day I forgot to call for the paper, one of the staff nipped out and got it for me. You appreciate little kindnesses like that. It's typical of the staff in this place."

Supporting people to express their views and be involved in making decisions about their care

- People and their family members were encouraged to share their views about the care provided.
- People told us they were able to choose how and where they spent their day. Our observations evidenced this.
- People's care planning documents gave the opportunity to record specific needs and wishes in relation to their chosen lifestyle.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful and promoted people's privacy and dignity when support with personal care was needed.
- People were encouraged to be independent in all aspects of their daily care. Care records detailed what people were able to do without staff support.
- A passenger lift to the four floors in the home and handrails throughout the building helped to promote people's independence. However people were encouraged to use stairs, with staff supervision to ensure their safety.

- A person told us, "They have encouraged me to be independent, and I think that's good."
- People's personal information was stored securely in the office.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- There was an exceptionally strong and visible person-centred culture with staff going out of their way to ensure that people were respected as individuals.
- Personalised care plans detailed people's support needs and preferences. These were reviewed regularly and contained a variety of person-centred information, including people's backgrounds and life history.

Meeting people's communication needs

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

- Care records recorded people's preferred method of communication and any impairments to their hearing or eye sight that could affect effective communication with others.
- Some care plans needed more information about people's communication needs, which staff knew in detail, but the information was not recorded for new staff to see. We discussed this with the registered manager, who agreed to make the necessary changes.

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

- The home had an activities coordinator who was new in their post. We were told they were in the process of getting together a program to expand the home's activities and trips out.
- People's comments included, "I usually find enough to do, reading, TV and chatting to the others" and "They put on music for us, singers come in, they take us shopping. We've even been to a restaurant and that was lovely. We have trips out to a local park that has a duck pond".
- People spent time with friends and family and enjoyed going out with them.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which outlined how complaints would be responded to.
- People told us they knew how to make a complaint.
- No complaints had been made. Feedback we received was extremely positive.

End of life care and support

- The provider offered people a home for life. People and their relatives were supported to make decisions and plans about their preferences for end of life care. Advance planning took account of people's wishes to

remain at the service, in familiar surroundings and supported by staff who knew them well.

- Where it was necessary, people had end of life care plans in place, which helped to provide information to staff about how they wanted to be cared for.
- Some people had 'Do Not Attempt Resuscitation' paperwork in place from the GP. Discreet colour coding in people's bedrooms informed staff, to ensure people's wishes were carried out.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and staff promoted a culture of person-centred care by having a clear vision and values, engaging with everyone using the service and family members and supporting people to live fulfilled lives.
- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong.
- People, staff and relatives gave very positive feedback about the registered manager; comments included, "The manager is visible, very approachable. I've no problem with her", "The manager is always about the place, it's well managed", "The manager can always be seen about the home, she's approachable and yes I do know her name" and "I am very pleased with this place, and I would recommend it without any doubt".

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

- The service was well led by a registered manager; they were supported by a deputy manager and senior staff who had all worked at the service for several years. They understood their role and what was required to ensure the service provided good care to people.
- The registered manager was very involved in the day to day running of the service including working hands on, alongside staff where required.
- Staff felt respected, valued and supported. There was a positive attitude in the staff team.
- There was good communication between the management team and care staff; changes in people's care needs were communicated at staff handover meetings each day.
- The registered manager was clear about their responsibilities for reporting to the CQC and the regulatory requirements. Risks were clearly identified and escalated where necessary.

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

- Formal feedback in the form of questionnaires was sought from people living at Cloisters, relatives and visitors.
- People had been kept informed when the new provider was in the process of taking over the home. Meetings were held to keep people up to date.

Continuous learning and improving care

- Quality assurance systems were in place and continued to be used effectively to monitor key aspects of the service. Audits and checks were completed on a regular basis by the management team and registered provider to identify areas of improvement.
- Staff meetings and daily handover meetings were opportunities to discuss any incidents or ways to improve the care people received.

Working in partnership with others

- The registered manager had developed good links for the benefit of the service with key organisations, reflecting the needs and preferences of people in its care, to improve the quality and safety of care people received.
- The registered manager kept up to date with developments in practice by working with other registered managers and health practitioners and attending at the local dementia care forum.