

Sirona Care & Health C.I.C.

# Cleeve Court Community Resource Centre

## Inspection report

Cleeve Court  
Cleeve Green, Twerton  
Bath  
Somerset  
BA2 1RS

Tel: 01225396788

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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: Cleeve Court Community Resource Centre (Cleeve Court) is a care home. Cleeve Court accommodates up to 45 people across two separate floors, Lansdown View and Kelston Rise, each of which have separate adapted facilities. The service specialises in providing care to people living with dementia. At the time of our inspection there were 35 people living at the service.

People's experience of using this service and what we found: People were supported by a staff team who were kind and caring. Staff had good relationships with people and knew them well. We saw many examples of staff taking time to ensure people were well cared for.

The provider and senior staff had completed audits on the home to support quality checks. These checks had helped improve the quality of service provision.

There were enough staff to meet peoples' needs. Staff training was provided and ensured people's specific needs were covered. Staff recruitment procedures were followed appropriately, and staff received regular supervision.

Care plans were person centred and there was guidance within peoples' risk assessments for staff to follow.

Medicines were administered safely. We have made a recommendation about the storage of medicines.

People were supported to access healthcare professionals. People had access to the local community and activities focused on people's preferences.

The environment had been decorated and designed to enable people living with dementia to navigate their way around the home with ease, and to keep them occupied with items of interest.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update: The last rating for this service was Requires Improvement (published 2 July 2018) and there was one breach of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will 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?

Good ●

The service was safe

### Is the service effective?

Good ●

The service was effective

### Is the service caring?

Good ●

The service was caring

### Is the service responsive?

Good ●

The service was responsive

### Is the service well-led?

Good ●

The service was well led.

# Cleeve Court Community Resource Centre

## **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 one inspector, a medicines 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. The expert's experience was related to the care of older people.

**Service and service type:** Cleeve Court 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 the inspection:** We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also reviewed information we had received about the service since the last inspection in June 2018. This included details about incidents the provider must notify us about. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection: We spoke we spoke with 12 people supported by the service, six relatives, eight members of staff and the registered manager. We reviewed four people's care and support records and four staff recruitment files. We reviewed people's Medicine Administration Records (MAR). We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, communication systems, policies, and audits. We also 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.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to ensure medicines were administered safely. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. We have however made a recommendation around safe storage of medicines.

Using medicines safely; Preventing and controlling infection

- Not all medicines were locked away to ensure medicines were stored securely, the keys for the medicine cupboards were not stored securely to ensure access was restricted to senior staff. This was rectified on the day of inspection.

We recommend the provider consider current guidance on the safe storage of medicines and act to update their practice accordingly.

- Medicine administration records (MAR) were completed appropriately to show when staff had given people their medicines.
- Room temperatures were being recorded to ensure medicines were stored at appropriate temperatures.
- PRN protocols were in place. PRN medicines are 'when required' medicines. A PRN protocol provides guidance as to how and when the medicine should be used and the correct dosage. This information ensures the medicine is administered as intended by the prescribing doctor.
- Staff had received training in medicine management and audits were undertaken by senior staff to ensure that medicines were administered and stored safely.
- Staff told us they used protective equipment such as gloves and aprons when assisting people with personal care or when carrying soiled laundry. We saw in this practice as well as audits that were in place to ensure the prevention and control of infection.

Staffing and recruitment

- There were enough staff to provide people with care and support. We observed staff were focused on providing person centred care and had enough time to spend with people in companionship other than when providing care.
- People told us that staff always attended to their needs and would stop and spend time with them. One person said, "They struggle sometimes, but they do the best they can. Staff stay a long time, and some are

very good."

- Staff said, "At the moment staffing levels are good. We have lots of new staff that have started, and it seems to be working quite well."
- Staff recruitment files showed that the service had operated a safe and effective recruitment system. We looked at four recruitment files; an enhanced Disclosure and Barring Service (DBS) check had been completed for staff employed. The DBS check helped ensure people barred from working with certain groups such as vulnerable adults would be identified.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place. Staff knew how to identify different types of abuse that could occur and how to report it and keep people safe. For example, one staff member said, "First thing I would do is report it, document it, there's a flow chart in the office for steps to [report abuse to the safeguarding authority]. I would report it to my senior."
- Safeguarding incidents had been reported to the local authority and CQC appropriately.

Assessing risk, safety monitoring and management

- Risk assessments were in place to reduce risks to people and guidance was regularly reviewed and updated.
- People told us they felt safe; one person said, "I feel safe because of the good general overall efficiency. Everything is looked after and taken care of." A relative said "[Person] is safe and well looked after here, [person's] personal care is good."
- Emergency plans were in place to ensure people were supported in the event of a fire.
- Equipment was safe and well maintained. Fire, gas, water, electrical, and COSHH maintenance checks had been carried out as required.

Learning lessons when things go wrong

- Learning from incidents and investigations took place and this information was used to update people's care and risk assessments where needed.



# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- The provider had provided staff with opportunities to discuss and receive feedback about their individual performance and development. Staff had received regular supervision. Regular supervision enables staff to maintain their skills, knowledge and on-going development. One staff member said, "Supervisions are useful as it gives me feedback on my role."
- New staff received an induction when they began working at the service. Staff received training to ensure they could provide people with the care they required. Additional training had been provided for care staff to meet people's specific needs for example in relation to one person's particular mental health condition. One person said, "Staff are well trained, efficient and polite. Things are generally peaceful here but if someone is upset staff cope brilliantly. They will always investigate if someone is shouting out." One staff member said, "With mandatory training and e Learning it's frequent and if there's any training that I want to do I ask them to put me on it." Another staff member said "I had the full [provider] induction which is very impressive. I've had in house, online training and shadowing. Didn't let me fly solo until absolutely confident I could run a shift."

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

- Assessments of people's needs had been undertaken before the person arrived at the service. Resulting care plans were detailed, expected outcomes were identified and care and support was reviewed. Information on supporting people living with specific health conditions was available. This meant staff had the guidance to ensure they provided appropriate and person-centred care according to individual needs.
- People's protected characteristics under the Equalities Act 2010 were identified. This included people's needs in relation to their religion, diet and gender preferences for staff support

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

- People told us they enjoyed the food and were able to have their preferred choice of foods. One person said, "I get egg and chips on a Friday instead of fish" another person said, "I always eat in the lounge. I have meat and potato mainly, but they are encouraging me to gradually increase fruit and vegetables as well." A relative commented, "The food is really good, I have sampled it! "
- We observed the lunchtime meal on the first day of inspection. Meals were shown to people so that they could make a choice. When plates of food were served, staff explained to people what the food was. Staff sat with people and ate alongside them creating a sociable experience.
- All people we spoke with confirmed that they were offered enough to eat and drink throughout the day. A

jug of squash and glasses were available in the communal areas all day, and tea and coffee were also offered. We observed people were being offered drinks constantly and had a drink by their side in the lounge. Staff encouraged people to take drinks regularly for example, we observed staff say "I'm going to have a cup of tea now, would you like to join me?" to people.

- People at risk of not eating and drinking enough to maintain their health were provided with nutritionally enhanced food and drinks.

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

- Communal spaces were well maintained and uncluttered with a selection of comfortable seating available. Communal areas and corridors were well lit and decorated. Lounges were utilised as "private" dining areas for relatives / friends if they wanted quiet, quality time with people whilst they all ate a meal together. Wall colour varied in sections throughout the length of corridors allowing people to navigate and recognise where they were. The ends of corridors were made to be places of interest where people could sit and take in their surroundings. There was artwork, photos, memorabilia, and tactile stimuli such as hats, cuddly animals, and dolls. There was signage around the home for the lounges, dining room, bathroom and toilets which was easy to read using both symbols and words. A relative said, "The environment is really good for [person] here, there is a perfect balance [between receiving support and being independent]."
- People's bedrooms were decorated to their taste, and people had items that were important to them. Bedroom doors had been personalised with photos, artwork and life histories (with consent) to enable people to recognise their own rooms.
- On each floor of the home there was access to outside areas where people could sit and tend to the garden.

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

- Staff responded to people's health care needs. Relatives were very positive about staff and told us referrals were made appropriately. One relative said, "The district nurse visits and they will call the GP if necessary. [Person] sees the Chiropodist and staff clean [person's] dentures."
- Staff knowledge about people was good and professional advice provided was followed.
- Individualised information packs were in place to accompany people should a hospital admission be necessary.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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.

- DoLS authorisation had been applied for and granted for some people.
- Staff said they gained people's consent before providing care. We observed this in practice; we saw a member of staff talking a person through moving from a wheelchair into a chair and asking for the person's consent throughout the manoeuvre.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff knocked on doors and waited for a response before entering. One person said, "They always ask consent before doing personal care. Staff are kind and caring." A member of staff said, "When you do personal care, you make sure doors and curtains are shut and ask them [people]."
- People were encouraged to be independent and do as much as they could for themselves. One person went out into the community daily to purchase their own newspaper.
- People were supported to maintain relationships with those close to them. Relatives were made to feel welcome and told us they could visit at any time. The service had also recently introduced internet video calling so people whose relatives could not visit regularly could stay in touch with them.
- Important information about people was stored securely and kept confidential.

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

- People and their relatives told us staff were kind and caring. One person said, "The staff are nice we have a laugh and a joke." A relative said, "Staff are friendly, attentive and helpful."
- Staff told us they enjoyed supporting people and spoke about them with affection. One staff member said, "We work on the butterfly [dementia care model] so it's very much what they [people] would like to do. It's all about them. I think that's what I like about it here. I would like my mum to come somewhere very similar to this. It's laid back and lovely."
- Observations showed people were treated with kindness and respect. Staff were attentive and caring towards people and spoke with everyone they met. They appeared to be genuinely interested and affectionate towards people. Staff took notice of people who were alone in their rooms and took time to chat to them. Housekeeping staff were also seen sitting and chatting to people in their rooms. One staff member said, "It's all about them here, it feels like home. If I feel like I'm at home hopefully they do too. That's the important thing."
- Staff were keen to ensure people's rights were respected and were aware of their cultural and spiritual needs.

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

- People were encouraged to make decisions about their day to day routines and express their personal

preferences.

- People and their relatives had been involved in care planning; One person said, "I have reviews, they [staff] ask if everything is working out alright. I have nothing but praise for them."

## Is the service responsive?

### Our findings

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Activities were monitored by the provider for their suitability. People described being able to take part in activities that interested them. A trip to Cheddar Gorge took place during the inspection and people went out into the community regularly. There was also an intergenerational project which involved local school children each 'adopting' a person so that they could undertake activities like gardening together. One person said, "I go for walks and help out and give a hand. I like the gardening; the children come from the school."
- We observed short bursts of activity to stimulate people living with dementia using the Butterfly Model of dementia care. The staff used a variety of ways to engage and occupy people in the moment by lifting the atmosphere with short minute by minute 'activities'. People living with dementia were engaged by talking about objects, memories, and music and were engaged in domestic tasks such as helping with the laundry to encourage independence. We observed one person helping to fold linen. One person said, "They let me help, I like to help. I've made lots of friends, I don't feel lonely."

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

- Care plans were person centred and were detailed enough to ensure that staff could provide personalised care that enabled people's routines and preferences. Where appropriate, records included preferences relating to protected characteristics, culture, and spiritual needs.
- Staff were knowledgeable about people and their needs. Staff knew how to communicate with people. Staff ensured they used their knowledge about people when giving choices, particularly where people were unable to communicate verbally.

End of life care and support

- Within the care plans there was some information in relation to end of life care. However, there was basic information; it was not fully detailed to be reflective of people's individual preferences for any end of life care and funeral service or wishes. We discussed this with the registered manager who agreed that this would be reviewed.

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.

- Information was provided to people in a format that supported their needs. We were told that people who had difficulties communicating could be provided with documentation in larger print pictures as required. We also observed staff using familiar hand gestures and phrases.
- Each person had their own communication section within their care plan; this enabled staff to know how to communicate with the person.

#### Improving care quality in response to complaints or concerns

- People knew how to make a complaint and felt able to raise concerns if they were unhappy. They felt confident the provider would act to address any concerns. People told us they'd never had to make a complaint.
- Where the service had received a complaint, this had been investigated and responded to appropriately.

# 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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection the provider had failed to make statutory notifications as required. This was a breach of the Care Quality Commission (Registration) Regulations 2009) Regulation 18: Notification of other incidents.

Enough improvement had been made at this inspection and the provider was no longer in breach of this regulation.

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

- The provider's quality assurance systems and processes had ensured they were able to prevent shortfalls in the quality of service provision. The provider had undertaken quality audits covering a range of areas; these had assisted in developing the service to meet people's needs.
- Statutory notifications had been made by the provider to assist the commission's oversight of the service. A statutory notification is information about important events which affect people or the service and which the service is legally obliged to submit to the Commission

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

- The provider offered people and their relatives the opportunity to complete an annual survey for their views on various aspects of the home. We looked at the results from the latest survey undertaken and found the responses of the people surveyed were positive.
- Where issues or ideas had been raised by people there was a clear action plan or response raised. One person said "I had a moan to the kitchen about something and they set up a list for everyone to use if they had any complaints about the food. They thought it was a good idea."
- Relatives meetings had been planned to enable relatives to collectively share their thoughts and ideas and provide feedback to the provider. A relative said, "They had a meeting for relatives-you made your points and they listened. I would definitely recommend to others."
- Staff meetings took place regularly; this ensured staff had opportunities to ensure information was shared and expected standards were clear.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good



outcomes for people

- The provider had developed a positive staff culture. Staff said they worked well together. A staff member said, "I work with a lovely group and we all work as a team. That's what keeps me here. We work so well together, and we help each other."
- Staff, people and relatives spoke positively about the registered manager. A relative said, "We have had lots of dealings with [registered manager] she is very efficient. We definitely would recommend." A staff member said, "I love it." Supported? very much so. [the registered manager and deputy manager] are always on hand. The seniors are always fantastic."

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 provider understood their responsibilities regarding the duty of candour. Relatives said information was communicated to them.