

Cleeve Lodge Limited

Cleeve Lodge

Inspection report





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Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Good 
Is the service effective?	Outstanding 
Is the service caring?	Outstanding 
Is the service responsive?	Outstanding 
Is the service well-led?	Outstanding 

Summary of findings

Overall summary

About the service: Cleeve Lodge is a residential care home that was providing personal care to 22 people aged 65 and over at the time of the inspection.

People's experience of using this service:

- There was an extremely warm and homely atmosphere where people lived full and meaningful lives, supported by staff who were exceptionally kind and caring. Feedback about the compassionate approach of staff was overwhelmingly positive. People were treated with dignity and respect in a way that truly valued them as individuals. Staff continually looked for new ways to enhance people's lives. The management and staff were always prepared to go the extra mile to ensure people received excellent, high quality care.
- There was an outstandingly person-centred culture that was driven by a motivated and committed provider and registered manager. Both continually looked for innovative ways to improve the service and ensure people received the outstanding care they deserved. This motivation resulted in a stable staff team who were totally supportive and committed to providing consistent, high quality, individualised care.
- The provider made significant investment into the service and all investment was to enhance and improve the lives of people living in the service. People were involved in all aspects of improvement and were equal partners in decision making.
- Staff were exceptionally positive about the management of the service and were truly valued and respected. The provider continually reviewed the support given to staff to ensure they were rewarded and appreciated for their commitment to providing a high-quality service to people.
- It was clear that people were placed at the centre of the service and were genuinely consulted in relation to all decisions about their care and the service. Families and visitors were welcomed into the family of Cleeve Lodge and were full of praise for the genuine warmth and kindness they experienced.
- People felt safe and there were effective systems in place to manage risks. Positive risk taking was encouraged and supported to ensure people led meaningful and independent lives.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The service met the characteristics of Outstanding in Effective, Caring, Responsive and Well-Led.

Rating at last inspection: Outstanding (Published 26 June 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service

remains Outstanding.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our reinspection schedule for those services rated Outstanding.

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

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 exceptionally effective.

Details are in our Effective findings below.

Outstanding 

Is the service caring?

The service was exceptionally caring.

Details are in our Caring findings below.

Outstanding 

Is the service responsive?

The service was exceptionally responsive.

Details are in our Responsive findings below.

Outstanding 

Is the service well-led?

The service was exceptionally well-led.

Details are in our Well-Led findings below.

Outstanding 

Cleeve Lodge

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type: Cleeve Lodge is a care home. People in care homes receive accommodation and personal care. 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:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about.

During the inspection we spoke with three people and two relatives to ask about their experience of the care provided. We spoke with three members of care staff, the registered manager, the provider and the business manager. We also spoke with a visiting health professional.

We reviewed a range of records. This included two people's care records and medicine records. We looked at a variety of records relating to the management of the service.

Following the inspection, we spoke with two health professionals who support people using the service. We also spoke with two relatives and received written feedback from one relative.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People felt safe using the service and relatives were confident that people were protected from harm. One person told us, "I am absolutely safe".
- Staff had completed training in safeguarding people from harm and abuse. Staff we spoke with were clear about their responsibilities to report concerns and were extremely confident that action would be taken if concerns were raised. Staff gave examples of issues they had raised with the provider and the prompt and effective action the provider had taken.
- There were effective safeguarding policies and procedures in place. The provider and registered manager had a clear understanding in relation to raising concerns with outside agencies if needed.

Assessing risk, safety monitoring and management

- There was an empowering culture that encouraged positive risk taking. People were supported to live their lives as they chose. For example, one person wished to go out alone. The registered manager and provider understood the importance to the person's well-being and looked for ways to support the person to continue to go out independently. At the time of the inspection they were looking at information technology systems to help manage the risk. The person's relative told us, "[Person] is given as much freedom as possible consistent with his safety and wellbeing".
- Where people did not wish to follow plans to manage risks this was clearly documented to show the person was making an informed choice and that their choice was respected. For example, one person was at risk of pressure damage. The person had declined to use pressure relieving equipment. Staff respected the person's rights to make this decision and encouraged them in other ways to help reduce the risk.

Staffing and recruitment

- People were supported by consistent staff who knew them well and were able to support them to keep themselves safe. Staff promoted positive risk taking to ensure people retained control over their lives.
- The service did not use agency staff and had high levels of staff retention due to the positive and supportive culture.
- There were sufficient staff to meet people's needs. Staff told us there were always plenty of staff. One member of staff told us, "There are plenty of staff so we have time to really get to know them [people]". Where people's needs changed or additional staff were needed for any reason this was arranged by the provider without question.
- Health professionals who visit the service told us there were always staff present to support their visits. One health professional told us the provider was extremely responsive to people's changing needs and would

always increase staffing numbers to ensure both people and staff were safe.

Using medicines safely

- There was a person-centred approach to medicines administration. All care staff were trained in the administration of medicines and were responsible for the administration of medicines to the people they were allocated to support each day. Staff were positive about this system and told us it enabled them to provide 'holistic care' to people and truly understand people's needs.
- Medicines were managed safely. There were effective systems to ensure medicines were ordered, administered and monitored safely. The provider was implementing an electronic medicines system and was taking a phased approach to ensure staff were competent and confident before the system as fully implemented

Preventing and controlling infection

- The service was extremely clean and smelt pleasant with no malodours. The provider was in contact with a luxury fragrance company to discuss partnership working to enable people to enjoy a luxurious aroma. They told us, "I think our residents deserve the best".
- Staff had completed infection control training and used personal protective clothing appropriately.

Learning lessons when things go wrong

- There was an open culture that encouraged learning from accidents and incidents. Staff were encouraged to find solutions to problems that ensured people were safe and in control of their lives. For example, one person preferred to use the stairs. Staff explained to the person there was a lift but respected the person's wish to use the stairs and asked if they could accompany them to the top of the stairs.
- There were systems in place to ensure all accidents and incidents were recorded, investigated and action taken.
- The provider and registered manager ensured all accidents and incidents were analysed for trends and patterns. Where concerns were identified the provider looked for ways to further improve the service. For example, the provider and registered manager were looking at the effectiveness of pressure mats for people at risk of falls. They were investigating the use of sensor beams to see if it was a more effective alert system that would reduce the risk of falls.

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.

Good: 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

- The provider and registered manager achieved the best possible outcomes for people by ensuring that needs were assessed and delivered in line with current standards, guidance and legislation. For example, people's records included details of communication needs in line with the Accessible Information Standards (AIS). Records also took account of National Institute for Health and Care Excellence (NICE) guidance.
- The provider and registered manager ensured their skills and knowledge were up to date. They attended a range of forums and care associations to both learn about and share good practice. They were members of the 'outstanding society' which enabled them to access innovative ideas of outstanding practice in order to influence the delivery of high quality care. The service had visited several outstanding providers that had influenced the development of services at Cleeve Lodge. This resulted in an enhanced quality of care achieving better care outcomes for people. The provider was also a member of the Oxfordshire Association of Care Providers. This enabled the provider to both keep up to date with local, current trends and issues relating to care delivery and to share what they have learnt from outstanding services.

Staff support: induction, training, skills and experience

- Staff were extremely positive about the support they received. One member of staff told us, "[Provider] is very supportive. She would do anything for any of us". Another staff member said, "[Provider] is very supportive. I know she is there if I need anything". Staff gave clear examples of the personal support they had received from the provider which demonstrated the providers commitment to the core values of the organisation.
- Staff received regular supervision and appraisals. Staff were able to identify training and development opportunities that enabled them to work towards career progression.
- Staff completed a range of training to ensure they had the skills and knowledge to meet people's needs. Health professionals were extremely positive about the skills of the staff and the impact this had on the quality of care provided. One health professional told us, "Staff are very knowledgeable and know the residents really well".
- Staff were encouraged to develop their skills and achieve nationally recognised qualifications. The provider was extremely supportive and had spent time going with a member of staff to college to support them when they were having difficulties with the college work relating to a management development programme.
- Staff were encouraged to attend external training to benefit the lives of people living in the service. One health professional told us staff had attended a training session at a local hospice. The session was attended by health professionals. They told us, "Carers from Cleeve Lodge attended. They were the only

carers there. That was amazing". This demonstrated the providers commitment to ensuring staff had excellent skills resulting in supporting that enabled people to achieve good care outcomes.

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

- There had been significant investment in the many improvements to the service since our last inspection. The provider ensured that all improvements benefitted people and improved their lives. For example, an additional lift had been installed to enable lift access to people living in areas of the building that had previously only been accessible by stairs. This had a significant impact on those living in that area of the home. One person told us, "The new lift is absolutely wonderful".
- There had been further adaptations to other areas of the service. This included providing better access for people with mobility aids. The provider had developed a new quiet lounge where people were able to spend time with their relatives. One relative told us, "A new sitting room has been added for the residents, in addition to the larger sitting room. This is perfect for a small group of residents to chat or watch TV together and also a quieter place for family to spend time with their loved one". The room was attractively decorated and had easy access to refreshments for people and their visitors. Where ground floor rooms looked out on to the garden, patio doors had been installed which enabled people to enjoy the beautiful garden more easily. On the day of the inspection the doors were open and people enjoyed sitting in their doorways enjoying the sun.
- The décor around the service was extremely personalised. A member of staff enjoyed photography and had taken portraits of all people living in the service. The photographs captured people laughing and enjoying life. They were all framed and were being hung around the service. They helped to create the homely feel that was visible around the service.
- Visitors to the service were complimentary about the improvements. One health professional told us, "[Provider] has a clear plan, she never tries to cut corners and has invested in the environment to make it homely".

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

- People and relatives were complimentary about the food. One person told us, "The food is very nice. I like the puddings and they always ask me what I'd like". A relative told us, "Good food is a large part of an elderly person's life and the food at Cleeve Lodge is excellent. Wholesome, traditional, varied and plentiful. [Person] has gained needed weight since she has lived there and tells me she enjoys every meal".
- There was a new chef in post who went to exceptional lengths to ensure people received food and drink of their choice and that they enjoyed. The chef had met with each person to discuss their likes and dislikes. They had taken old cookery books and taken time to look through them with people and identify the types of food they liked in the past and now. This information had been used to develop a new menu. People were also encouraged to be involved in food preparation to improve their interest in food.
- Mealtimes were a sociable and relaxed event. Staff sat with people and all enjoyed their meals together. This encouraged people to eat, with staff encouraging people where they were not eating. Staff ensured people were offered a choice of food and where people were not eating they were offered a range of alternatives.
- Where people had specific dietary requirements, they received food and drink to ensure their needs were met.

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

- External professionals were extremely complimentary about the working relationship they had with the

provider, registered manager and staff working in the service. One health professional told us, "They [staff] are very good at alerting me if a person takes a down turn". Professionals described the importance the consistent staff team and their depth of knowledge had on people's outcomes. One health professional told us, "Staff are extremely knowledgeable. They have an in-depth knowledge. Their knowledge of their patients is excellent".

- When people moved into the service the provider arranged a meeting to enable the person and their family to meet their GP. The meeting enabled people to talk through all of their needs. The GP felt this had a positive impact on people and made sure everyone understood what the person wanted.
- Staff supported people to attend hospital appointments. One relative told us how staff now supported their loved one to appointments as the person was less anxious with care staff than with their relative. This had a positive outcome for both the person and their relative by relieving anxieties.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff had completed training in MCA and had a clear understanding of how to apply it in their daily work. One member of staff said, "Mental capacity is very individual. It's important to promote choices, promote what they want. Capacity can vary from day to day".
- Care records included capacity assessments where needed and these were regularly reviewed. Where people were assessed as lacking capacity to make a decision best interest processes were followed and recorded.
- Where people lacked capacity to consent to support that may place restrictions on them DoLS applications had been submitted.

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

Outstanding: People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service

Ensuring people are well treated and supported; equality and diversity

- There was an outstandingly caring culture that was promoted and embedded at every level. Without exception everything the service did was to enhance the lives of the people living there and their families. Staff were committed to providing an exceptional service and did so with kindness and compassion. People and relatives told us staff regularly went the 'extra mile' to ensure people felt loved and cared for. One relative told us, "Staff consistently go 'above and beyond' in their care of the residents". On one occasion a person was feeling low as they were unable to see their family at Christmas. A member of staff arranged to take the person to their own home so the person could enjoy spending Christmas with a family. This had resulted in the person enjoying Christmas in a caring, family home.
- Feedback about staff was excellent. Comments included, "It is very caring. They [staff] really know the residents and will do anything for them. They will always go the extra mile to achieve what the resident wants" and "Staff really are wonderful. They are so very caring. We get the same staff and they are all lovely". Staff ensured they got to know people well and used this knowledge to develop strong, meaningful relationships. This ensured people felt secure and valued for who they were. One relative told us, "Everyone, without exception, made sure they got to know [person], her background, likes, dislikes and, since the first day, she has been cared for with love and understanding".
- The provider and registered manager promoted an exceptionally strong sense of family that recognised the importance of existing relationships and the development of new relationships. One relative told us, "The key is that they help and support family as much as they help [person]. Staff are fantastic they look after me as well as [person]". People were supported to stay in touch with relatives and the service looked for ways to ensure this happened. For example, one relative told us the provider had purchased an electronic device that enabled the person to see and speak with their relative who lived abroad. This had a significant impact on the person and their family. The person's relative told us, "We both look forward to our half an hour chats every Wednesday. These chats are so important for us both and keep us going until I can next visit". The device had since been used to link other people with relatives who lived abroad. The provider had also created a closed, social media account to make families aware of what was happening in the service. Relatives were extremely positive about these additions to methods of communication. One relative said, "It's brilliant. They [staff] put up [on social media] when they [people] have done anything which is great".
- Equality and diversity were embedded in the service. Staff at all levels demonstrated an inclusive culture and respected everyone's individuality, valuing them for who they were without judgement. Staff went to

exceptional lengths to ensure people lived their lives as they chose. One member of staff collected a person each Sunday and took them to the Church they both attended. This was extremely important to the person and was done in an inclusive way that ensured the person was valued equally.

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

- People were involved in all aspects of their care and felt in control of their lives. One person told us, "I am absolutely in control and they can't do enough for me".
- Staff understood people well and were extremely skilled at understanding each person's communication needs. Staff used this knowledge and exceptional skills to involve people in every element of their care. One relative told us, "The carers are excellent at communicating with the residents". We saw many examples of staff using their detailed knowledge of people to engage them in their care. This included using pictures of family members to talk with people about how they might like to communicate with their family and activities they might like to take part in.
- Where appropriate relatives and representatives were involved in decision making. One relative told us, "I am very involved in [person's] care. We had a care review a couple of weeks ago. [Person] has settled really well and is confident with the carers".

Respecting and promoting people's privacy, dignity and independence

- Respecting people's privacy and dignity were at the heart of the service. Staff showed a great sense of empathy and respect at all times. Staff spoke with and about people in an extremely respectful manner, whilst showing genuine affection for people and their relatives. People were respected and valued for who they were. In the entrance of the home there were three beautifully carved wooden frames that showed pictures of people as they were now, pictures of people when they were younger and pictures of staff. This created a sense of inclusivity that ensured people were respected for the lives they had lived and valued equally.
- There was an inclusiveness that made everyone feel very welcome. The registered manager told us, "We try really hard to make family and friends feel that we are part of their home and that they are part of our huge extended family. They are encouraged to visit as they would have had our residents still been in their own home". Relatives described a warm and welcoming atmosphere where they felt part of the home. One relative told us, "[Person's] great grandchildren just love coming to visit and the staff are always very welcoming to them". During the inspection we saw children visiting, they were clearly relaxed and engaged happily with staff and people. This had a significantly positive impact on people in the service who clearly enjoyed their presence.
- Staff were extremely proactive in encouraging people to maintain and improve their independence. People were supported to be involved in the daily tasks about the service which gave them purpose and made them feel valued.

Is the service responsive?

Our findings

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

Outstanding: Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received person-centred care that truly valued them as individuals. Staff had detailed knowledge of people's histories, their likes and dislikes and how they wished to be supported. This information was used to support people in a way that valued them as unique individuals and respected them for who they were. Staff went to great lengths to ensure they knew people well and spent time with people when they first moved to the service to get to know them. On the day of the inspection, one person who had recently moved into the service, was being supported by a member of staff who had similar interests. The person was anxious and unsettled. The member of staff spoke with the person about their shared interest. The member of staff spoke in a way that respected the person's experience and talent. The interaction transformed the person, they became relaxed and clearly enjoyed the conversation and the company of the member of staff.
- Staff were continually looking for new experiences and opportunities for people to enjoy. They went to exceptional lengths to ensure people were able to pursue their ambitions. One person told staff they had not been to see the sea since they were a small child. A trip to the sea had been arranged and there were photographs showing what a wonderful time people had. This had been such a success that the provider was considering purchasing accommodation by the sea that would enable people to go on overnight stays. Another person had requested to go to the cinema. A member of staff had spent time with the person deciding on a film the person would like to see. The person told the inspector about the film and they had clearly enjoyed themselves a great deal. Staff had organised an outing to go bowling. No-one who went on the outing had previously been bowling. We heard people and staff talking and laughing about the event and planning another trip. Photographs also showed people had clearly had a great time.
- People were involved in all decisions about activities. During the inspection people were actively engaged in discussing the activities they had enjoyed and those they wished to try. There was a wealth of activities arranged that ensured people's individual needs were met. Staff made exceptional effort to ensure people enjoyed the activities and had choice and control over the activities taking place. People spoke with excitement and enthusiasm when talking about activities they had enjoyed. One person who preferred to spend time in their room, told us they were never excluded from the activities just because they stayed in their room. They told us with great joy of visiting Alpacas being brought in the lift to their room to see them. The person laughed as they said, "They came up to see me. It was absolutely marvellous".
- The service was responsive to people's changing needs and took exceptional steps to ensure people were able to remain engaged in their interests. One person, who enjoyed all sports had become unwell and had to spend extended periods in bed. The provider had purchased a large TV and ensured the person had access to channels that enabled them to watch sport whenever they wished. This had resulted in an improved quality of life for the person at a time when they were unwell.

- Relatives were extremely positive about the experiences people enjoyed. One relative told us, "There is often something fun and interesting happening during the day, singers for the residents to sing along to 'oldies' is a weekly event and there are also exercises to music. Recently [person] has been bowling (a new and enjoyable experience), had trips to a garden centre, cinema, feeding the ducks in the sunshine, coffee mornings and exercise mornings in the village to name but a few. Although [person] does not remember much of any happening an hour or two later, the feeling of happiness that these events produce stay with her".
- Special occasions were celebrated with great excitement by people, relatives and staff. The provider went to exceptional lengths to ensure people were made to feel special and that events were memorable. On the day of the inspection one couple, who both lived at the service, were celebrating a special wedding anniversary. The management and staff went to great lengths to ensure the couple celebrated in the way they wished with friends around them. Special decorations were hung and there was a cake, flowers, food and drink. There was a wonderful sense of occasion with staff showering the couple with cards, balloons and gifts. Another person was celebrating their birthday. They had a party in the garden with their family. A relative of the person told me, "They always make sure gifts are personal. At Christmas they bought [person] a bird feeder which they have hung outside her window. They knew she loves birds. It was such a lovely gesture".
- Health professionals were exceptionally complimentary about the person-centred approach to the care people received and the responsiveness in relation to changing needs. One person had been admitted to the service unable to walk and with poor expected outcome. Staff support and encouragement had resulted in the person being able to walk and was enjoying a good quality of life. Health professional comments included; "They are extremely responsive. They always take on board any advice and suggestions and if any equipment is needed they will get it immediately" and "They [staff] are very person-centred".

End of life care and support

- The service provided high quality end of life care. The provider had just been awarded accreditation to the Gold Standards Framework (GSF). GSF is a model that enables good practice to be available to all people nearing the end of their lives, irrespective of diagnosis. The GSF was deeply embedded throughout the service with staff committed to ensuring people received compassionate, dignified, pain free end of life care. Staff went to great lengths to achieve this.
- The provider went to exceptional lengths to ensure people and relatives had clear information relating to end of life care. The provider had developed information leaflets explaining different aspects of care people may experience at end of life. This enabled people to make informed decisions about the care they wished to have and what that may mean for their end of life experience. The provider explained that the leaflets were to relieve some of the worry and uncertainty for both people and their relatives. The provider was in the process of reviewing a leaflet on Cardiopulmonary Resuscitation and had invited feedback from people and relatives in relation to the leaflet and its content.
- We saw many letters of thanks from relatives of people who had received support at the end of their lives.
- When people moved into the service, the provider arranged for the person and their relatives to meet with their GP and families to discuss their preferences around end of life care. The GP told us, "They [service] do all they can to avoid hospital admission where possible, if that is the person's wishes". Health professionals were extremely complimentary about the care given at the end of people's lives.
- The provider kept in close contact with relatives when people had died as they recognised the impact a loss may have on them. The provider offered outstanding support for relatives that went above and beyond expectations. One relative who had visited the service daily to see their loved one became unwell following their death. The provider visited the relative, supporting them by providing hot meals and accompanying them to hospital appointments.
- The service went to exceptional lengths to support people, relatives and staff through the grieving process.

The provider recognised the impact on other people and staff when a person in the service died and showed empathy and understanding. People and staff were supported through the grieving process and given time to reflect and remember the person who had died. People and staff were supported to attend people's funerals. Each year there was a memorial service held at the service to remember those who had died. This included inviting back friends and relatives of those who had died. This provider had also arranged counselling services for relatives and staff when they were struggling with coming to terms with a death. An extremely moving memorial book was completed for each person who had died. The memorial book included photographs of the person and a touching memory of each person.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure in place. There had been two complaints raised and these had been investigated and responded to in an open and transparent way. One had resulted in the purchase of a hot plate and a change in the lunchtime routine to ensure people in their rooms received meals at the correct temperature.
- People and relatives were confident to raise any concerns and were confident they would be addressed effectively. One relative told us, "Any queries that I may raise in connection with [person's] welfare are immediately and carefully attended to".

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

Outstanding: Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The service management and governance ensured people received high-quality person-centred care and support. The service was led by an exceptionally motivated provider and registered manager. Their commitment to providing a service that was person-centred and put people firmly at the centre of all they did was outstanding.
- Without exception people were exceedingly positive about their lives at Cleeve Lodge. One person told us, "It is the best possible place I can be. There is wonderful management. They are there to help in every possible way". Relatives were equally positive about the quality of the service and the leadership. Relatives comments included; "The care of [person] at Cleeve Lodge is in my opinion outstanding. [Provider] and her staff take exceptionally good care of their residents in many ways" and "At 90 years, I can say honestly that [person's] quality of life has been enhanced and, I believe, prolonged by living a Cleeve Lodge. We feel so fortunate and blessed the day we found this truly wonderful Care Home".
- Staff shared the provider's vision of providing high quality care that achieved exceptional outcomes for people. Staff showed an outstanding commitment to the values promoted by the provider and registered manager. Staff were proud to work in the service and showed great enthusiasm about all aspects of their role. They gave exceptional praise of the management team. One member of staff told us, "[Provider] is unbelievable. I would follow her to the end of the earth to help her achieve the best for the residents".
- There was an open and honest culture that enabled learning from events and supported reflective practice to look for continuous improvement.

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

- There was a clear staffing structure in place which was led by an exceptional management team. The findings in this report clearly show they led a high-quality person-centred service that was effectively monitored which resulted in continuous improvement in all aspects of the service.
- Staff were exceptionally well supported. Staff were valued for their commitment and willingness to go the extra mile for people. One member of staff told us, "There is an excellent team culture. [Provider] is very supportive and is always there for us without a doubt". Staff were encouraged to develop their skills and knowledge and the management team went to exceptional lengths to support staff to achieve their goals.
- Staff understood their roles and responsibilities and were committed to a service that valued people as unique individuals who were at the centre of all the service did. The provider and registered manager had

introduced champion roles to promote awareness in particular areas. Staff had attended training in their specific areas and were responsible for monitoring and supporting staff in relation to these key areas. Champions roles included, mental capacity, safeguarding, dignity, equality and diversity and infection control. This resulted in improved practice in these areas.

- The management team ensured there were effective systems in place to monitor and improve the service. Following accreditation to the GSF and the close working with health professionals the provider had analysed the number of admissions into hospital. This analysis showed that there were reduced admission into acute hospital settings and people were supported to remain in the familiar surroundings of the service, supported by staff who knew them well. This reduced people's anxiety and ensured they were comfortable and cared for.

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

- Without exception people, relatives and staff were involved in decisions about the service. The provider went to exceptional lengths to ensure all planned improvements were for people using the service. Records showed engagement with people in relation to all aspects of the service which included plans to refurbish the kitchen and changes planned for the garden. This had resulted in plans for the kitchen refurbishment including an area for people who were not able to stand for long periods. This meant people who enjoyed cooking were able to be involved in baking and meal preparation.

- The provider arranged a weekly shop from a local supermarket. People were able to request any items they would like from the weekly food shop. Requests fulfilled included particular brands of toilet products and biscuits. During the inspection we saw the importance of this involvement for people as they requested their favourite items.

- There were extremely effective forms of communications which enabled the service to seek feedback about the service. Methods of communication included regular meetings, a closed social media group, a closed messaging group for staff, newsletters, a well populated notice board, regular surveys and a suggestion box that was beautifully presented and was called 'Cleeve Lodge thoughts'. This enabled people, relatives and staff to have input into the service.

- The service was committed to protecting everyone's rights in relation to equality and diversity. Staff were trained to understand how they supported people's rights and this was embedded in their practice. Staff showed a clear understanding of equality and diversity that ensured everyone was supported equally with respect for protected characteristics. There were many examples of staff being supported in relation to protected characteristics through the recruitment process and in following their cultural and religious beliefs.

- The service was part of the local community. People were supported to access a range of community clubs and events which was extremely important in maintaining their contact with the community and contributed to them feeling valued and involved. This included supporting people to attend a local walking group, coffee mornings, exercise classes and a range of activities arranged by the dementia action forum. The provider had a significant presence in the local community and was a member of many community groups. This included the local dementia action forum to promote a more dementia friendly village and offered Cleeve Lodge as a place of safety for people. Community groups were regularly invited to the home. This included invitations to events. The service held a summer fete which was a significant event in the local community and many local people attended.

Continuous learning and improving care

- The provider placed a particularly strong emphasis on continuous improvement. There had been significant improvement made to the service since our last inspection and there were clear development

plans in place to ensure the service continued to improve the lives of people using the service and staff.

- The provider and registered manager had shown outstanding commitment to the GSF and had invested in the accreditation to ensure people received excellent end of life care. This had resulted in an embedded system that ensured people's views were clear and respected at all times.
- The provider and registered manager were passionate about providing an outstanding service that resulted in the best possible outcomes for people. The management team used every opportunity to learn from others. They had spent time visiting other outstanding services to look for ways to continually learn and improve. This had resulted in installing an additional lift that could be used in a fire.
- The provider had a clear business plan. The business manager was positive about the providers proactive approach to service improvement. They told us, "[Provider] comes to me and says what they want to do and then we make a plan to make it happen".
- Significant improvements had been made to staff terms and conditions, which included the provider becoming a living wage employer. The provider went to exceptional lengths to ensure staff were valued, respected and supported. The provider recognised the significant impact of a consistent staff group on the quality of care people received and wanted to ensure staff were valued for the role they played in providing outstanding care.

Working in partnership with others

- The provider and registered manager worked closely with other stakeholders to ensure people received high quality care. This included commissioners of the service. There were many examples of the provider working with families and the local funding authorities to ensure people were able to remain in the service and achieve good care outcomes.
- There were extremely positive working relationships with local health professionals that ensured the best possible outcomes for people. This included close working relationships with GP, district nurse, local hospice and care home support service (CHSS). Feedback from health professionals was exceedingly positive about the service. Health professionals told us; "It is a wonderful place. If I had a relative I would definitely put them there [Cleeve Lodge]" and "It's amazing. Absolutely fantastic".