

# Care UK Community Partnerships Ltd

## Cleves Place

### Inspection report

Cleves Place, Millfields Way  
Haverhill  
Suffolk  
CB9 0JB

Tel: 01440715840

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29 December 2022

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### Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

### About the service

Cleves Place provides accommodation, nursing and personal care for up to 60 older people some of whom may be living with dementia and/or have complex nursing needs. At the time of our visit there were 56 people using the service. The home is situated in the town of Haverhill in Suffolk.

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

Staff were exceptionally kind and considerate and treated people with respect and dignity. People and their relatives praised the staff for their exceptional care and kindness. Staff were friendly and engaging. The provision of care and support at Cleves Place was exceptionally person centred. People received personalised care from staff who knew how to support each person in the way they preferred.

People's wellbeing was enhanced by person-centred activity planning by a dedicated engagement team. Social opportunities were widespread and took place within the community as well as the care home.

People and their relatives felt the care was safe and they were well-treated by staff. A relative told us, "We placed [family member] there because we knew they would be safe and well looked after...they have always made great efforts to ensure our loved ones are safe." . People receiving end of life care were treated with exceptional care and compassion.

Staffing levels were sufficient to meet people's needs safely, and ensured people received consistent support. Staff were recruited safely and received appropriate training and support to enable them to carry out their role. Risks to people had been fully assessed and mitigated to help keep people safe.

Medicines were administered safely to people and staff were observed following safe infection prevention control practices. Where incidents occurred, the provider had a system in place to review and learn from these to prevent reoccurrence.

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.

Systems were in place to ensure the service was monitored and the quality of care people received was maintained. The registered manager knew people well and engaged with people, their relatives and staff taking any feedback on board positively.

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

The last rating for this service was outstanding published 16 June 2018.

#### Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 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 well-led.

Details are in our well-led findings below.

Good 

# Cleves Place

## 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection site visit was completed by an inspector, a specialist advisor who was a nurse 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

Cleves Place is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Cleves Place is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 16 people who lived at Cleves Place to seek their reviews of their care and support. Not everyone who used the service were able to tell us about their experience of receiving the service, so observations of care and support were also made. We spoke with 2 people's relatives and received written feedback from a further 6 relatives. We spoke with 12 staff members. These included the deputy manager, registered manager, the regional director, trained nurses, care and maintenance staff. Following our site visit, we received feedback via email from a further 14 staff.

A selection of records were also viewed, and these included the care plans and associated records for 7 people who used the service. The medicines records for multiple people were also assessed. The governance records viewed included policies and procedures, staff recruitment records, training information, quality monitoring audits and maintenance records.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe. We observed staff interact with people in a kind and compassionate manner. A person told us, "If I have any worries, I can speak to any of the care staff, they listen and help."
- People were cared for by staff that had completed safeguarding training and understood their role in recognising and reporting concerns of abuse or poor care.

Assessing risk, safety monitoring and management

- People had their individual risks assessed, monitored and reviewed. This included risks associated with falls, malnutrition and skin integrity. Staff were knowledgeable about risks and the actions needed to mitigate the risk of harm whilst respecting people's freedoms and choices.

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- People were supported by enough staff to meet their needs safely. One person told us, "There are enough staff. The staff talk to me lots, they help me get up, wash and dressed. They take their time. The staff are fine, none are unkind." Another person commented, "The staff are nice, I don't feel rushed, I like it here, when I need [care staff] they are here."
- Relatives told us staff were always available to support people. One relative said, "As far as I can tell there are always enough staff. There always seem to be plenty, all busy." Another relative commented, "As with all sectors of the care industry having enough staff is difficult and especially when there are high levels of illness post [COVID-19] pandemic. Adjustments are made to routines when there are low levels of staff so [people's] safety is always top of the list. The staff at Cleves [Place] always go above and beyond for [people] and with

a smile and good spirit."

- The registered manager told us they deliberately over recruited and had a team of more staff than they actually needed. This was to ensure continuity of care and to keep agency staff usage to an absolute minimum.
- Staff were recruited safely. Records showed the provider undertook checks to ensure staff were safe to work with vulnerable people including accessing the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- People had their medicines stored, administered and disposed of safely. One person told us, "I take loads of tablets they [care staff] stay with me when I take them."
- Medicines were stored safely, and accurate records, which included people's preferences on how to take their medicines, were in place and completed. We saw medicines were checked regularly to ensure they were stored at the right temperature.
- Staff were observed to explain what the medicines were, seek consent and safely administer medicines.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- In line with current government guidance the home was fully open to visitors. Relatives visited people within their bedrooms and any of the numerous communal areas. People could also visit outside of the home if they wished to with no restrictions.

#### Learning lessons when things go wrong

- There was a system in place to review incidents and accidents and lessons were learned from incidents to improve the quality of care provided.
- In the event of any accidents or incidents investigations and analysis were completed. These included analysing any trends and learning required.



# 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 our last inspection we rated this key question outstanding. At this inspection the rating for this key question has remained outstanding. This meant 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; respecting equality and diversity

- People continued to be exceptionally positive about the compassionate and kind care delivered at Cleves Place and about how this made them feel really settled and happy at the home. We received many compliments about the staff. For example, one person told us, "I landed in one of the best homes, I am happy here, they talk to me. I think they value us each in our own way, that is what makes it tick here, they allow you to be you."
- People's relatives gave overwhelmingly positive feedback about the care their family member received. They were consistent in their views about how caring and compassionate the staff were, which had enabled their relative to settle well into the home. One relative said, "I am very happy with all aspects of Cleves Place and their care for my [family member], who [is living with advanced] dementia. The team both on the [floor at the care home] suite and beyond are of an exceptionally high standard and I have no concerns at all. The teams genuinely care for [people] on a personal level and I can never express enough gratitude about that. I am completely comfortable that [family member's] physical, mental and emotional needs are being met and [family member] is treated with respect and genuine care." Another relative said, "As I walked out on [family member] arriving I felt they were safe and expertly cared for in a happy space. From management down to the budgies [care home pets] it's a perfect place." A third relative commented, "Perhaps the best comment I can make is that I always hear laughter when I visit my [family member] at Cleves Place."
- Staff were enthusiastic when speaking to us about their roles. They clearly knew people very well and understood people's individual differences and preferences. One member of staff told us, "Everyone works hard, we support each other to ensure [people] receive the utmost care and support. We all respect [people] and their rights of choice, privacy and dignity. [People] are treated as an individual and are supported to maintain their independence."
- It was clear in the way people who used the service and relatives spoke with that the Cleves Place team delivered exceptionally high-quality care. People and their relatives told us that staff went above and beyond their expectations, with acts of kindness that meant a lot to them and a respect for diversity and individuality.
- Special occasions were celebrated in the way that people chose and that was important to them. For example, a relative told us of the efforts by staff to ensure their family member had a special birthday at the home, "[Family member] had a birthday, and a favourite activity was booked for [family member]. At dinner that evening, rather than a sweet, all the [care] staff came in to [family member], bearing a very nice home-baked birthday cake, with lit candles, and sang Happy Birthday. It all made a very special day."
- Another relative described the very positive impact staff had on their relative's wellbeing and for them as a family at a time of high anxiety during COVID 19 pandemic. They told us, "Of particular note is that during

one period of lockdown of Cleves Place the staff went over and above what I would have expected to obtain clearance from the relevant authorities for my [family member] to come and stay with me and then one of my [other relative's] for a week during that time."

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

- People continued to be actively involved in decisions about their day to day lives. One person's relative told us, "There are regular relatives' meetings, and I understand from [family member] there are residents' meetings at which the care home manager and [deputy manager] provide information and ask for feedback. I know that [family member] attends and contributes suggestions at the meetings. All the staff are very approachable and helpful, and suggestions are welcomed." Another person said, "I am happy here, I've got nice friends here and staff are nice people. If I am unwell, I can talk to anyone of the carers, they would help me."
- People and families were involved in making decisions regarding care. One relative told us, "[Cleves Place] provides care, motivation, interest, safety of our loved ones. We are always kept well informed by email, text and phone when important and without delay."
- Relatives told us staff were extremely knowledgeable about their family member's needs and how to support them, taking additional time to ensure that people who were not able to communicate verbally were able to make their preferences known. A relative commented, "They excel at [meeting] individual needs with an emphasis on encouragement in everyday life to make every [person] fulfilled."

Respecting and promoting people's privacy, dignity and independence

- There was a real focus by staff on supporting people to maintain and increase their independence wherever possible. One relative told us, "Over the months that [family member] has been at Cleves Place, they have clearly improved. [Family member] spends time in the care home coffee shop, and comments to me how everyone who passes greets them by name, not just the staff who have direct responsibility for them."
- Staff were proactive at considering what would benefit and actively promote people's independence and as a result of this, activities staff told us that they were making the garden even more accessible to ensure everyone could be fully involved with planting and weeding through the use of raised planters that were wheelchair accessible. They told us, "Gardens are for everyone not just those who are independently mobile."
- People were supported to increase their independence through the introduction of a shop trolley, containing snacks and accessories. A member of staff told us, "It's an opportunity for people to choose and pick what they would like. There may be things they might not need but they want, just like any of us do at the shops. We bring the shop to them!"
- People's independence was always encouraged and promoted. For example, adaptive crockery was available to assist and enable independence at meal times for those people who benefited from this.
- Staff ensured that people were the decision-makers in the home wherever possible. People were offered lots of choices throughout the day and were encouraged to follow their own preferred daily routines. We observed staff talking privately to people when offering support with personal care; assisting people discreetly and at their pace.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question outstanding. At this inspection the rating has remained outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People's care was exceptionally personalised. People had person centred care plans that were regularly reviewed and that reflected their individual care and support needs and personal preferences. Staff knew people and their personal and individual preferences extremely well as well as how they liked to receive their care and spend their time.
- A 'resident' of the day system was used to ensure people's care plans were up to date and reflected their needs and wishes.
- Care records contained key information about people's backgrounds and life histories, their family and where they had lived, so that staff could engage them in meaningful conversations.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were known to staff. This included whether people needed glasses, hearing aids or any additional support. If needed information could be provided in large print, picture format or a language other than English

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 activities staff were very enthusiastic and wanted to ensure people had meaningful activities to do if they so wished. People were able to take part in a range of activities that reflected their interests, history and religious and backgrounds. One person told us, "We have everything going on. We sang carols today and we had a tap dancer, there is always something on downstairs, you don't even have to go out in the cold. They put a film on for me in the computer room, I watch films there and have a drink, I like a [alcohol], so I just had one."
- The service offered varied activities and entertainment to meet people's preferences when they were cared for in bed or where they found it difficult to engage in group situations and therefore could have been at risk of social isolation.
- The provider had implemented a technology package to aid the lifestyle and activity team overseeing and ensuring activities and interactions were tailored to meeting people's personal levels of ability. The system

enabled the activity staff to collate feedback in relation to the impact the activity has had for the person and enabled them to use the detail to plan future activities.

- Peoples' choices about how they wanted to spend their time and who with was respected. There was a hive of activity with people accessing communal areas, joining in activities or accessing the external grounds independently or with staff support.
- We found a person-centred culture embedded. The service had taken great lengths to ensure that peoples aspirations were met. The service had a 'wishing tree' in place whereby people could use this to share and express any wishes or aspirations they had. The registered manager told us how the staff team went the extra mile to ensure these aspirations became a reality for people. This included staff booking a tap dancer to return and perform again for a person who had especially enjoyed this before.
- People were supported by staff who knew them exceptionally well. one person who was cared for in bed responded well to the music and sensory light staff provided. Staff also recognised a specific celebration may have been important to the person due to their cultural heritage. As a result, they created a special evening for the person involving food and music based on the country they were from. The registered manager told us, "When the music started, [person] opened their eyes and looked at the [staff]. ... they benefitted from having company and being able to enjoy activities they like such as talking and listening to music."
- People were actively encouraged and supported to contribute to their care. During a meeting for people living at Cleves Place, some people expressed a wish to go to a local stately home and miniature railway. The registered manager showed us photographs of the trip and told how the staff researched local stately homes following which the trip was booked. We were told, "[People] enjoyed the excursion and said they were happy they were able to visit."
- Another person was previously a firefighter; so, a local Fire Fighting Service visited to meet so they could meet the local service and see the fire engine.
- We were told how people were invited to a local community fun day, and staff supported 2 groups of people throughout the afternoon to experience it. The registered manager told us how people were able to watch dance performances by children, which were really enjoyed.

#### End of life care and support

- People had access to excellent end of life care from a compassionate and caring staff team. End of life care plans documented people's specific preferences. The registered manager told us, "We believe that end of life care is as important as the care that is delivered daily and there is only one chance to get this right. We ensure end of life care is therefore delivered in a person-centred way considering religious beliefs, special music and smells, family being present."
- When people were at the end of their life the service supported their loved ones to remain close, offering relatives the chance of resting/sleeping at the care home, offering meals and ensuring all toiletries are available for them, so they didn't have to leave their loved one's bedside.
- The care home was part of a 'sharing hearts scheme'; if a relative was unable to be with their family member in the final hours of their life, the staff team provided companionship. The home also purchased 3D wooden hearts from their local hospice and placed one of these in the person's hand in their final hours. After the person had passed away, they presented the family with the wooden heart wrapped in a printed copy of a specific poem. The registered manager told us this also supported the local hospice with fundraising.
- The staff team completed a memorial service and remembrance day for people who had passed away during the COVID-19 pandemic. The registered manager told us how this provided people and the care home staff team the opportunity to pay respects and remember those who had passed away as this had not always been possible due to the restrictions imposed at the time.
- Staff had support, training and experience in supporting people with their palliative care needs and

implemented good practice and guidance for caring for people at the end of life. The registered manager also told us how staff were supported to provide a personal approach to people's passing which included staff lining up in the care home as the person left for the final time.

- People's care plan's included details about their preferred last wishes.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure. The registered manager investigated complaints received and outcomes were shared with complainants in accordance with the company's time scales.
- Relatives told us that whilst they knew how they could raise a concern or complaint; they did not have any need to at the time. One relative said, "We have no concerns and [are] very appreciative of the care constantly given."

# 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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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

- There was a positive culture at the service which concentrated on person centred care and putting the needs and wishes of people first. The registered manager was a visible presence at the service and people and their relatives spoke highly of them.
- People and their relatives were positive about the staff team and the support they provided. One relative told us, "I know [family member] is safe and that Cleves [Place] staff go above and beyond in practically every way. I don't know how they do it, but I am grateful."
- Staff feedback detailed how much they enjoyed working at the home and with the registered manager. One staff member said, "Overall I feel that the people we support are happy and safe and their needs are of the most highest priority...Cleves [Place] is a delightful place to work, I feel supported and encouraged and enjoy coming to work every day." Another staff member told us, "All staff are very caring, empathetic and deliver a high standard of care. We aim to deliver a home from home service where [people] are at the heart of everything we do."

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 understood the requirements of the duty of candour. This is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm.
- Records, and conversations with families demonstrated the duty of candour was met.

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

- There were effective systems in place to monitor the quality of the service provided. Regular audits on a range of areas of the service were completed. When shortfalls were identified, an action plan was put in place to address the issues and make improvements to the service.
- The registered manager was fully aware of their legal responsibilities and was open and transparent and passionate about people receiving person centred care.

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

- People and their relatives were asked for their feedback of the service provided which was then used to make any improvements needed. One person's relative told us, "Meetings for families are regularly arranged

via [online]and other information is provided by email. All of which is helpful and reassuring."

#### Continuous learning and improving care

- The provider and registered manager were committed to continuous improvement. The registered manager was open and responsive to any feedback.

#### Working in partnership with others

- The registered manager and staff worked in partnership with people, relatives and other healthcare professionals.
- Relatives told us they valued the relationship they held with the care home and the staff team which resulted in good care and partnership working. One relative said, "When I call the staff over medical appointments etc for my [family member] they are helpful and informed. Whenever there is a query or concern, they call me. There is good dialogue between me, those that directly care for my [family member] and the management. [Staff in charge of suite] are both exceedingly good and go out of their way to assist. This is especially important for my family... as we are not immediately on hand and my [family member] is no longer able to pass on information reliably."
- Another relative commented, "I would unhesitatingly recommend Cleves Place to others if they needed a place for a relative to live in the area."