

Balkerne Gardens Trust Limited

# Cheviot Nursing Home

## Inspection report

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Essex  
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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?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

At the last inspection on 5 May 2015, the service was rated as Outstanding. This comprehensive unannounced inspection was carried out on 30 October 2018. At this inspection, the overall rating is Good.

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

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Cheviot Nursing Home is registered to support 33 older people, some of whom may be living with dementia. On the date of our inspection, 28 people were being supported by the service.

People and their relatives were very complimentary about the service. They told us it was a safe place to live. Staff understood their responsibilities and knew how to safeguard and protect people from harm.

There was a system in place to assess risks to people's health and wellbeing, however, these were not always appropriately recorded and reviewed in a timely manner. We have recommended that the provider review their system to ensure records were completed in a timely way.

Staff were recruited appropriately. Checks had been undertaken so that people were kept safe. There were sufficient numbers of staff deployed to meet the needs of people who used the service.

People received their medicines as prescribed and medicines were managed safely. Infection control processes were in place to minimise the risks and spread of infection.

Staff were well supported and received induction, training and supervision to carry out their role. People had sufficient food and drink and were provided with choices at meal times. Access to healthcare services to maintain people's health and well-being was provided.

People's capacity to make their own choices and decisions were recorded and they or their representatives were involved in important decisions about their lives. However, some information was unclear and confusing. We have recommended that the service look at best practice guidance in relation to capacity and risk to ensure that high quality care is provided to everyone in the service.

The premises were purpose built and had been extended and adapted to meet people's needs. People had comfortable rooms which were personalised to their taste.

The staff were very caring, kind and compassionate. They knew people extremely well and were sensitive to their needs. People were encouraged to be as independent as possible and staff treated them with dignity and courtesy. Staff ensured people's privacy was maintained and respected.

People received a service from staff who responded to them with excellent care and attention. Care plans were individual and recorded people's diverse needs, wishes and preferences. People were actively involved in developing the service they received and feedback from them and their relatives about the service was very complimentary.

People had opportunities to participate and pursue their own leisure interests. One to one and group activities and events were offered and people could choose to get involved. Volunteers provided support, company and entertainment.

Information on how to raise concerns or complaints was available and people and their relatives were confident that any concerns they had would be listened to and acted upon.

End of life care for people and their families was outstanding. The service had achieved the Gold Standard Framework and had been commended for the quality of its care for people at the end of their life.

The management team were visible in the service and well respected. There were systems in place to regularly assess and monitor the quality of the service. Audits of the service were undertaken and analysed to ensure the service was operating safely. The service was delivering high quality care to people who used the service.

Further information is in the detailed findings below.

## 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.

Risks to people were identified, managed and reviewed to help keep people safe.

People were cared for by sufficient staff who had been appropriately recruited.

People received their medicines as prescribed.

Infection control practices were in place.

Lessons were learnt and improvements made to the service as a result.

### Is the service effective?

Good ●

The service was effective.

Staff received the training, supervision and support they needed to deliver effective care to people.

People had a choice of meals and drinks and mealtimes were an enjoyable experience.

They were supported to maintain their health and well-being, including accessing healthcare services when required.

People's needs were met by the design and decoration of the premises.

People were supported to make their own decisions and choices. The registered provider was acting in accordance with the Mental Capacity Act 2005 and associated guidance.

### Is the service caring?

Good ●

The service was caring.

Staff knew people well and were warm, kind and compassionate.

People were treated with dignity and respect.

People were supported to maintain their relationships, lifestyle and independence.

### **Is the service responsive?**

The service was very responsive.

People were supported by a staff team who were highly skilled and motivated. People had maximum choice and control over their lives.

Staff were extremely knowledgeable about people's needs and how to support them.

There were effective systems in place to deal with concerns and complaints.

People and their families received outstanding end of life care and support from the staff.

**Outstanding** 

### **Is the service well-led?**

The service was well led.

The registered manager and care manager promoted an open and positive culture in the service.

The views of people, relatives and staff were sought to drive continuous improvement.

Quality assurance processes were in place to regularly review the quality of the service. Senior management strived to improve the quality of care people received.

The staff worked in close liaison with other specialist providers to ensure people had joined up high quality care.

**Good** 

# Cheviot Nursing Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 30 October 2018 and was unannounced. The inspection team consisted of two inspectors, a specialist professional advisor 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. They had cared for a family member living with dementia.

Prior to our inspection, we reviewed the information we held about the service. This included safeguarding information, information from members of the public and notifications. Notifications are the events happening in the service that the provider is required in law to tell us about. We used this information to plan what areas we were going to focus on.

During the inspection, we observed the interaction between staff and people who used the service especially those who could not tell us their experiences verbally.

We spoke with 11 people who used the service, five relatives and friends. We spoke with 11 nursing, care and kitchen staff, the registered manager, deputy manager, director and deputy director of the company. Information was provided to us by two healthcare professionals.

We looked at a range of records relating to people's care and support. This included six people's care plans, four staff personnel files, training and supervision records and information on how the safety and quality of the service was being monitored and managed.

# Is the service safe?

## Our findings

Safe was rated as Good at our last inspection on 5 May 2015. At this inspection, it remains Good.

People repeatedly told us they felt safe and well cared for by trained staff. One person said, "We, my [relative] and I, have been living here for about a month and we already feel very settled. I feel safe here. I fell a lot at home and since being here I've not fallen once, they look after me so well." One family member told us, "I absolutely feel my [relative] is in safe hands and they are as happy here as they would be anywhere. Although they can't speak to me, I would know if they were unhappy or wary of staff. I never get any sense that they are worried by any of them." Another family member said, "This is the only place I would trust with my [relatives] and I don't worry about them at all here."

We saw that there were systems in place to manage risks to people's health, wellbeing and their end of life care. We talked with staff who had a good knowledge of people's identified risks and how they would manage them. They described ways in which they supported people to keep safe. For example, "When [person's name] uses the hoist, they are sometimes anxious so we reassure them all the way as to what is happening," and, "[Person's name] can become distressed when giving them personal care, so we make them safe, withdraw and then go back and see how they are. It's important that we know these details about people."

However, whilst management plans were in place to manage and mitigate identified risks to people, it was not always clear how these risks had been assessed. Nor was it clear how often identified risks should be reviewed. In three out of the six care plans we looked at, risk assessments had not been completed and, where some risk assessments had been undertaken, the recording and action taken to reduce risks, was not clear or sufficiently robust. For example, one person had type two diabetes but little information was recorded about how this may affect their other health conditions. For another person, there was no assessment of their mobility in getting around the service safely when there had been a previous fall. For a third person, we saw information which conflicted with the person's wishes in relation to risks and preferences regarding the texture of their meals. By not dating or ensuring information is accessible makes it difficult for staff to know if they are acting on the most current and up to date information.

We discussed with the registered manager the need for risk assessments to be more detailed. They acknowledged that the risk assessments could be improved to ensure that everyone's needs were assessed and correctly recorded. When looking at the health and safety audits, we found that risk assessments had been identified as needing review and this process was ongoing.

We recommend that the provider ensure that there is a robust system in place for regular reviews and planning associated with people's identified risks.

People were protected from bullying, harassment and discrimination as staff had received training in safeguarding people from harm and in equality and diversity. Staff had a comprehensive awareness and understanding of abuse and knew what to do, how to raise concerns and were comfortable in doing so. Staff

told us, "I would report it to the manager, and if not around, the deputy or nurse. If it was about the manager I would talk to the director who is always around."

Safety and maintenance checks of the service were in place which included health and safety, the environment and the testing of people's equipment. Equipment such as slings, hoists, beds and mattresses were regularly serviced and well maintained. Staff were clear about their responsibilities regarding the use of equipment and we saw that equipment was correctly used and people were supported to stay safe. Staff told us, "I had face to face training, a full day about moving and handling people. Everyone has their own sling and there are certain loops and these are written on the back of the door on the quick care plan. There are always two staff to move someone."

Personal evacuation plans had been completed which provided guidance to staff and emergency services if people needed to be evacuated from the premises in the event of an emergency. Records showed that staff were trained in fire awareness and how to respond to emergencies. Fire exits and corridors were kept clear.

There were sufficient staff to meet people's needs. The rotas were organised in such a way that maximised the time staff spent with people. For example, we saw that people were not rushed and staff had adequate time assisting them during the day. One person said, "I feel very safe here, they look after everything I need, and they'd be able to cope with anything, I think." A family member told us, "There are always staff around, there is no rush, staff spend time with people even sitting and talking with us and [person's name] makes us reassured. Staff also confirmed that there was enough nursing and care staff to look after people safely.

There was a recruitment process in place. Staff files included their application forms, a photograph, identification and satisfactory references. One of the four staff files did not contain a full employment history. The registered manager told us they would get the staff member to provide this information and would add staff files to their monthly auditing process. Records showed checks had been made with the Disclosure and Barring Service (DBS) to make sure staff were suitable to work with people. The DBS check helps employers to make safe recruitment decisions.

Medicines were managed and administered safely. Records showed that medicines were received, stored, checked, dispensed and returned to the pharmacy in a timely way. Medicines were stored in people's rooms in a lockable draw. Homely remedies were available for people and stock checks had been recorded monthly in the record book. The quantity of medicines received had been recorded with two signatures and there was no over ordering of medicines.

Seven medicine administration records (MAR) we looked at were completed appropriately, had a photograph of the person to make sure they were correctly identified and any allergies were recorded. Where people had been prescribed medicines on an 'as required' basis for example for pain relief, there were protocols in place for staff to follow.

Controlled drugs were stored appropriately with stock checked, balanced and recorded daily. A body map was completed for the positioning of pain relief patches and where the needle should go for a person's syringe driver (a machine which administers medicines to enable people to be pain free when medicines given by other routes are inappropriate or no longer effective.) Authorisation for nurses to administer medicines in this way had been obtained and guidance was displayed prominently on the treatment room notice board.

Regular audits were undertaken to ensure people were receiving their medicines safely and correctly. Temperatures checks were recorded to ensure medicines were kept within the recommended environment.

Staff were competent in administering medicines and their practice was observed. During our observation of medicines being administered to people, we saw that the registered nurse knew people's needs well. They asked people for their consent to give them their medicines, were aware of their likes and dislikes in relation to drinks and the mixing of soluble medicines and took time with people for example, one person wanted to finish their breakfast before taking their medicines.

People were protected from the risk of the spread of infection. An infection control policy was in place which provided staff with information relating to infection control. Staff had completed infection control and food hygiene training and had access to personal protective equipment such as disposable gloves and aprons.

During our visit, we noted the environment of the home was clean and safe. One person was being nursed in their room due to an infection. All correct procedures were in place to protect them, other people using the service and staff. Weekly schedules were seen which recorded the cleaning of equipment in people's rooms such as their commode, slipper pans, wheelchairs, walking frames and bedrails. One person said, "They clean throughout every day, Hoover, dust, wipe down surfaces, any spillages dealt with quickly. It's really marvellous."

Systems were in place to record and monitor incidents and accidents. These were monitored by the registered manager to see if any trends were identified and prompt action taken to prevent reoccurrence. They told us about one incident where a person had got their arm trapped between the bedrail and their bed resulting in a bruise. The investigation report highlighted that the bed rails had been put up by staff at the request of a family member without considering the risks associated with the bedrails to see if this action was safe. As a result of the learning from this incident and, to ensure it didn't happen again, they had reviewed the way in which they assessed and consulted people about their need for bedrails and recorded any potential risks.

## Is the service effective?

### Our findings

Effective was rated as Good at our last inspection on 5 May 2015. At this inspection, it remains Good.

People's needs were assessed and care was provided in line with legislation and current good practice to ensure they had good experiences and outcomes. The service had medical expertise, technology and equipment in place for people to receive effective care. People who used a hoist for transferring told us, "They talk to me all the time, tell me when I'm going up, or coming down. It's never frightening, and they would never hurt me willingly. They are as gentle as they can be," and, "They are always very kind, and don't rush me."

The service was effective in keeping people well and independent. One person said, "Staff are on the ball. If I have a bruise they haven't seen they ask me, "What happened here? Do you know how you got this bruise?" And I know they write it down, and keep an eye on it." One family member told us, "My [relative] came here with a grade four pressure sore. I thought they'd never get rid of it, but it was cleared up within a year and they worked so hard. They all, and I mean all, know that [relative] mustn't stay on one side now due to a sore that's healing. I never need to tell them, or remind them of things like that. They [staff] notice every little change in their health, they will tell me when I arrive how they have been."

People received their care from staff who had the knowledge and skills to support them effectively. Staff told us they had received an induction when they started work at the service which included shadowing experienced members of staff, an orientation of the building, fire safety, emergency procedures and getting to know people. One staff member said, "I have never worked for such a considerate company, they allow me to learn at my own pace, absolutely supportive, my induction day was delivered the whole day by the director." Another said, "I worked with another member of staff during my induction. I feel everyone is really nice, if I have asked something, people have helped me."

Staff told us they had received appropriate training and guidance to enable them to perform their role and meet people's care and support needs. Staff were required to complete the registered provider's mandatory training including moving and handling people, safeguarding people from harm and health and safety. A comprehensive training programme was delivered 'in house' by the providers who were trained as trainers. The standards in the Care Certificate were used to provide staff with knowledge and information to ensure they had the skills to care for people safely. The Care Certificate is a nationally recognised training programme for staff who are new to working in the care sector. The registered manager told us they had identified that not all training was up to date for all staff, for example MCA. They had booked an external course through Skills for Care to take place in January 2019.

People benefitted from having a staff team with a range of skills, expertise and qualifications to care for them effectively. One staff member said, "I am able to keep up to date with regular training provided in house and I also attended the Royal College of Nursing event this month."

Staff told us they felt supported in their roles and were positive about working at the service. One staff

member said, "It's such a lovely home, I never want to work anywhere else. They honestly look after people so wonderfully here. I love my job, and feel very supported by the management." Another member of staff spoke about the ethos of the home, saying, "The emphasis is always on the health and well-being of the people, both physically and emotionally. I just love spending time with them, they have so many wonderful stories, and life events. I'm very happy working here."

Records showed staff had received supervision, appraisals and observations of their practice. Their performance and development was recorded and appropriate solutions and actions taken to ensure high standards were maintained.

People were supported to have sufficient food and drinks and maintain a balanced diet. We observed lunch being served in the dining room. The tables were smartly laid with white tablecloths, and matching serviettes. Fresh flowers were on each table, with plenty of condiments which were placed close enough to people so that they could help themselves.

As people came into the dining room, they were warmly welcomed by staff, and offered a vast choice of drinks ranging from soft drinks to sherry or Bailey's. People told us that their individual choices and preferences were always respected, and staff demonstrated this as they served up meals. When one person was given their meal a member of staff questioned whether there was too much on the plate, saying, "I know you're not a big eater, would you like me to take some of it away?" The person in question replied, "Thank you, but I do like this sausage plait, so I'll see how I go." One person told us, "They know what I like, they don't even dish up swede on my plate if it's on, I just don't like it." Another person said, "You'd never go hungry or thirsty here, but if I ask for only half a bowl of cornflakes, for example, they'll do it, they're very approachable."

Most people were able to eat independently, but where they needed assistance, this was given in a very friendly, natural way. Staff sat alongside, and engaged in conversation with all the people sitting at the table, which often resulted in friendly banter and laughter. The atmosphere in the dining room was very pleasant, offering people the opportunity to socialise together.

People spending time in their rooms had access to jugs or glasses of whatever drink they liked and one person said, "They'll pop their head round the door, to check I'm okay, and will say, "Now, don't forget to have a drink." I know I need to drink more, so I'm grateful they remind me."

The cook and staff were knowledgeable about people's health needs and specialist diets, for example, those who required food in different ways such as textured or soft because they were at risk of choking. One family member said, "[Name of person] is so much better since being here. When they arrived they couldn't swallow properly, now they are able to swallow food so long as it's mashed. They [staff] have done wonders, and they still get as good a choice as everyone else."

People were supported to access healthcare professionals and services. Records showed staff worked in partnership and very collaboratively with health and social care professionals to ensure people received effective care and support. Staff worked across services to understand and meet people's needs and to monitor any risks or concerns. Information systems were in place to receive and share information with services involved in people's care.

People's day to day healthcare needs were met. People had information about health care in a way they understood and were involved in making choices and decisions. If they were unable to make those choices, people had a representative who would be involved to support them in their best interests. We saw referrals

made for professional input, visits made and care plans changed with the details of intervention and any ongoing support required. We saw for example one person had input from the speech and language team as they were at risk of choking and another had been offered the opportunity to have a referral made to the falls team but the person had declined this as they did not feel they needed it at this stage.

People's needs were met by the adaptation, design and decoration of the service. The service was on two floors, fully wheelchair accessible and accessed by a lift. All rooms had a toilet and sink and some had showers and bathrooms. People were encouraged to furnish their rooms with their own furniture and decorations. There was ample communal space and the lounge and dining areas were spacious and comfortable. The grounds were enclosed and well maintained.

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.

The registered manager had a system in place to assess and monitor people's capacity to make decisions for themselves. Where they were assessed as not having capacity and the service placed restrictions on their rights to, for example, leave the building with or without support, the service had made applications for people to be deprived of their liberty in their best interests. We saw that some authorisations had been approved by the local authority and these were monitored.

In some care plans, the recording of whether people had capacity or not was unclear and confusing. For example, two people had fluctuating capacity and their capacity to make decisions varied according to their health. This had not been considered or identified on the capacity assessments which could result in them not being involved in making decisions when they were able to do so. We talked with the registered manager and director about this and they agreed that some areas were not as clear as they could be. Shortly after the inspection, the director confirmed that capacity assessments had been reviewed and records updated to reflect people's abilities, needs and wishes.

It is recommended that the service look at best practice guidance in relation to capacity and risk to ensure that high quality care is provided to everyone in the service.

Staff, in their interaction with people throughout the day, understood the importance of gaining people's consent prior to any tasks being carried out. People repeatedly told us that when staff helped them to get dressed or helped them around the service they always took notice of their preferences, asking them what they wanted to wear each day and if they needed help getting around.

## Is the service caring?

### Our findings

Caring was rated as Outstanding at our last inspection on 5 May 2015. At this inspection we have rated it as Good.

People and their relatives were overwhelmingly positive about the way staff cared for them. They told us that were treated with kindness, respect and compassion. One person told us, "The staff here are excellent. I've not met anyone that I don't like." Another person said, "They [staff] are very caring people, they will make time for us, listen to us, don't rush us and I'd give them 10 out of 10, no question about it." A family member told us, "They are so good and kind to my [relative], but they look after me too. They'll often stop for a chat with me, and check if I'm feeling okay."

People's needs were attended to quickly and staff were very focussed on the care they provided. People felt they mattered, staff listened to them and talked with them appropriately and effectively and with a warm attitude. One person said, "Awfully kind, that's the best word to describe them, I think." Another person told us, "Oh, they treat me very well, they understand me, and never make me feel I'm a nuisance if I call them. It's a very happy home, you don't hear people moaning at all."

People were involved in managing their care, making choices and decisions and maintaining their independence. Staff had time, training and support to deliver high quality care in a caring and respectful way. Rotas were arranged so that staff were not rushed and people's views showed that staff had time to spend with them. One person told us, I came to live at Cheviot because they had cared for my [relative] until their death. I always knew I wouldn't want to go anywhere else because they looked after them so wonderfully well, and I wanted the same." Another person said, "I really can't fault any of the staff. They are organised and regimented because they must be, but they're also flexible, and they listen to me if I want something done differently. I feel they do genuinely care about me. One relative told us, "The staff will ring me if they have any concerns, no matter how small they may be. I still feel that I am very involved in [person's name] care, they haven't just taken them away from me." One visiting professional told us, "I've never heard staff be unkind or short with anyone whilst I've been here, it's always a nice happy atmosphere."

The service had information on advocacy services. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves. The director told us that advocacy had been used successfully in the past to help people to consider important decisions in their life but no-one was currently accessing the service.

People's privacy, dignity and independence was respected and promoted. A volunteer told us, "You see a change in people when they come in, quite quickly. You see them visibly relaxing. They often comment about how staff listen to their opinions, and treat them with respect and understanding." One staff member said, "How you talk to people is very important, not talking down to them and making sure they are covered up when someone goes into their room." Another said, "Communication between nurses and care staff is really good here. I'm really impressed with the care system."

We saw an email dated October 2018 from a healthcare professional complimenting the staff on their caring attitude which said, "Thank you very much for having us come to your care home last week. It was such a pleasure to meet dedicated nurses in a care home setting. I must certainly say that I do go to many homes but sadly I don't see this calibre in many places."

People were encouraged to maintain relationships with their friends and families. We saw family members being welcomed and socialising with people who used the service and the staff in an informal and comfortable way.

Staff were seen knocking on people's door before entering and addressing them by name and asking how they were today in a friendly and caring manner. One staff member said, "We will always address the person by their title and surname unless told they prefer to be addressed in another way." We saw instances where staff were genuinely thoughtful, for example turning on a lamp and soft music for one person in their room when it was starting to get dark.

During our inspection, staff were observed spending one to one time with people in their rooms and in communal areas. We heard people and members of staff laughing with each other and enjoying friendly, natural conversations. People and staff talked about their families, their recent holidays, politics and history. Staff asked people for their advice and listened to their response and views. People felt that they were worthwhile and appreciated.

## Is the service responsive?

### Our findings

Responsive was rated as Good at our last inspection on 5 May 2015. At this inspection we have rated it as Outstanding.

People and their families were at the centre of all aspects of the service. They told us the service was "Wonderful," and "So very warm and caring." The staff had an excellent understanding of their needs, how people should be treated and how they wanted to receive care, treatment and support. One person said, "When my [relative] comes, staff are fantastic to them and they offer drinks and a meal so very welcoming." Another said, "Sometimes I get a bit down, and they often notice before I do, they know the signs." A family member told us, "Staff will ring me if they have any concerns, no matter how small they may be. I still feel that I am very involved in [person's name] care, they haven't just taken him away from me."

Prior to people moving into the service, discussions were held with the person and their family as to their requirements and wishes, care and support needs to ensure these could be met. Professional input was welcomed and recorded which ensured that services were coordinated in supporting people with complex health and palliative care needs.

Care plans were developed from these discussions and were detailed and written in an individualised way. They included information about people's mobility, personal and skin care, communication, health issues, mental health, emotional wellbeing and future care planning. People's likes, dislikes and sensory needs were recorded along with the level of assistance needed at meal and other times. Some people and/or their families chose to provide a personal history which informed staff about their life and career.

People's diverse needs were respected. The registered manager and staff demonstrated that the service respected people's individual needs and had updated their equal opportunities policy to ensure the service was welcoming and inclusive for everyone. They also told us how the service worked within the framework of the Accessible Information Standard (AIS). AIS was introduced by the Government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. It is now the law for the NHS and adult social care services to comply with AIS.

Staff were proactive and innovative in suggesting ideas that the person may not have thought about. One person told us, "I miss seeing my family as they don't live close. My [relative] will ring one of the staff, and they bring the phone in so that I can see my baby grandchild on the video. I can see and talk to them, it's so lovely." Another person told us, "I had a fall in the toilet recently, and it was very frightening so the staff have given me this alarm for around my neck. I've still got my normal one on my table but this is for when I'm walking around so I can still do what I want." Staff told us about one person who had been discharged from hospital without a catheter passport (a document which records important information about catheter care). The staff had chased this up with the hospital who could not find the document, so they had created a passport for the person themselves to ensure all was correctly recorded.

People told us that they valued their independence and were very supported by the staff. People had an

enhanced sense of wellbeing and exceptional quality of life. We saw one person who had impaired eyesight, go into the dining room and found their own way to the table. They said, "I like that I can be independent and the staff do not fuss over me." Another said, "I appreciate the fact that staff do not 'take over' or tell me to sit down all the time." A third person said, "In the summer I take myself out into the garden with my frame, they don't mind, in fact I think they think it's good. They would never say I couldn't do it."

The service offered a range of activities and entertainment for people to enjoy which they had decided they wanted. These included an art group, quiz's, film afternoons, coffee mornings, trips to town, church services and visits by community groups providing varied entertainment. A theatre company was performing on the day of our inspection and this was very popular with people and staff enjoying it together. Afterwards, people were asked to fill in a survey about the event to see if they wanted this to be booked again. One person said, "It was great, highly entertaining." Another said, "The staff try to book people that we like, this was a new thing and think he'll probably come again. I think they do very well with activities, it's quite a lively place with things going on, but it's not over the top. They know what we like to do, and what doesn't work."

Volunteers of all ages were actively encouraged to get involved and were welcomed at the service. They were provided with an induction and support. One person told us about a volunteer, "They are a delightful young person, very intelligent and I look forward to my time with them." One volunteer told us, "I am currently helping a person to write their memoirs for their family, as they are unable to write. I also visit people in their rooms and read to them. I don't force myself on them, but I'll offer to water their plants or flowers, and often conversations flow. I love coming in, and the service makes me feel very welcome."

Relationships with family and friends were positively maintained. Families were really valued and supported by the service. People appreciated that staff make their families feel so welcome when they visited. One person said, "When my [relative] comes over they are very good to them, offering drinks in a lovely way. My [relative] likes it here too, they say it's very homely." A family member told us about regular meetings which were held in the main lounge, saying, "They send a flyer round to tell us when it's on, but I don't go all the time." Another family member said, "Anything they can do for you they will. Us as relatives are treated with such respect. They go beyond to make it as warm and as welcoming as possible."

The service was very aware and responsive to people being isolated and alone. People told us how gentle and sensitive staff were when they needed emotional support. One person said, "When I get depressed, staff will spend more time with me and pop in more regularly. I think they're keeping a closer eye on me at the moment, because I'm not too good. They'll just come in and have a chat, let me talk about how I feel." Another person said, "The staff are so kind and helpful to me. I know how busy they are, but they always make time for me, they always try to understand how I'm feeling." A third told us, "They bring me out of my doldrums, I get very down sometimes, but they have a lovely way with them. They're always so bright when they come in, and they cheer me up, get me laughing. On bad days I cry a lot, but they'll sit with me, put their arms around me, give me a kiss. Staff understand how overwhelming loss can be for me. They never make me feel silly, or try to belittle how I feel."

Staff responded quickly to people's requests for help when using their call bell. We saw people had their call bells within reach when in their rooms. One person showed us their call bells which had additional buttons to press in case of emergency help being needed. They said, "Staff really come running if you press that one, they know you're in trouble." Another said, "If you call them they never make you feel you're being a nuisance, or speak sharply to you, they're just happy to help."

There were systems and processes in place to manage complaints and compliments. Information on the

service's complaints process was clearly displayed and contained in the 'service user guide'. The director told us that any concerns were dealt with as part of driving improvement and dealt with them in an open and honest way. They said, "We never want people to be unhappy in any shape or form and whilst we want feedback we will always ensure we say sorry and put matters right." Records showed that concerns and complaints had been dealt with appropriately and sensitively. People had no concerns or complaints to make about any part of the service.

There were an overwhelming number of compliments people had sent to the service. One said, "It was heart-warming to see [relative] improve their health and confidence," and, "You were all compassionate and caring for which we are very grateful," and, "[Person's name] was settled with you from the start and I never had any worries about them once they were with you at Cheviots."

The service provided outstanding end of life care. We saw many examples of the unique, individual and responsive way Cheviot Nursing Home cared for people and their families at the end of their life. One person, on their last day of life, spoke for the last time via the internet to their [relative] who was travelling abroad. They died peacefully that afternoon with other family members around them.

Staff also cared for and supported the people that mattered to the person who was dying with empathy and understanding. One person was enabled to spend quality time with their family. Staff adapted the sun lounge into a family room for them all to be together. The person's relatives stayed with them overnight for four nights up until they died. Staff supported them with meals and drinks and a bed so they were comfortable and cared for. They wrote, "The care that [relative] received at Cheviot was outstanding and they felt happy, safe and well cared for. We take many happy memories of this precious time that we all had together in the last days of their life."

The service has recently achieved accreditation from the Gold Standards Framework (GSF) in Care Homes Programme and were Commended for their work. The GSF is for all people as they near the end of their lives and helps staff identify their needs, assess their wishes and preferences and to plan their care enabling them to live and die well with dignity where they choose.

People could spend their final days in peaceful surroundings at Cheviot Nursing Home and to experience, as far as possible, a comfortable, pain free, and dignified death. People's wishes and advanced decisions were discussed with them and their families in a sensitive and compassionate way. A document called the Preferred Priorities for Care (PPC) was used to discuss and record the person's wishes regarding where they wanted to be cared for and their preferred place of death. This care planning avoided inappropriate hospital admissions and meant that people's wishes were being followed. For one person, we saw that documentation, such as the person's preferred place of care, was not completed at the time of admission as this was too difficult for the person and their family to complete at that time. It was recorded that, with further discussion, at the person's own pace, this had later been completed.

The records we saw had people's decisions and documentation in place. These included people's wishes to be resuscitated or, where a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) was in place, these had been completed appropriately. For one person, it was documented that they wished to donate their brain for medical research. This was accompanied by an appropriate letter stating this, with details of what to do and who to contact in the event of their death clearly highlighted on the letter. Details of people's wishes regarding burial or cremation and choice of funeral directors was recorded. For one person, it stated that they wished their ashes to be placed with their [relative].

Two people were receiving end of life care. We saw that advanced care planning had been undertaken,

issues such as symptom and pain control were identified early and changes to treatment had been made. People's care was reviewed and recorded in the daily progress notes to ensure all information was up to date and care and treatment was being provided in a timely and appropriate way. People's families were involved and included in all decisions about their care.

Close working and liaison with other healthcare professionals especially GPs and hospice care teams was evident and, together with people's families, the staff were proactive in ensuring people were pain free and the right care at the right time was provided. One healthcare professional told us, "I was amazed at how knowledgeable staff were about end of life care at Cheviot. They were proactive and eager, seeking examples of good practice to put in place the very best care. It tells you a lot about the quality of care when you have such passionate staff who have been at a service for a long time."

People could explore their thoughts and feelings about spirituality and beliefs at the service. We saw written an example of one person's experience. "[Name of person] would not have called themselves a religious person but they liked to discuss matters of faith as they were approaching the end of their life. Their comment was, "I get more benefit from you [name of volunteer] and [name of the visiting curate] than I do from the medicines."

People were cared for by exceptional staff who were compassionate, understanding, enabling and who had distinctive skills in this aspect of care. One person wrote, "I already have a high opinion of the care and professionalism of the staff at Cheviots but the genuine care that my [relative] received during their last days was exemplary." One family member wrote, "Your gentleness and sympathy to our [relative's] needs in their final weeks are very much appreciated."

We received information sent to us by a family member in February 2018. It said, "I am writing following my [relative's] stay at Cheviot Nursing Home. The care and service provided by them was excellent. The nursing staff were superb, keeping us informed about the care being provided. The care and catering staff were similarly brilliant. I stayed the last week with my [relative] before they passed away, and the kindness they showed me during this time was outstanding. It was the small details, like lending me a squirt of perfume in the mornings and washing my clothes, which showed real care. I can't thank them enough."

## Is the service well-led?

### Our findings

Well led was rated as Outstanding at our last inspection on 5 May 2015. At this inspection we have rated it as Good. It has changed from Outstanding to Good as the provider needed to consider the recommendations in safe and effective to ensure all systems were consistent and robust.

People, their relatives and staff were very positive about the way the service was managed and led. One person said, "The bosses run this place well, and the key is that they listen to us." Another said, "The managers are very good, they would be quick to notice if any of the staff weren't pulling their weight, or weren't up to the job. The interesting thing is that staff stay here for a long time, that says a lot." One staff member said, "I have worked here a long time. It's lovely, a beautiful place to work, everyone is very supportive, the managers, the care staff, the kitchen staff, we are all one big team."

The service required, and did have, a registered manager. They were supported with the day to day management of the service by a deputy, the director and two deputy directors'. The management team promoted a very open, positive, person centred culture in the service and demonstrated a passion and commitment to ensuring people received high quality care.

The management team and directors were very active and visible within the service and people were aware of who they were. One person said, "The managers are very helpful and approachable." Another told us, "[Manager's name] is terribly helpful. I could go and see her anytime I liked if I needed some help, or if I had a concern. I know she'd help me out." A third said, "[Manager's name] is really lovely, they pop in to see me every now and then. They are very helpful and extremely caring."

Staff understood their role and responsibilities, were very motivated, and had confidence in their managers. They were very complimentary about the way the service was managed and the support they received. One staff said, "The way they [managers] treat staff and people who use the service is lovely. When I come into work, there is team work and I have lots of support. There is always someone to speak to. The manager and deputy are 100% approachable." Another told us, "We have staff meetings where you can voice what you're thinking. I can raise anything and it would be listened to." A third said, "I love my job, and feel very supported by the management."

Records showed that the service grew and developed because of having organised systems in place which looked at events and concerns, audits, innovative learning, involvement in research and developments and training opportunities. The service had recently achieved success in being awarded the Gold Standards Framework (GSF) in excellent end of life care in which they were Commended. Following on from this, the service was developing bereavement support and coffee mornings for people, their families and friends going forward.

Staff meetings took place in each department alongside forums covering health and safety and activities. Records showed that people and their families were encouraged to also attend these meetings alongside staff to give feedback and ideas to improve the service. The views and comments from surveys and meetings

of people who used the service and staff were collated and used to consider new developments, for example, the idea of an 'employee of the month' was put forward for consideration in the 2018 staff survey. Success was recognised by the service and the management team gave well deserved credit to the whole staff team who were included and valued.

The quality assurance arrangements were in place. Audits of all areas of the service which included policies and procedures, staff training, care plans, health and safety and recruitment procedures were undertaken. The recommendations made during the inspection had been considered and were underway. An independent person was employed to support the management team in meeting the targets and improvements required in their health and safety action plan for the current year. Personal records were kept confidential and stored in a locked office when not in use.

The service was very proactive in working openly with other health and social care providers to support the provision of joined up quality care. They shared information appropriately with CQC and other agencies such as the local authority and local clinical commissioning group as to reportable events.

The management team had been involved in many health initiatives. One of these being the 'PROSPER' project. This initiative focuses on pressure area prevention, fluid and nutritional care and falls prevention. We saw that learning from this project was being implemented to enable people to keep well and prevent hospital admission. One social care professional told us, "Cheviot was involved at the beginning of PROSPER. The service sent three staff members to our PROSPER champions study day in October 2018, and have regularly supported these events." The service had developed links with St Helena Hospice and St Francis Hospice and are actively involved in the new ECHO project (to improve care by working in a collaborative and integrated way with other services).