

Cheverells Care Limited

Cheverells Care Home

Inspection report

Limers Lane
Northam
Bideford
Devon
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Tel: 01237472783

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This comprehensive inspection took place on 26 September 2018 and was unannounced.

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

Cheverells is registered with CQC to provide care for 38 older people, some of whom may be living with dementia. Cheverells accommodates people in one spacious, adapted building in a residential area of Northam, Bideford. Access to the three floors of the building is via a platform lift, stair lifts and staircases throughout the home.

Cheverells was run as a family business with both the providers working in partnership with each other. One of them was the registered manager and the other was the 'matron' at the home.

At our last inspection in May 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated good.

People were happy and enjoyed living at Cheverells. They told us staff were caring, kind and respectful to them. Relatives were also positive about the service and the care given; one said "They (providers and staff) welcomed us whole-heartedly and made (my relative) feel so at home straight away. And that's how it's been ever since."

There had been a recent change in the running of the home with the introduction of a team leader role. This meant there was always a team leader on duty to support and guide staff. People said staff worked well together. Staff knew people well and had built positive relationships with them. People received care that was assessed, planned and delivered in an individualised way. Each person had a personalised care plan in place which documented how they would like their care to be given. Risks to people were identified and minimised as much as possible.

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.

Staff supported people to stay safe by understanding how to recognise abuse and the correct procedure to take if they had any concerns. Staff were trained, knowledgeable and skilled in their roles. There was enough staff on duty to meet people's needs fully. Staff received regular supervision and felt involved in the running

of the home. They were motivated and enjoyed their jobs.

People received a balanced and nutritious diet and people were very complimentary of the food served. One person commented, "I can't praise the home highly enough and the food is definitely included in that."

The service provided an extremely clean, tidy and well-maintained home for people to live in. There was a large private garden for people to sit and relax in. People could access all areas of the home. People benefitted from continuous monitoring and improvements made in the home to make it better for people to live in.

The providers were visible in the home and worked alongside staff. People and staff spoke highly of them and their caring nature. They respected and valued the staff that worked for them. One person said, "It's like a big family" and "The owners go to endless trouble over every aspect."

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? The service remains good.	Good ●
Is the service effective? The service remains good.	Good ●
Is the service caring? The service remains good.	Good ●
Is the service responsive? The service remains good.	Good ●
Is the service well-led? The service remains good.	Good ●

Cheverells Care 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.

The comprehensive inspection took place on 26 September 2018 and was unannounced.

The inspection team consisted of two adult social care inspectors 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.

Prior to the inspection, we reviewed the Provider Information Return (PIR). The PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information about the service and notifications we had received. A notification is information about important events which the provider is required to send us by law.

We saw each person who lived at the service and had meaningful conversations with 11 people and two relatives, along with a visiting community nurse. We spoke with the providers, ten staff including team leaders, care staff, laundry staff, kitchen assistant and maintenance person.

We reviewed three people's care records, looked at three staff files and reviewed records relating to the running of the service. These included: the most recent survey sent out; medicine records, audits; minutes of meetings; staff rotas; supervision and training records; safety and maintenance records; complaints and compliments, and activity records.

Following the inspection, we received responses from two health and social care professionals.

Is the service safe?

Our findings

The service remains good.

People and their relatives were safe and secure living at Cheverells and with the staff who supported them. When one person was asked why they felt safe living at the home, they said, "The staff go out of their way to make sure I'm safe and comfortable, checking on me regularly if I'm in my bedroom to see if I am alright and to enquire if there is anything I need." Another said, "There is always someone around – day or night. I certainly feel I am safe." A relative took time to explain to us the positive effect Cheverells had made to their family member since they came to live there. They said, "Safety is never compromised."

People told us and we could see there were enough staff available to meet people's needs. Staff gave assistance in a timely way when requested. Since the last inspection, there had been a recent re organisation of staff with the introduction of four team leaders for each section of the home. This meant there was a team leader on duty every day to provide guidance and leadership to care workers who in turn were supported by the providers. Staff were very pleased with the changes and felt more involved in decision making and that their opinions mattered. One team leader said, "It is better now and we are pulling together as a team ... team leaders now have responsibility."

People were supported by staff who had undergone a safe recruitment and selection process before they started work at the service. This included having all the necessary checks carried out to ensure they were of good character and suitable to work with vulnerable people.

The registered manager engaged in local safeguarding procedures with other professionals. Policies and procedures were in place to provide up to date guidance to support decision making. There had been one recent safeguarding concern which the registered manager had worked with the local authority, the Care Quality Commission, health care professionals and family members to resolve. Care staff were trained in safeguarding and knew how to recognise abuse and how to raise concerns. However, the training did not include all staff, such as kitchen staff. The registered manager confirmed they would arrange this training immediately.

People were protected by systems being in place to identify and reduce the risks to people living at the home, such as those relating to falls, nutrition and skin damage. Staff responded to any changes in people's conditions. For example, when one person's mobility deteriorated and they could no longer sit out of bed care, staff updated their risk assessment and care plan to update staff. Risk assessments were person-centred, proportionate and reviewed regularly. However, some of the information was duplicated and not necessary in all areas of the care records we looked at. We discussed this with the team leader who planned to make the risk assessments more concise but include all the information required.

People received their medicines in a safe way. Medicines were obtained, stored, administered and disposed of safely. Random sampling of medicine administration charts (MAR) and other medicine records showed people received their prescribed medicines at the right time. People received their prescribed skin creams

when required with the aid of a body map to guide where, when and how to administer them.

Accidents and incidents were monitored and looked at to see if there were any emerging trends or patterns. Each person had a personal emergency evacuation plan (PEEP) in place which included the assistance required to support them to leave the home to a place of safety.

People lived in a home which was kept extremely clean, tidy and fresh throughout. However, there were two small pockets of malodour in the main lounge area. These were discussed with the matron who explained the reason for this and that the carpet was being cleaned weekly to manage the situation. The laundry area was well laid out and exceptionally clean and well organised with ample equipment, for example separate washing machines specifically for bedding or personal clothing. Staff had access to plentiful supplies of personal protective equipment to maintain good infection control procedures.

Is the service effective?

Our findings

The service remains good.

People's care and support needs were assessed, planned and delivered by skilled and knowledgeable care staff. When new staff first came to work at the service, they undertook a period of induction which included working alongside an experienced member of staff. Staff were supported and said the induction training equipped them for their caring role. New staff who had no previous qualifications in care, were supported to undertake the Care Certificate which is considered best practice induction training.

Care staff received regular and planned ongoing training delivered by an outside training professional and other specialist professionals. Staff felt well trained to do their jobs and records showed they were up to date in their practice. One care worker said, "The standard of training has improved a lot." Care workers said they were encouraged to undertake further qualifications and training to develop their skills and progress.

Care workers received regular supervision from the registered manager. Staff said these were useful and enabled them to discuss their learning needs and any further training required. Staff hands-on practice was monitored by team leaders who ensured staff skills and competencies were up to date and appropriate.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Appropriate DoLS applications for individual people had been made to the supervisory body for authorisation. Best interest decisions had been taken where necessary, such as the use of bedrails. Staff had knowledge of the MCA and DoLS and how it applied to their practice. People said staff always asked for consent before carrying out personal care. Staff were also aware of which people had a nominated Power of Attorney to deal with their affairs; these were recorded in care records.

People were supported to eat and drink well by offering nutritious and appetising choices of food. The lunchtime meal was an enjoyable, social and relaxed experience for people to take part in. People chatted with each other in a relaxed way and there was constant chatting and laughter. Staff supported people discreetly if required. They also had time to sit with people and engage in chatter with them. When we asked people about the menu, they were all complimentary. Comments included, "The food is invariably excellent ... I think they have high standards and their menus are imaginative", "The meals offered are the sort of food I'd choose for myself in a restaurant ... they provide fresh, seasonal meals properly cooked and it always tastes nice" and "I can't praise the home highly enough and the food is definitely included in that."

People had their healthcare needs met because staff contacted health professionals when necessary. This included GP's, community nurses and specialised professionals. One person said, "I do need to see the district nurse or GP regularly ... the staff get me on the doctor's list and we see the same doctor which is helpful to me." Prior to inspection, we had received a concern from a community nurse that the service was not following their specialist advice regarding skin care. Feedback from a second community nurse team

said the service did follow their advice. At inspection, staff said relationships had improved with both community nursing teams "100%". When we asked a visiting community nurse if they had any concerns they commented, "They (staff) always call for advice and guidance ... from the patients I see everything is fine and I've seen three today ... if there are any concerns they are all sorted ... there's always a member of staff to assist you ... it's (service) good."

The premises were well maintained and continuously improved. The home provided a variety of different areas for people to sit in. Equipment had been adapted where necessary and people could access all areas of the home via six stair lifts, a platform lift and staircases. The provider said they intended to install a shaft lift and had planning permission for this. This would make accessing the home even easier for everyone to access. They also planned to extend the lounge/dining room and insert bi-fold doors to bring the garden into the home. People's bedrooms were a variety of sizes and all personalised to people's own tastes. The home was fitted with quality furnishings and fittings and kept to a high standard which people appreciated.

People could access the large and private gardens. The garden provided people with a safe and quiet place to sit to enjoy the fresh air. The gardens centred around a large secure pond which attracted further wildlife to the garden.

All regular servicing, maintenance and safety checks of equipment were undertaken as required, except for a Legionnaire's disease water check which had not been completed. The provider contacted us after the inspection to say this had been completed. A visiting electrician said, "For safety you cannot fault (the provider)."

Is the service caring?

Our findings

The service remains good.

People were unanimously complimentary about the friendliness and kindness of the staff and gave positive comments about the whole staff team with no exception. These included, "It doesn't matter who I tell, whether it's a cleaner or a kitchen assistant or a care team leader ... they always listen and offer a solution and nothing's too much trouble. It's like a big family" and "The owners go to endless trouble over every aspect."

People were treated with respect and dignity at all times. Examples of this included staff knocking on people's doors before entering, having a portable screen which was used when people needed to see the nurse but chose not to go to their bedrooms and people being able to lock the door to their bedroom.

Staff were kind and caring. For example, a care worker said to one person, "Would you like another cup of tea because you haven't touched yours yet and it must be cold?" The providers had bought a bird table for one person so they could attract and see the variety of birds coming into the garden from the outside of their bedroom window.

Staff had formed positive relationships with people and knew them well. One care worker assisted one person whilst walking; they were singing happily together as they went to the lounge. People told us they knew staff well enough to talk things over with them and felt comfortable in their presence. People said staff treated them as individuals and not just as a person living at Cheverells. New staff were introduced to each person so they know the residents which was appreciated. One person said, "... when a new member of staff joins they are usually given a guided tour and they are introduced personally to the residents so everyone knows each other."

People felt listened to and cared for by the providers and care workers. One person said, "The owner leads by example and has exceptionally high standards for themselves, which everyone else sees and follows. It's very effective if the manager is gentle and understanding with everyone but expects more of themselves than of their employees. Then everyone starts to be the same way." A relative commented, "They (providers and staff) welcomed us whole-heartedly and made (my relative) feel so at home straight away. And that's how it's been ever since."

The providers recognised how important personal events were and always celebrated people's birthdays with their relatives, a party and a birthday cake. Relatives were very positive about these events which made them feel part of their family member's lives. Relative comments included, "Thank you so very much for organising (family members) birthday party at your wonderful home "Cheverells" ... thank you again for the most wonderful care home in the world. (Family member) is so blessed to be with you all and for you to have him as one of your family", "Thank you so much for making my (family member's) birthday so wonderful ... she thoroughly enjoyed herself with all the family and friends. Thank you for everything you do to keep my (family member) healthy and happy" and "Thank you all so much for your kindness at (family members)

birthday. It was so much appreciated, we had a wonderful afternoon all down to you lovely people, you are all amazing."

Is the service responsive?

Our findings

The service remains responsive.

People received personalised care and each had a care plan in place. Relevant assessments had been completed, from initial planning through to on-going reviews of care. Care files included information about people's history, their likes and dislikes and how they liked to spend their time. Care records were organised, easy to follow and contained useful detail. They were broken down into separate sections, making it easier to find relevant information. Staff said they found the care plans helpful. They were able to refer to them at times when they recognised changes in a person's physical or mental health.

We looked at how the provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Care records contained communication details explaining how people preferred to communicate and if they required any support. For example, one person's care record said, "My hearing is very good and I don't have any problems". Where people required aids such as glasses and hearing aids, these were recorded in their care plans. One person's care record stated they liked to have their glasses cleaned daily so they could see clearly.

People were able to take part in a variety of activities both inside and outside of the home. Planned activities included, bingo, memory café, arts and crafts, entertainers, shopping, armchair exercises, singers and church services. The provider knew people liked pets; they had just received a visit from a Pet as Therapy dog and future visits for alpacas and ponies were planned. People also enjoyed having visits from two neighbourhood cats which the home encouraged.

The provider had recently organised a visit from a specialist arts and craft group (specifically for older people and those living with dementia). People's completed works of art were displayed on the walls of the home in various areas which they clearly enjoyed doing. The provider continued to take people out in the home's minibus once a week to visit places of interest in the local area. People enjoyed these trips and felt safe. One said, "When we go out in the minibus the owner who plans the route and the stops and drives the bus will think ahead about what we need ... they provide everything and think of everything."

There were regular opportunities for people, and those that mattered to them, to raise issues, concerns and compliments. The complaints procedure contained all the necessary information. The service had not received any complaints but had received many written compliments and thank you cards. One card said, "I would like to express our deepest thanks for the wonderful care given."

Cheverells looked after people who were at the end of their lives. They did this with the support of the local community health care professionals. The relative of one person who was receiving end of life care told us how pleased they were that they were in Cheverells. They described the care given "as amazing and wonderful". They went on to say staff had "been exemplary and extremely friendly. The home is a credit to

them." The service had received a thank you card for one person who had recently been cared for at the end of their life which said, "Thank you so much for all the wonderful care, cherishing and love which you have given to (friend) ... she ended her days surrounded by kindness which is indeed a blessing."

Is the service well-led?

Our findings

The service remains well led.

Cheverells was run as a family business with the providers working in partnership with each other. One of them was the registered manager and the other was the 'matron' at the home. They were both very experienced in the running of the home and had owned it for 33 years. They lived next door to the property and ran Cheverells as an extension of their own home.

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.

The providers considered people part of their family. The registered manager undertook the overall management of the home whilst the matron was responsible for the day to day running and hands-on care delivery. Both providers were visible in the home and were liked and respected by staff, people and visitors alike. All staff followed the provider's values for the service and put people first.

People told us they had faith in the providers and that they were ideal people to be in charge of the home. They said they would feel comfortable talking to them about anything. When we asked staff how the home was run, we received positive comments. These included, "The home runs smoothly. There are no problems", "It's just got better and better over my time here" and "The providers are very approachable and anything you need, they'll try to get it for you. You know things are going to get done." People said the service was "excellent" and that it was continually improving.

Since the last inspection, there had been a change in the running of the home as previously mentioned in 'safe'. People said staff worked well together, especially in their teams. The providers were in the process of recruiting a deputy manager to support the team leaders and have general oversight of the whole running of the home. The providers felt this was a positive move to support the staff, particularly in their absence such as annual leave.

There was an open culture at the home which was inclusive to people and staff. People were encouraged to give feedback to the providers regularly through resident's meetings and questionnaires. The last questionnaire sent out showed a high percentage of satisfaction with the service. Any suggestions given at the meeting had been looked at and actioned.

Staff felt motivated, supportive of the provider and enjoyed their jobs. The providers respected their staff and commented, "Everybody has got to be valued and we have our responsibilities." One of the ways the provider showed how much they valued staff was when they removed one of the largest bedrooms in the home from use. They turned it into a well-equipped, comfortable and relaxed space for staff to have their breaks in. This meant staff were able to take restful breaks to support their wellbeing.

Systems were in place to monitor the quality of care and support delivered. This included managing complaints, safeguarding concerns, incidents and undertaking audits. Records showed learning from events occurred; measures were put in place which meant they were less likely to happen again.