Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Cheverells Care Home

Limers Lane, Northam, Bideford, EX39 2RG

Tel: 01237472783

Date of Inspection: 22 June 2013

Date of Publication: July 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Staffing	✓ Met this standard
Complaints	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Mrs Gaynor Woods & Mr Philip Woods
Registered Manager	Mr. Philip Woods
Overview of the service	The Cheverells is registered to provide accommodation for 36 older people who require nursing and personal care. The home is situated in Bideford, Devon.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 22 June 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

Cheverells Care home was last inspected by the Care Quality Commission on 29 January 2013. We found improvements were required in relation to maintaining accurate records.

People told us "I am treated very well." We found people were well cared for at Cheverells. People told us that staff explained what they were doing when they helped them. We found staff understood that they needed to ask for people's consent before helping them and we saw assessments in people's files detailing the areas where they were not able to give informed consent.

We observed staff treating people with kindness. People told us, "I like it here, it isn't a bad life" and "they ask me…..what would you like us to call you, Mrs X or X?" People told us, "…we are always joking and laughing." We found staff knew the people they cared for well and we saw information about people's health and social needs in their files.
We found there were sufficient staff on duty at all times to ensure people's welfare and safety. Staff had care experience and some had care qualifications which enabled them to do their job with a good knowledge base and with confidence.
We found there was a complaints procedure in place. The people we spoke to and the staff all felt confident about raising any concerns and that they would be followed up.
We found record keeping had been improved. There were appropriate health assessments in place to help staff identify risks and put a plan in place to address risks.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent

judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

We spoke with six residents at Cheverells care home, six members of staff on duty, and looked in detail at the care records of the six residents we spoke with.

People told us that staff involved them in their care and treatment by explaining to them what they were doing as they undertook care tasks. Some people could not remember the discussions which had occurred or contents of their care plan due to their memory problems however, everyone we spoke with was happy with the care the staff delivered.

The staff we spoke with understood the principles of gaining a person's consent in relation to their care and treatment. Staff gave us examples of consulting with the district nurses, a person's doctor and their family if a person did not have the mental ability to participate in decision making because of their ill health or memory difficulties. For example, one person we met needed a special mattress to keep their skin healthy. Staff had appropriately consulted about this with their family because the person was not able to make this particular decision themselves. We saw in two people's care records forms which had been completed to document that consent had been sought for people to have bed rails. Bed rails helped prevent people falling out of bed where this risk had been identified. We found there were procedures in place to gain valid consent and that these were followed.

Most people had a form in their care records to identify the aspects of their care where they were able to make decisions. For example, the form covered areas such as people's personal care (washing and dressing), moving, food choices and finances. These assessments were completed with people shortly after they arrived at the home and detailed how people liked to be cared for in these areas and what support they required. These forms showed that people had been consulted about their care and in most cases the person or their family had signed to agree with the care being delivered by staff.

Although staff understood the concepts of seeking people's permission before they delivered care and obtaining their consent, some staff we spoke with were unfamiliar with

the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLs). Staff followed the principles of providing care in people's best interests but these discussions were not documented as "best interest meetings." One member of staff took the majority of responsibility for completing these forms and writing people's care plans, to be sure that they were done consistently and in accordance with the legislation.

The training records showing that staff had received training in this area were not clear. There was evidence that some staff had completed training in this area but, the provider may wish to note all staff working with people who have memory difficulties and are not able to participate in decision making, need a good awareness of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards to ensure that care is delivered in accordance with the legislation.

We saw that some people had treatment escalation plan's (TEP's) in place. These are forms completed towards the end of someone's life and relate to decisions about whether people are to be resuscitated and what other treatments may be appropriate if they become unwell. Most of the forms we saw were completed correctly but we saw one TEP form for a person who did not have capacity which was not completely filled in and there was no evidence of the family being involved in the decision making process. We discussed this with two senior care staff and the registered manager and they agreed to follow this up.

We observed staff caring for people on the day of our visit. We heard staff asking people for their consent before they carried out personal care to people. People felt they would be able to change aspects of their care plan if they wished to. All people we spoke with told us their human rights were respected and they were treated with "dignity and respect."

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights

Reasons for our judgement

People told us, "I couldn't have come to a better place" and "the girls are nice, the food is good, my room is lovely and I'm not told what to do!"

A pre assessment was carried out when a person was considering living at Cheverells. The information gathered from the person, family, health and social care staff formed part of the initial care plan. If a person came to live at the home, one of the senior carers sat with them and completed a more detailed care plan. We saw the care records of the six people we spoke with and looked at five care files. We saw that the care someone received reflected their needs and focussed on their strengths where possible. There was information about the person, what they liked doing, and what they were capable of doing for themselves. The care plan identified the areas where people needed assistance and support and these areas were carried forward to develop a risk assessment. For example, we met with two people who liked to be as independent as possible and wash themselves. Both people had mobility difficulties and this put them at risk of falling. This was in their care plan and staff were conscious of this so they were checked frequently. Staff were monitoring the situation and planned to support both people to wash when they felt they could no longer manage this. This demonstrated people's independence was respected, their wishes and their right to take informed risks.

We spoke with staff about how they would manage a person's care if they were losing weight. The staff we spoke with told us they complete a nutritional assessment tool which identified if people were at risk of malnutrition. Staff then discussed this with the persons doctor or the district nurses and a course of action to prevent further weight loss was agreed and followed. We spoke to one person who told us their bottom was sore. When we talked to staff about this person, the staff were aware of this and had a plan in place to turn them every two hours to relieve the pressure. The staff were consulted with the district nurses and followed their advice. One person we spoke to said, "…they know what they are doing, they treat me with dignity and respect." Another person told us staff assisted them with the incontinence pads they needed and said, "…yes, they maintain my dignity always…..I'd wallop them with my stick if they didn't!"

As we met people at the home, we saw there were a number of chair lifts, hoists and hand rails to support people to move freely around the home. There was a bell above the door

to alert staff if a person left the building. This helped to ensure people's whereabouts were known if they wandered. We saw that people had call bells within their reach and these were responded to promptly. Staff wore uniforms and all staff had name badges on so they were easily identifiable to people living at the home and visitors.

We saw people had their own belongings in their bedroom and they told us they were wearing clothes they had chosen to wear that morning. People told us this made it feel like home. People told us about the activities which occurred at the home and we saw a detailed activity programme across the week. Activities included bus outings, quizzes and exercise to music sessions. One person told us about a recent outing to Exmoor, "…… baby ponies and a pack of deer, a lovely trip……..baby lambs following their mothers." Another person told us they played bingo and it helped to pass the time. We saw people in their rooms doing their hobbies such as crosswords. These activities were important to help people and help to keep their minds stimulated and they encouraged social interaction.

We saw that every person in the home had an evacuation plan in place in the event of a fire or an emergency. This was in their care files. There was a separate sheet to give to the emergency services. This plan detailed what support they would require to leave the building. These plans ensured people would be quickly evacuated if the need arose and the emergency services involved would be aware of people's needs.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We spoke with the senior care staff on duty and the owners about the staffing levels at the care home. On the morning of our visit there were seven care staff rostered to work, a senior care supervisor, the cook and a member of staff to clean and do the laundry. Both of the owners were also available and within the home. In the afternoon there were usually 5-7 members of staff, 4 late evening and 2 care staff overnight. The owners lived next door and were available at night if this was required. Staff worked the same shift pattern each week. In the event of planned absence this was covered by staff working additional hours. In the event of unplanned absence if staff on duty required additional help the owners were available to support the care team. This meant the people who lived at Cheverell's always had enough staff available to support them.

People we spoke to told us they felt there were sufficient staff. "….oh gosh yes, they are always busy but always cheerful."

The staff we spoke to also told us they felt there were sufficient staff on duty. We observed staff to be unhurried and caring for people patiently. We saw call bells being responded to promptly.

We spoke to the registered manager about the skills and training which staff had undertaken to ensure they cared for people safely. We were told staff have a thorough induction with the owners and they had time to shadow other staff and read people's care plans when they started. We spoke to a new member of the care team who felt their induction was thorough and gave them the training they needed at the beginning. The registered manager had organised a monthly rolling training programme for staff. We saw this and it included documentation and care planning, food hygiene, safeguarding and other areas such as dementia awareness. This training was delivered by an external training provider. The staff we spoke to told us about their care experience and the qualifications they had such as national qualifications in care. We found that the staff at Cheverell's had good experience and training which enabled them to safeguard the safety and welfare of people at the home.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

We spoke to the registered manager about the complaints policy and process. In the reception area there was information on the wall detailing how to make a complaint and who to speak to. We also saw a policy and information sheet available for people detailing the process and timescales involved if a complaint were to be made. The registered manager and owners took a proactive approach to complaints. They knew the people who lived at the home and took them on outings every week. This gave the registered manager time to talk to people and listen to any concerns they may have and resolve them promptly. We asked to see complaints which had been made in the past six months but there had not been any. There was a system in place to manage complaints should one arise.

We spoke to people at the home and everyone told us they would be happy to raise a complaint with the care staff, the senior care workers or the owners. People felt confident they would be listened to and complaints would be acted on by staff at all levels.

People told us, "I have nothing to complain about, if I did, I would speak to Mrs Woods (one of the owners) and I think it would be resolved." Other people told us "I'd report it to whoever was in charge, but really I'm spoiled here" and "I have nothing to complain about."

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

When we inspected the home on the 29 January 2013 we found that there were not always assessments in place regarding aspects of people's health and welfare, for example nutritional assessments. We also found that there was inaccurate record keeping. We looked at this area at our inspection.

We looked at 11 care records in total and talked with the staff about people's needs, their care plans and their risk assessments. We found care plans had sufficient information about people to enable staff to care for them. Where it was indicated we saw nutritional assessments in place and assessments about people's skin. Where a problem had been identified, staff had liaised with the health professionals required and were following their advice and care plans. We saw some people had charts for staff to complete when they needed turning because they were at risk of pressure damage. These were completed accurately. We saw people's diet had been changed or they had been prescribed supplements if the nutritional tool had identified a risk such as weight loss. These assessments helped to alert staff to people's needs but staff were guided by the health professionals involved in people's care where there were risks.

The care records had information about all aspects of a person's daily activities and where support was required and how this support and care was to be delivered. We found people were protected against the risks of unsafe care because the records were clear, easy to follow and reviewed monthly or as a person's needs changed.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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