

Balkerne Gardens Trust Limited

Cheviot Nursing Home

Inspection report

11 Park Road, Lexden, Colchester, Essex CO3 3UL
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Website: n/a

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Ratings

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

Overall summary

We carried out this inspection on 5 May 2015. It was unannounced.

The service is registered to provide care for up to 33 people. Some people live permanently at the service others are receiving respite care, rehabilitation or palliative care. On the day of our inspection there were 29 people living in the service.

The service had 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.

The care and practices we observed demonstrated that this home provides an outstanding quality of service. People were settled and contented living in the service. Relatives and friends visiting told us their experiences were excellent and freely praised staff. Staff treated people as individuals and were knowledgeable about their likes, dislikes, preferences and care needs.

The provider, registered manager and staff from all levels of the service we spoke with were passionate about providing a service that placed people and their families at the centre of the service.

Staff told us they would not work anywhere else as the service supported them so well. The service provided placements for nursing students and speech and

Summary of findings

language therapy students. It also participated in innovative research carried out by the University of Kent into compassionate care and national initiatives for example Prosper project which promotes high quality care in care homes. This ensured the service was at the forefront of providing high quality care with up to date thinking.

Staff had received training in how to ensure people's rights were respected and how to safeguard people from abuse. They were able to confidentially describe the different types of abuse that may occur and how it should be reported.

The standard of training delivered to staff was of a high quality and covered additional areas such as mentoring and reminiscence and other relevant specialism. Universities had chosen this home to support both training materials and student placements which confirmed the quality of care provided.

People were actively involved in their care planning. Care plans were detailed and contained relevant risk assessments. They were used by staff as working documents which supported staff to provide the care and support that people needed.

People were offered appropriate food and fluids to maintain their nutrition. Innovative methods were used to encourage people to eat and drink a suitable diet.

People were integral to the running of Cheviot Nursing Home. People were involved in the recruitment of staff and planning of activities. Families and friends were encouraged to visit the service. A wide range of activities were organised to enable people to live a full and active a life as possible. The service respected and celebrated the cultural differences of people living at Cheviot Nursing Home

Staffing levels were maintained at a high level and were adjusted to meet people's needs. Students on placement at the service worked additional to permanent staff members. This meant that there were sufficient staff available to meet people's needs.

Staff were highly motivated to provide excellent support to people, supporting people with their assessed needs whilst encouraging independence.

The service actively sought feedback from people on the quality of the service they received. This was analysed and any deficiencies or suggestions for improvement were addressed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff were knowledgeable in recognising signs of potential abuse and the reporting procedures.

People were supported to take risks in their daily lives and their freedom was supported and protected.

There were sufficient trained staff to provide safe care.

People received their medicines appropriately. Medicines were managed safely.

Good



Is the service effective?

The service was effective.

Staff received training, supervision and appraisal. We observed that staff were skilled and experienced in delivering care and support.

People received high quality food. A variety of innovative methods were used to encourage people to eat and drink sufficient amounts and to maintain a balanced diet.

People were supported to maintain good health and access healthcare services.

Good



Is the service caring?

The service was caring.

We observed staff treating people with utmost dignity, respect and kindness.

People's views and opinions were pro-actively sought and people were involved in the running of the service.

Relatives told us that the end of life care provided for their loved ones was exceptional. This was confirmed by other professionals.

Outstanding



Is the service responsive?

The service was responsive.

People were treated as individuals. Assessments were undertaken to identify people's needs and these were used to develop care plans which reflected the individual.

Care plans were working documents used understood by people and used by staff to deliver outstanding care.

A wide range of activities were provided to meet people's individual needs.

People we spoke with and their relatives told us they felt able to raise any concerns and would complain if the need arose.

Good



Summary of findings

Is the service well-led?

The service was well-led.

The management team promoted the highest standards of care and support for people. Staff were encouraged to participate in relevant research projects.

Staff told us they were valued and supported by the service to provide excellent care.

Audits and quality assurance surveys were used to drive improvement in the service.

Outstanding



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 5 May 2015 and was unannounced.

The inspection team consisted of an inspector 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. Our expert's experience was caring for older people and those living with dementia.

The registered provider was asked to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service,

what the service does well and improvements they plan make. We looked at the notifications we had received for this service and reviewed the intelligence held by CQC. We reviewed all of this information to help us make a judgement about this service.

We observed lunch being served in the dining room. We looked at records. These included three people's care records, records relating to the management of the service, including policies and procedures, quality assurance documentation and three staff files.

We spoke with eight people living in the service and four relatives. We also spoke with a director of the provider organisation, the registered manager, the deputy manager, the housekeeper and five care staff. We also spoke with a visiting healthcare professional.

Since the inspection, we have received information from commissioning organisations such as the NHS North East Essex Clinical Commissioning Group regarding the performance of the service

Is the service safe?

Our findings

Everybody we spoke with told us they felt safe living in the service. One person told us, “I feel safe here and I can have visitors at any time”. Another said, “It is friendly, very friendly and I love them all and I feel safe here.”

Staff were able to speak confidently about safeguarding and whistleblowing procedures. One staff member told us, “We get all the training we need.” We saw from staff records that they had received training in safeguarding adults from abuse and whistleblowing. Where a member of staff had raised concerns about another member of staff with the manager we saw that this had been investigated and appropriate action taken.

There were effective processes in place to ensure that any concerns about a person using the service were recorded and passed on appropriately. For example a daily diary of notes for staff was kept where any concerns about a person’s wellbeing were noted and passed on to the next shift during handover. Daily notes in people’s care records also recorded anything that had caused concern. Therefore staff had up to date information on changes.

People were supported to take risks in their everyday lives. Risk assessments supported people to maintain their independence and self-determination. We saw that one person visited the local shops on their mobility scooter. A risk assessment was in place and staff understood how to mitigate any risks. Another person told us, “I go in my chair to town with a carer to do some shopping.” Another person had an individual risk assessment for smoking and measures had been put in place to ensure they stayed safe whilst they smoked and that other people who did not smoke were not affected. Care records included risk assessments and management plans. These had been regularly reviewed and updated to reflect people’s changing needs.

People told us there were sufficient staff on duty to meet their needs. One person told us, “Yes I am well cared for and in the night when I buzz I wait 30 seconds and in the day only three to four seconds.” The registered manager and deputy manager knew people’s needs in detail, this helped them to understand the care and support people needed to receive.

The director told us that they used a recognised dependency assessment tool to determine the number of staff required to meet people’s care needs. However, this tool concluded that the service required less staff than the service always had on duty. Records we inspected confirmed this was the case.

The director told us that the service had very low turnover of staff. One member of staff told us, “Most of the staff have been here for two years and more – very stable staff.” Staff records showed that staff had received a structured interview to confirm they were suitable to work in the service. Appropriate checks of employment history and other checks to confirm that a person was suitable to work in this environment had been carried out.

People demonstrated an awareness of the medicines they were taking. One person told us, “Every 72 hours they change my pain patch and give me tablets at the right time and baclofen for spasms.” Staff told us that they explained to people the medicines they were being given at the time of delivery and spent the time to do this during a medicine round. We observed staff positively interacting with people during the medicine round they adapted their communication style to meet the needs of the individual.

We looked at the medication system in operation at the service. We discussed how medicines were ordered, stored, administered, recorded and disposed of. We saw robust systems in place. People were clearly identified on the medication administration record. All staff who administered medicines received training and undertook refresher training.

Is the service effective?

Our findings

The provider ensured that an effective service was provided to meet people's needs. For example the provider ensured staff were trained in all the essential standards such as manual handling, infection control and maintaining dignity. We observed these skills being put into practice. The provider had effective ways to ensure that staff received additional training that supported individual needs. For example kitchen staff had received training in deaf awareness and dysphagia. This was important as kitchen staff had one to one contact with people using the service as they participated in a 'farmers market'. In addition to dementia awareness training staff received specific training in reminiscence which focussed on emotional well-being and gave staff techniques to enhance conversation with people living with dementia. We saw this training in practice as when staff interacted with people reminiscence was part of their everyday conversation.

The quality of the training provided to staff meant that the home was featured in a resource pack for staff development in other homes. This was designed to promote a compassionate approach and a lasting culture of care within care homes. The training provided to staff was celebrated within this resource pack as a benchmark that all homes should be striving for. The provider had also participated in research by the Joseph Rowntree Foundation into promoting quality of life in care homes. Senior staff remained involved with this project. This demonstrated the service commitment to providing compassionate care both within this home and the wider care community.

Anglia Ruskin University identified this provider as an ideal placement opportunity for student nurses; speech and language students from the University of Essex are also placed at the service. The provider fully supported these placements and also participated in the interview process at the University for these students. The provider told us that supporting such placements allowed students to experience care in this type of service and provided an environment where up-to-date practices were evident.

When starting work in the service staff worked as super-numary to staffing numbers until they were assessed as competent to provide care. All new staff were required to complete an induction work book and if they do not hold a

recognised qualification in care the service supported them to obtain an appropriate qualification. This meant that people had their needs met by staff that had the right qualifications, attitude and behaviour.

Staff confirmed they were provided with training at induction and during their employment to develop their skills and maintain best practice. One member of staff we spoke with who had progressed through the service described the support with training as, "Amazing". Records showed and staff confirmed that they received effective supervision, appraisals and training. These were structured with agreed actions such as training to be undertaken. Mentoring was used to support staff with senior staff receiving training in mentoring.

Each person had had their ability to make day to day decisions and how they could be supported to make decisions assessed. Staff had received training and had a good understanding of the Mental Capacity Act 2005. On the day of our inspection we saw this in practice as the deputy manager was carrying out a referral under the Deprivation of Liberty Safeguards. We observed when staff spoke with people they gave them time to respond or staff re-worded their sentence to help people understand what was being said. Staff gained consent from people to deliver care and support them. We observed staff communicating effectively with people, relatives and health care professionals. One person told us, "I get up early, sometimes I go to bed at 7.30 and two nurses help me get into my nightwear and I watch TV in bed." Another person told us, "They come and say hello and then come back and help me to wash and dress and then we choose my clothing."

People and their relatives were very complimentary about the food. One person told us, "The food is very good and almost too good and I always have enough to eat." We saw that the provider had incorporated an area into their new build where all people could eat a private meal with friends or relatives. The manager described this to us as, "Providing a fine dining experience." Comments in the dining experience book were extremely complimentary for example, 'Thank you for such a tasty lunch, much appreciated,' and 'Lovely tender lamb, the nicest roast.' We spoke with the housekeeper who described to us how, when a person had not been eating they had spoken to their family. They had told them that when their relative

Is the service effective?

had been particularly low, before coming to live in the service, what they had preferred to eat. They had provided this particular food and the person had begun to take an interest in food again.

There was a strong emphasis on the importance of eating and drinking well. Innovative methods and positive staff relationships were used to encourage people who were reluctant to eat or drink. For example the provider participated in Essex Council County Prosper project which works towards improving the quality of healthcare to people living in care homes. As part of this project the provider had implemented the use of brightly coloured doilies and coloured glasses for drinks for those people who may be at risk of dehydration. All staff and relatives were made aware that anyone with a doily needed to be prompted to finish their drinks. The manager told us that since implementing this change they have seen a significant reduction in urinary tract infections.

The staff also held a weekly 'farmers market' in the dining room. This was in progress on the day of our inspection. We saw that a variety of fresh food was displayed and the services housekeeper spoke with people about what food they would like and would cook an individual meal if needed. For example, one person attended the farmers market and saw a pork chop. They remembered how they used to always cook a pork chop for their partner. The staff then cooked an individual pork chop meal for that person. Staff told us that the person spent a large part of the meal

reminiscing happily about their partner. Staff also told us that different types of food were provided at the farmers market. This may be food which people may remember such as spam or food people may not have tried before. A member of staff told us how they had eaten a kiwi fruit with a person who had never tried one before. This was an innovative way of promoting people to eat well.

Care plans we viewed contained an assessment of a person's nutritional needs. Where assessed as necessary a care plan was developed to meet the assessed need. This nutritional care plan highlighted a person's likes and dislikes so that appropriate food could be offered. The care plan identified the need for example to minimise the risk of recurrent urinary tract infections and detailed the actions to be taken such as increased fluid intake.

We saw that people were able to access healthcare support such as physiotherapist, dieticians, opticians and dentists to meet their on-going health needs. People and relatives we spoke with told us that they had access to health care professionals when they needed to see them and were also supported with external appointments such as hospital appointments. Healthcare professionals told us that referrals raised with them by the service were made on time and that they had not experienced any delays in requesting support from them. A visiting physiotherapist we spoke with told us they worked well with the staff and provider and that people received support at the time they needed it.



Is the service caring?

Our findings

People who lived at the service were very positive about the service. One person said, "I am wholly involved in the home and you are more like being part of the family and I could not be in a better place than here if you have to be in a home." Another person told us "The care is the best."

Two visitors told us, "We are visiting our friend and the place is very nice, the staff are amazing and have a way of seeing the individual and see them as people." The comments book available for people to make comments about the service contained numerous positive comments about the caring attitude of the staff. The most recent included, 'Very friendly staff,' 'Helpful and attentive staff,' and 'What a truly clean, smart and welcoming place.'

Every member of staff we spoke with was highly motivated and inspired to give kind and compassionate care. This went across the service from the gardener to the director. The gardener took time to speak to the people who visited the garden and talked with them about the plants and flowers growing currently. The director knew the names and needs of all of people living in the service.

Staff demonstrated a compassionate attitude towards people. When care was being provided staff interacted kindly with people providing reassurance and timely explanations throughout. One person with particular mobility difficulties had wanted to go out to a concert. We saw staff had obtained and altered a piece of equipment so that this person could go on the outings of their choice.

The provider actively engaged people in the running of the service. For example one person told us how they had been involved in interviewing new care staff. They told us how this made them feel valued and felt they could judge the applicant from the point of view of a person receiving care. The provider told us that involving people living in the service in the selection of new staff assured them that they were recruiting a high calibre of person who people would be happy to have providing their care.

The service held specific meetings to involve people in planning activities and outings. One person told us, "We had an activity meeting a few weeks ago and the knit and natter is popular, cake decorating is popular and someone asked for meerkats but not sure how that will work."

Minutes from the meetings showed that feedback from previous activities was encouraged and used to plan future events. An armchair exercise session had been suggested and we saw that this had been organised.

The service organised regular meetings for people and their relatives to discuss the running of the service. We saw that these were advertised with flyers on the various notice boards around the service. Feedback on the meeting was provided by means of a newsletter which was distributed individually to everybody living in the service and displayed on the notice boards. These recorded how people were encouraged to provide feedback on their experience of care at the service and how the service had responded to any suggestions.

There was a sweet dispensing machine. The provider told us how people often used this when their grandchildren came to visit and would go to the machine with their family to buy sweets. The provider told us that this provided an inclusive activity for families making individuals feel that little bit more independent. We also saw that the provider was raising money for an international disaster fund. They told us that the service had decided to raise money for this cause as a member of staff had family who had been affected and being involved in the fundraising made people feel involved in the wider community.

People's diversity was celebrated and supported by the staff. For example, people dressed in their preferred clothes and continued with their individual hobbies such as gardening. We observed people treated as individuals and were able to do what they wished making their own individual decisions supported by staff. We observed one person standing with the support of their frame sorting clothing into their drawers. One person told us, "My sister, cousins, sister in law and grandson come and visit and sometimes there could be 12 of us in here. They are kind and I have a cup of tea my friends and family are offered it too." Staff explained to us how when recently a person with specific cultural needs had moved into the service these had been met.

One person told us, "I love the people, I am so in support of what they do and the way they treat people with dignity and allow them to be individuals. For instance the farmers market. They will cook an individual meal for one person. People are treated with respect and dignity and they find they are asked how they feel and what they want. I am full of admiration for the staff."



Is the service caring?

People's records were stored in a secure environment but were easily accessible for staff. Staff handovers, where specific information regarding individuals care was discussed, were carried out in a private room where they could not be overheard.

Staff had an in-depth appreciation of people's individual needs around privacy and dignity. Senior staff within the home were involved in research with the Joseph Rowntree Foundation around supporting the promotion of voice, choice and control. This helped staff to ensure that people maintained their identity, shared decision making and connected with the community. This was demonstrated by people having the opportunity to invite friends and relatives into their home for a private dinner party. A notice on the wall advertised this experience with the following wording, 'Would you and your loved ones like to like to enjoy Fine dining at Cheviot under the stars or in your own room. Your choice of menu for a two course meal special occasions catered for.'

We observed staff supporting people with personal care. People were encouraged to be as independent as possible whilst staff provided helpful support and reassurance throughout. We saw that one person's mobility had improved since moving into the home and they were becoming more independent.

We saw a number of recent letters from relatives who had experienced end of life care for a relative. One letter included, '...the quality of care, attention and kindness

shown to [relative] during that time was outstanding,' 'Nurses spent a lot of time explaining my [relatives] conditions and realistic outcomes in a very clear and kind way'. Another letter described the whole Cheviot team as professional and above and beyond any person's dream. We saw evidence that a person whose family had brought them from abroad for one last visit had been taken ill on their visit and received care in Cheviot Nursing Home. The support provided to the person, their family and their extended family had been described by the family as, '....nothing but outstanding.'

Staff told us how people's wishes regarding their end of life care were known as well as their decisions about resuscitation. We saw that people's wishes regarding their end of life care had been recorded in their care plan. Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) forms were in place to ensure people's wishes were known in the event of an emergency.

Feedback we received from the local Clinical Commission Group described the service as, "extremely professional and provide very good care to their residents and excel in end of life care." The registered manager has extensive end of life care experience and there were strong relationships with specialist community teams such as speech and language (SALT) therapists. All relevant specialist equipment was provided to make people comfortable at this time.

Is the service responsive?

Our findings

People who lived in the service received excellent care which met and responded to their changing needs. Care plans were detailed and informative. They differed depending on whether the person was living permanently at the service or if they were there for a respite or rehabilitation stay. Rehabilitation care plans monitored people's progress toward their goals with records of regular meetings of the multi-discipline. We saw a number of recent letters from relatives who had experienced end of life care for a relative. One letter included, '...the quality of care, attention and kindness shown to [relative] during that time was outstanding,' 'Nurses spent a lot of time explaining my [relatives] conditions and realistic outcomes in a very clear and kind way'. Another letter described the whole Cheviot team as professional and above and beyond any person's dream.

Before moving into the service people were sent an information pack about the service. Once a person decided to move into Cheviot Nursing Home they were visited in their own home by a senior member of staff to ensure that their care needs could be met by the service.

People told us they had been involved in their care planning. Care plans had been developed from the information people provided during the assessment process and were updated regularly to ensure information was accurate. There were documents that provided staff with clear guidance on each person's individual care needs and contained sufficient information to enable staff to provide care effectively. These were regularly reviewed and improved. A member of staff told us, "Care plans are written alongside the person and they have a key worker and the people see what is written and the next of kin is also asked for their comments. It is reviewed constantly as we deliver the care we write the notes and it will change there and then if needed – everyone in the team works on the care plans."

Information about people was shared effectively between staff. We saw a diary was kept in the nurses office which recorded any planned appointments for the day such as GP appointments or whether a person was being taken out by relatives. We observed one shift handover meeting. Staff shared information about how people had spent their day, changes to medical conditions, or care needs and details of

planned activities or appointments. This meant that staff were aware of people's planned activities for the day and received up to date information about people's needs immediately before the beginning of their shift.

People were supported to take part in activities which interested them. The planning of these activities was supported by the regular activities meeting to which all residents were invited to contribute. We saw details of available activities were posted around the service to advise people what had been planned. Planned activities included a cheese and wine evening, knit and natter, and an Elvis tribute and a St George's Day celebration lunch.

People were able to make choices and staff respected their decisions. On the day of our inspection we saw people chose where and who they sat with at lunchtime, how they spent time during the day and which of the activities they engaged with. One person told us, "It is my choice as to where I sit and between seven and eight I go to bed." A member of staff told us, "We give person centred care." This was seen in our observations of staff practice.

The home had recently been involved in an Arts Council project where trained musicians visited over a number of weeks and composed a song with the residents. This song was about the home's cat. People from the home performed the song at the town arts centre. A folder containing details of the concert together with a DVD was available for people to view in the home. Details of the concert and the home's involvement were reported in the local press.

People were supported to maintain relationships with people that mattered to them. We were told of a situation where a contentious religious issue had caused a difficult situation with a family. The home managed this situation well ensuring the person's wishes were a priority without causing further conflict. Arrangements had been put in place to ensure that both religious beliefs and family contact was supported. They also told us about another person who moved into the service and had a number of cultural needs such as different food and explained how they supported the person's unusual request for access for large numbers of visitors. They explained that the service had accommodated and celebrated these differences.

Is the service responsive?

We saw that one of the staircases in the service had a stair lift. The provider told us that this was not only for people living in the service but sometimes friends and family visited who did not like to use the lift and that this stair lift was available for their use.

The service supported people to continue with their faith. We observed that a communion service was held regularly at the service. The provider explained that the service had good links with local faith groups and was able to arrange a variety of services to meet people's needs.

The service had a well thought out garden with borders and accessible paths for wheelchairs. People told us they were involved with the garden. One person said "I like gardening and chatting with the gardener." Many of the rooms overlooked the garden area which contained numerous bird feeders. People told us that they really enjoyed watching the wild life – birds and squirrels. We observed one person spent much of the day of our inspection outside chatting to the gardener or sitting in the

summer house watching the birds. The garden also contained a summer house which had a pub sign. The manager told us that in the summer the summer house was dressed as a pub and people enjoyed visiting this.

We spoke to one person who told us he was comfortable to express his views about the care his relative was receiving. In fact they left a letter for the manager the previous day. When we asked the manager about this we found that they were aware of the letter and were responding in an open and transparent way. None of the other people we spoke with had any complaints about the quality of the care they received. People were aware of how to make complaints and we saw that copies of the service's complaints procedures were displayed in the service.

The service regularly received compliment cards and letters of thanks from people and their relatives. These were displayed for staff to read on a notice board in the staff room. One recently received compliment sent to the CQC read, "This is a beautiful Nursing home and the way they all work is nothing but outstanding."



Is the service well-led?

Our findings

People and their relatives told us that everybody at the service worked as a team to provide excellent care. A visitor told us, “It is excellent here; very caring and they are understanding and professional.” Another person said, “I definitely feel confident with the care and I felt that the first time I walked in and I have not had any reason to change my mind.”

The service has had over 60 written compliments in the last year. We saw that these were displayed in the staff room to encourage and motivate staff. One member of staff told us, “It is good to know your efforts are appreciated.”

The provider and registered manager placed a strong emphasis on continually striving to improve the service. A care professional said, “They are always trying to improve their resident’s lives and experiences.” A staff member told us, “We have a fantastic manager and communication is fantastic, great team moral and I feel absolutely supported.” The management team demonstrated to all staff the values, ethos and expectations of providing a high quality individual service to people and their families. People told us that the management team and staff worked very well together and that great communication throughout the home ensured that they felt included and valued. This was also reflected in the ‘Residents Guide’ provided to people and the interactions we observed during our inspection. The culture of the service was open and transparent. The values of the service were reinforced through staff discussion, supervision and appraisal systems. A member of staff said, “If I need to speak to the manager or the deputy I feel I can approach them all the time and I have been in this role only for a year and they have fully supported me.”

The management team had a willingness to continually improve and develop innovative systems in order to provide a high quality service. This was demonstrated by their involvement with the University of East Anglia in the placement of students. People living in the service benefitted from the energy and enthusiasm of the students who had chosen caring as their career. The service had also worked with the University of Kent in the Framework for Change project dealing with the provision of compassionate care and has been used in a training DVD for students as an exemplar service in this area. This showed that people had their needs met by staff that had

the right qualifications, attitude and behaviour. The deputy manager attend the My Home Life programme run by Essex County Council to support managers of care homes to promote good practice. They told us that this was a good opportunity to share good practice.

The service monitored the quality of the care provided by completing regular audits, these were carried out weekly or monthly. They looked at people’s nutritional needs, medicines management, care plans, infection control and training. We saw evidence the registered manager evaluated the audits and created action plans for improvement when improvements were needed. The provider also monitored the results of the audits and action plans. We saw that following an audit one member of staff had received additional training. Regular meetings were held for general staff, senior staff and night staff. Health and safety meetings were also held regularly, with the involvement of staff, to ensure people’s wellbeing was protected.

Regular surveys were carried out to gain the views of people and relatives on the quality of the service. We saw that one of these surveys had shown that people did not like the previous main entrance which, the feedback said, was dark and did not allow easy access to the service. In response the provider had carried out a complete re-build of the entrance creating a new reception area with excellent light and a reception desk. The provider and registered manager told us that the service was taking the opportunity to convert the old reception hall into a library so staff can access up to date information to support their learning and development.

There was a clear management structure in place. All levels of management were actively involved in the service. The Annual General Meeting of the provider was held at the service and we saw that everybody living in the service was invited to attend. Trustees from the provider regularly visited the service to carry out inspections and speak with people. Staff told us that they knew the trustees and that they were approachable.

On the day of our inspection a Director of the Trust was in the service. We saw that they had a “hands on” approach and knew both staff and people living in the service well. The registered manager and director were aware of the care and support provided to each person living in service in detail. We observed that when any member of the management team walked through the service they



Is the service well-led?

stopped to speak with people and staff on friendly first-name terms. This showed they were involved in supporting people and monitoring how the service was being delivered whilst also encouraging a team spirit.

All of the staff we spoke with told us how they felt valued and supported by the provider. They told us that people were at the centre of the organisation. One member of staff told us, “We have a fantastic manager and communication is fantastic, great team morale and I feel absolutely

supported.” Staff told us how the management team went the extra mile to support everybody involved in caring. They gave an example of a student whose family had been affected by an earthquake. The service had been in touch with the university, who had not considered this, and had supported the person practically and emotionally, whilst the situation developed. Staff told us that this type of support engendered a team spirit and motivated them to provide excellent care.