Mr & Mrs T B Thompson

Cholwell House Nursing Home

Inspection report

Main Road
Temple Cloud
Bristol
BS39 5DJ
Tel: 01761 452885
Website: www.cholwellgroup.co.uk

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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?	Outstanding

Overall summary

We carried out this inspection on 18 August 2015 and this was an unannounced inspection. During a previous inspection of this service in November 2013 there were no breaches of the legal requirements identified.

Cholwell House Nursing Home is registered to provide personal and nursing care for a maximum of 51 people. At the time of the inspection there were 38 people living in the home. The home provides care to people living with dementia.

A registered manager was in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage

Summary of findings

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 and associated Regulations about how the service is run.

People and their relatives said they felt the service was safe. Staff received training in safeguarding adults and knew how to report actual or suspected abuse. The service ensured there were sufficient staff on duty to meet people's assessed needs and safe recruitment procedures were completed.

People's risks were assessed and risk management guidance was recorded where appropriate. People were cared for in a clean, hygienic environment and the equipment used to support people was regularly serviced to ensure it was safe. People's medicines were managed safely and a regular review of incidents and accidents was completed.

People and their relatives said the staff at the service provided effective care. The registered manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm. Staff were aware of how the Mental Capacity Act 2005 impacted on their work and demonstrated how they empowered people through choice.

Staff at the service received regular training to meet the needs of people at the service. With the support of the provider, staff told us they were able to obtain additional qualifications and comprehensive training in delivering care for people living with dementia was given to staff. Staff were also supported through performance supervision and appraisal.

People at the service were supported as required with food and drink and staff were observed supporting people where required.

People and their relatives gave very positive feedback about all aspects of the care they received at the service. The services compliments log also contained similar positive information. The staff we spoke with knew people well and we made observations that showed people were relaxed in the company of staff. We observed that people's privacy and dignity was respected and people's visitors were welcomed to the service.

People and their relatives told us the service was responsive to their needs. Care records contained personalised information and care was delivered in line with people's needs. Staff understood how to be responsive to people's needs and the service provided activities for people to partake in. The views of people's relatives were sought and where required the registered manager had actioned requests. The service had a complaints process which people and their relatives felt they could use and would be listened to.

People, their relatives and staff spoke very positively about the registered manager and the leadership of the service. Staff told of receiving a high level of support and guidance from the registered manager and spoke of a strong team bond within the staff team. The service had achieved and sustained a high level of accreditation in end of life care and had been recommended by the awarding body as a finalist in the 'Care Home of the Year' awards 2014.

The registered manager had established good links with the local community, and relatives of the people had passed away at Cholwell House Nursing Home were invited annually to a service of remembrance. There were innovative methods to monitor and improve the quality of the service provided.

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?

Good

The service was safe. People and their relatives told us they felt the service was safe.

Care records contained risk management guidance to keep people safe.

Staff knew how to identify and report abuse and told us they would report concerns.

There were sufficient numbers of staff to keep people safe and appropriate recruitment procedures were undertaken.

The service was clean and people were supported with their medicines.

Is the service effective?

Good

The service was effective. People and their relatives said staff provided effective care.

The home worked closely with GPs and other healthcare professionals to meet people's needs.

We found the home was meeting the requirements of the Deprivation of Liberty Safeguards.

People were supported with their nutrition and hydration. There were measures in place to ensure people's assessed nutritional needs were met.

Staff were trained and received regular supervision and appraisal.

Is the service caring?

Good

The service was caring. People and their relatives spoke positively of the caring staff at the service.

There were good relationships between people, their relatives and the staff team.

People were treated with consideration and respect by staff and their dignity was maintained.

Staff were aware of people's preferences and knew people well.

Is the service responsive?

Good

The service was responsive to people's needs. People received care which met their needs.

People's care records contained personalised information.

Activities within the home were provided for people.

The registered manager had acted on the views of people's relatives.

The provider had a complaints procedure and people felt able to complain.

Is the service well-led?

Outstanding

The service was well-led. People's relatives and staff spoke highly of the registered manager.

Summary of findings

Staff felt supported by the registered manager and spoke of a strong team bond within the service.

The service had been a sustained role model through achieving high level national accreditation in end of life care.

There were good links with the local community.

The registered manager had innovative methods to ensure a high quality of service was provided.

Cholwell House 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 was carried out by one 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. During a previous inspection of this service in November 2013 no breaches of the legal requirements were identified.

Before the inspection we reviewed the information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

People in the home were living with dementia and were not always able to tell us about their experiences. We used a number of different methods to help us understand people's experiences of the home such as undertaking observations. This included observations of staff and how they interacted with people and we looked at four people's care and support records.

We spoke with seven people who used the service, five people's relatives and six members of staff. This included the registered manager, nursing staff and care staff. We looked at records relating to the management of the service such as the staffing rota, policies, incident and accident records, recruitment and training records, meeting minutes and audit reports.

Good

Is the service safe?

Our findings

People and their relatives felt the service was safe and all said they had a good relationship with the staff who provided care. One person told us, "I wouldn't be here if I didn't feel safe." A person's relative said they had, "Never seen anything but kindness toward residents." Another relative commented, "They [person's relative] are perfectly safe."

The provider had appropriate arrangements to identify and respond to the risk of abuse. There were appropriate policies in place for safeguarding and whistleblowing. These policies were aligned with the local authority multi agency policies. Staff told us they had received training in safeguarding which was reflected in training records. Staff understood their duties in relation to reporting suspected or actual abuse. They were aware of how to report concerns internally or to external agencies. Staff understood the concept of whistleblowing and how they could confidentially report any concerns they may have about the service.

People's care records demonstrated the service had completed an assessment of people's risks and where needed risk management plans were in place. An assessment for people's risk of falls, pressure ulcers and mobility were recorded. An example of risk management guidance was where people were receiving care for a pressure ulcer. There was guidance on the intervention required by staff to support the person. This included the completion of a body map showing the location of the ulcer. Where the person required turning or repositioning, accurate records had been maintained. The registered manager had appropriate systems to complete a monthly audit and evaluation of pressure ulcers to monitor healing progression.

Additional risks relating to people's individual medical conditions were recorded and supporting guidance for staff recorded. For example, for people living with diabetes, this was recorded within their records and a plan of care was recorded. The risk management guidance for care staff showed what dosage of insulin the person currently received and what action to take should the person become unwell. There were also additional instructions unique to the person, for example when not to administer insulin if the person's blood sugar levels were below a certain levels.

Equipment used within the home was maintained to ensure it was safe to use. Records showed that equipment such as mobility hoists and slings were checked by an accredited external company. Additionally, equipment such as weighing scales were serviced and calibrated to ensure they were accurate. Monthly inspections of the bed rails being used were completed to ensure they were safe and window restrictors were frequently checked. The first aid boxes within the service were checked monthly to ensure the equipment was present and serviceable, and water temperatures were frequently tested.

There were sufficient numbers of staff on duty to support people safely and meet their needs. People's relatives told us there were always sufficient staff available and our observations supported this. Staff felt there were sufficient numbers of staff on duty to meet people's needs timely and safely. The registered manager used a set number of staff within the home which met people's needs. They told us that on occasions they had identified that an extra member of staff had been required when people's needs had increased and had put extra staff on duty. This was confirmed by members of the nursing staff we spoke with who told us the registered manager always supported them through sufficient staff. One told us, "If a service user's dependency increases, [registered manager's name] will add an extra carer for a few days. We try to cover nurse's absence ourselves and [registered manager's name] always works clinical shifts on the floor each week. She won't ask us to do anything she wouldn't do herself - even turning out in the night if necessary."

Staff files showed that appropriate recruitment procedures were followed before new staff were appointed. There was an application form, employment references and photographic evidence of the person's identity. A Disclosure and Barring Service (DBS) check had been completed for all staff. The DBS ensures that people barred from working with certain groups such as vulnerable adults are identified.

The ordering, retention, administration and disposal of people's medicines was safe. Records showed people's medicines were given to them when they needed them and no recording concerns on people's medicine administration records were identified. Medicines were stored safely and where required, specific medicines were secured in accordance with current legislation and

Good

Is the service safe?

guidance. Medicines that required cold storage were stored correctly and appropriate records were maintained for refrigerators. Appropriate records were also maintained for room storage temperatures of medicines.

The registered manager told us the service currently had auditing systems for medicines. These included, for example, a quarterly audit of all resident prescribed medicines by a pharmacist and an internal mandatory weekly count of all medications on the medicines trolley to ensure accuracy. It was noted that although these audits were completed by the registered manager, no records were maintained to support this.

The home and equipment in use was clean and suitable procedures were undertaken to reduce the risk of cross infection. The service had the Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance. This guidance contains direction on how to achieve compliance with the fundamental standard. The home had dedicated domestic staff to ensure the home was cleaned daily. We observed that staff wore the correct personal protective equipment such as gloves and aprons when required. The registered manager completed a full annual infection control audit that monitored all areas of the service and there were systems to monitor the cleanliness and suitability of people's mattresses on a frequent basis.

The provider had undertaken a monthly review of reported incidents and accidents within the home. This review was to identify any patterns or trends in incidents and accidents and was aimed at preventing or reducing reoccurrence through intervention and support for people. The registered manager undertook these reviews and supporting records showed that monthly reviews had been completed. Recent reviews showed no trends in the reported incidents or accidents. Where required, healthcare professional intervention had been sought when a change in a person's behaviour was identified.

Good

Is the service effective?

Our findings

People and their relatives expressed positive views of the management and staff. Positive comments were received about the standard of care provided and the staff who provided the care. A relative we spoke with commented how the effective care the person living at the service had received and resulted in a noticeable improvement in their health. They commented, "[There has] been a real improvement since arriving here, they have been so good."

People were supported to use healthcare services when required and the service had made prompt and effective referrals when required. A designated GP from a local practice completed a scheduled visit every week but also attended the home as necessary. The registered manager explained how the service continually communicated with the GP practice to ensure the GP had the correct information about people when they attended. People's records showed the service had obtained advice from external healthcare professionals such as tissue viability nurses and consultant psychiatrists where required.

The registered manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm. We spoke with the registered manager who was aware they had the responsibility for making DoLS applications when they felt they were required. At the time our inspection there were two people within the service who were lawfully being deprived of their liberty. Records showed that additional applications had been made following prioritisation by the registered manager and these were awaiting the appropriate action from the local authority.

Where required, the service had acted in accordance with the Mental Capacity Act 2005 and best interest decision meetings had been held. Best interest decision meetings are held when a person lacks the mental capacity at that particular time to make a specific decision about an aspect of their care or treatment. Records showed that meetings had been held to establish if it was in a person's best interest to commence covertly administering a person's medicines.

Some people had a Lasting Power of Attorney (LPA) appointed by the Office of the Public Guardian (OPG). An LPA is a legal document that identifies a person who is able to make decisions on their behalf. Where people had an appointed LPA, the correct documentation was obtained by the service. The registered manager told us that where an LPA had been appointed and the service had not received the OPG documentation, a letter had been sent to the LPA to provide the service with a copy.

Staff told us they had received training on the Mental Capacity Act 2005 (MCA) and records supported this. Staff understood how the principles of the MCA was relevant to how they supported the people the cared for. Staff gave examples of how people were supported with decisions during their daily lives. For example, one staff member told us how they always removed several items of clothing for people's wardrobes to enable them to choose their clothes. They explained how at meals times they often ensured meal choices were plated to show people the choices available to them to assist them in choosing. We made observations of people being offered choice throughout the inspection.

People received the care and support they needed from staff to ensure they ate and drank sufficient amounts. People's weights were recorded regularly and the service used a nationally recognised tool to aid in identifying if a person was at risk of malnutrition or obesity. We saw within people's records that where a person's weight had significantly altered, the GP or other appropriate healthcare specialist was consulted. Any subsequent guidance from this professional was recorded, for example if a person received meals of a modified consistency to aid swallowing and reduce the risk of choking, this was highlighted within the care records.

We observed staff and relatives supporting people with their meals over the lunch period. People's independence was promoted by staff who encouraged people that could to support themselves but assisted when needed. People were observed being offered choices of meals and desserts and there was no pressure put on people to rush their food. One person's relative said to us, "They [staff] always sit for 15 or 20 minutes with someone helping them to eat, it's never rushed."

Staff received appropriate training to carry out their roles. Staff said they were given sufficient training and support at the home. Staff had received appropriate training in a variety of subjects to ensure they could care for people effectively. The training staff received included moving and

Good

Is the service effective?

handling, fire, safeguarding adults, health and safety and food safety. Trained nursing staff had received training in clinical areas such as catheter care, stoma care, pressure area care and syringe drivers. With the support of the provider, care staff told us they had the opportunity to complete national qualifications in Health and Social Care.

Staff received training in dementia care during their induction and continually throughout their employment. Staff we spoke with explained how the registered manager continually provided them with new information about best practice and current guidance. There was a continual extensive learning package for staff in dementia care. This training followed the 'Dementia Care Matters' training programme. The training including learning about understanding a different sense of reality for people, the impact of dementia on families and carers, the use of language in dementia care and creating dementia friendly environments. Staff all commented they found this training valuable to support the people they were caring for.

Staff were supported and they received regular performance supervision and appraisal. Staff we spoke with told us they received supervision and appraisal and we reviewed the supporting documents. Supervisions varied for staff and a different range of matters were discussed. For example, records showed that matters such as meeting people's needs, the Gold Standards Framework, medicines, training and whistleblowing could be discussed during supervision. The registered manager explained a new appraisal system had been launched that focused around the provision of dementia care. This focused around staff members evaluating themselves on their care delivery, if they were a role model to others and how they achieved best practice. We saw examples of this appraisal that had been completed.

Good

Is the service caring?

Our findings

We received a very high level of feedback from people and their relatives when we asked about the care the staff in the service provided. All of the comments we received were positive, with one person we spoke with saying, "I think this is a heavenly place, you can just sit and think here." One person's relative said they were, "100% behind the staff and all they do for the residents." Another person's relative said, "My daughter had been looking for a new home for her Mum and she phoned me and said, "Don't bother looking anymore - this is the place."." A further comment from a relative was, "I can't imagine it [the care] being any different when I'm not here."

We reviewed the compliments sent to the service which also reflected the positive experiences people and their relatives had experienced. We looked at the most recent compliments received and recorded a sample of the content. The first read, "A lovely and caring environment you have at Cholwell." Another said, "I wish to thank you most sincerely for the wonderful care you gave to [person's name] in his time with you." A final card we looked at read, "Thank you all for the care and love you gave to [person's name] and for always being so welcoming."

Staff we spoke with understood people well and it was clear they aimed to deliver care in the best possible way to people. Through different conversations with different staff, it was clear from all of them that they wanted to achieve the best possible outcome for people through quality care. A selection of comments from staff during conversation showed this. One staff member told us, "It's all about giving people the best possible experience." They then told us, "We [staff] come here to make their day better." Staff we spoke with told us they would have no hesitation in a friend or relative being cared for at the service.

People's privacy and dignity was respected. We saw examples of people's privacy being respected. Staff would knock on people's doors prior to entering and we observed staff speaking with people asking them if they needed anything or if they were happy alone. People's dignity was observed being maintained during the inspection, for example we heard staff discreetly asking people if they needed the toilet in the communal areas. A GP visited the service on the day of our inspection. Staff politely suggested to the person a GP was seeing that they went inside with the GP where it was private and others could not hear what they were saying. Whilst making observations around the service, we observed that staff used curtains and screens at times when supporting people to help maintain their dignity.

Staff were observed communicating in a friendly and caring way and it was clear they knew people well. Throughout the inspection the inspection team made observations of staff interacting with people and their relatives. People responded well to staff which indicated a good relationship had been developed and that staff knew people well. We observed excellent communication and interaction that was both verbal and physical, with staff engaging in touch with people that ranged from gently rubbing their hand in support and hugging people which people clearly enjoyed. Staff were seen to have time to sit and relax with people which resulted in relaxed conversation that at times turned into jokes with all involved in the conversation laughing.

People could be visited by their friends and relatives at any time of day. There were no restrictions on people's relatives or friends visiting the home and relatives commented it was very 'Open Door' and they could attend when they wished. Relatives came and left throughout the day during our inspection and stayed for varying lengths of time. People relatives were welcomed into the home by the staff and it was clear staff knew the relatives well. Relatives were able to spend time with people in their own bedroom's or they were welcomed into the dining room the main lounge areas or the service should they wish. People's relatives were seen being offered drinks and appeared relaxed and comfortable in the environment.

The service were accredited by the Gold Standards Framework (GSF) for providing a high standard of end of life care. The service ensured that advanced care planning for people's end of life care were completed to avoid inappropriate hospital admissions. The service worked closely with the services nominated GP, whose practice was also accredited by the GSF, to ensure the service had sufficient medicines and equipment to ensure people were supported at the end of their lives to have a comfortable and pain free death.

Good

Is the service responsive?

Our findings

People and their relatives spoke positively about the personalised care they received from staff. People's relatives said the care needs of the person using the service were being met. One person's relative told us, "I like the way they dress [person's name]. Always well dressed and their hair and fingernails are always well painted. That was always important to her." Another relative said, "[Person's name] used to be mobile but as her needs have changed the home has adapted very well. I think they work well together."

During the inspection we saw examples of how staff responded to meet people's care needs. For example we observed that people had the mobility equipment to hand when they were assessed as needing it to reduce their risk of falls. Where required, staff ensured the hoisting equipment was available for people that needed it. We saw at lunchtime a person didn't take a significant interest in eating their dessert. The nurse offered alternatives and drinks which it became apparent the person preferred. When the call bell alarms activated, it was observed that staff responded quickly.

Care records contained personal information about people such as their food and drink preferences and their communication needs and preferences. Additionally, every person in the service had a completed 'This is Me' information booklet. The document showed information such as the person's life history, their current preferred care routines and how staff could assist if the person became anxious or upset. This information was available so that staff were able to understand the person better and meet their needs in a person centred way.

People had personalised rooms with items important to them. We saw within people's rooms that items such as soft toys, photographs and personal keepsakes were present. This ensured that people had items significant to them to aid in recollection of their family and historical events throughout their lives. In one person's room we saw that a family tree had been created in large print with photographs of each member of their close family and a guide as to who they were. There were also pictures on people's doors to aid them in navigation around the service and finding their room.

Staff knew the people they were supporting well. All of the staff we spoke with spoke of people as individuals and told us their aim was to provide person centred care. Staff we spoke with explained people's different needs for their medicines and their mobility. They explained how people preferred to be cared for and any specific medical needs the person had such as if they required turning or repositioning to reduce skin damage. This demonstrated a person centred approach to providing care. We observed a handover between two members of nursing staff on a shift changeover. People's needs were communicated and any significant information was handed over and recorded.

A range of daily activities were available for people to participate in. We spent time speaking with the activities coordinator who was clearly passionate about their role. People were observed engaged in activities throughout the day which were mixed and varied. The activities coordinator explained how activities were arranged daily to reflect the level of participation and engagement of people on that day. On the day of the inspection, people were helping create some artwork for the new 'sweet stall' created that day by the activities coordinator. People were continually encouraged during the activity and supported where needed. People were engaged in this activity and were enjoying what they did. The service also maintained an activities journal that recorded what activities were done and how people e responded. This ensured that where people were particularly engaged in an activity it was recorded.

The registered manager sought the views of people's relatives through communication at meetings and had responded to observations made by people's families. We saw from the meeting minutes in May 2015 that the registered manager and people's families had discussed matters such as staffing, the current refurbishment, forthcoming events and the Deprivation of Liberty Safeguards. During the meeting people's relatives had raised some matters including the front door not being closed properly, staff name badges and more advance notice being given of the next meeting. We saw the registered manager had responded by producing an action plan and stating how they had resolved these issues. The action plan was made available for people's relatives in the foyer.

People and their relatives felt able to complain or raise issues within the home. The home had a complaints

Good

Is the service responsive?

procedure and this information was readily available to people and their relatives within the foyer of the service. There was also information about how to escalate a complaint should they not be happy with the investigation by the service. We reviewed the complaints record within the service that showed a total of three separate complaints had been received during 2015. The service had responded to these complaints to reach a resolution.

Outstanding ☆

Is the service well-led?

Our findings

People's relatives spoke highly of the service, how the service was run and told us they understood the person centred ethos the service aimed to promote. Relatives said they observed this in practice, and that the service always ensured that things only happened when people were ready to do something, whether that bed to get up, eat, go to bed or partake in activities. During a conversation with the registered manager, they told us one of the most important things to them was that staff ensured people received, "The right care at the right time in the right place."

Relatives told us they felt the registered manager and all staff in the service were approachable. One relative said, "I have never had to raise a concern or complain but I would be very happy to do so as I know they would listen to me and take it seriously. I would be willing to talk to any staff or the manger. [Registered manager's name] is very approachable and has always said to talk to her if anything is worrying me." Another relative commented, "They treat me like family here and it's very well led by [Registered manager's name]."

Staff at the service spoke very positively about the support, leadership and guidance they received from the registered manager. All of the staff spoke positively about the leadership of the service and told us they were encouraged to continually learn and improve. Staff understood the values of the service and all expressed the desire to provide a high quality service for people. One member of staff told us the registered manager was a, "Good leader and very approachable." Another member of staff told us, "I find [registered manager's name] is the most inspirational manager. She is amazing to learn from." Another member of staff commented, "She's great, a fair boss and a good manager. She always offers to help."

Staff felt the registered manager had created a strong team bond within the service which encouraged everyone to work as a team to provide the highest level of care. All of the staff we spoke with described the how everyone continually worked as a team and all levels of staff looked out for each other. One member of staff said, "It's like a family here, we have a good team." Another member of staff told us, "There is a real great family atmosphere here."

A staff member also gave examples of how, on occasions, staff supported each other by swapping tasks or jobs if they recognised their colleagues looked tired or exhausted during a particularly challenging day.

The service has a proven record of being a role model to others by achieving a high level of recognition through nationally recognised accreditation schemes. The service was currently accredited by the Gold Standards Framework (GSF). The GSF is a national initiative, and encompasses a framework of tools and tasks that aims to deliver a 'gold standard of care' for all people nearing the end of their lives. The service was audited by the GSF to establish what level of accreditation they achieve. The service had been accredited twice by the GSF in 2011 and 2014 and had achieved the highest 'Beacon' status on both occasions. The GSF website shows that in order to attain its highest level of accreditation the service 'must show innovative and established good practice across at least 12 of the standards.' In addition to the accreditation from GSF, the service had achieved a recommendation to be entered into the GSF 'Care Home Of The Year Award' during 2014 and were subsequently one of three finalists.

The service was selected to demonstrate their current practice for end of life care to others. In October 2014 and in association with the local Clinical Commissioning Group (CCG) the registered manager produced a short video with the service's regular GP that demonstrated how Cholwell House Nursing Home are eliminating inappropriate hospital admissions for people and enhancing medical care within the home. This short video was subsequently shown at an NHS conference in December 2014.

The registered manager used innovative ways to monitor the care provided within the service. The registered manager told us that due the service had introduced quality assurance methods to ensure people received the best quality service. The service used staff to 'live the life' of a person living with dementia who may not be able to communicate how they feel about the level of care. Staff would simulate the role of a person living in the home, and other staff would support them in getting out of bed, assist them during meal times, they would support them in moving around the home and during activities. The staff member would then feedback their experience to their colleagues and explain the positive and negative points. In addition to this, the registered manager would request a

Outstanding ☆

Is the service well-led?

member of staff to undertake a qualitative observation of how their colleagues interacted with people and comment on the level of care provided. The registered manager told us that where required, reflective practice would discussed.

The registered manager had established good links with members of the local community. For example, the Vicar from the local church came to the service regularly to perform a service for people who wished to be involved. In addition to this, every September the registered manager held a service of memorial for the people who had passed away whilst living at the service. The invite was extended to the families of those who had passed away and those who still lived at the service and involved releasing butterflies and balloons whilst staff lit candles to represent the people that had passed away. The local community were also invited to the annual dog show held at the service and the annual summer fete.

There were systems that monitored the quality of service provided. People's relatives were asked for their views in the form of a survey. We reviewed the recently completed 2015 survey that had 23 responses from people's relatives. The survey sought feedback on all aspects of care, for example if people's needs were met, were staff proactive in communicating with them, were they aware of the complaints procedure and if they felt the service was well led. All of the responses were very positive with no concerns raised. One comment on the survey was, "I feel the care at Cholwell is outstanding." Another said, "I never worry [person] is not being well cared for." All of the survey respondents said they would recommend the service to others.