Care Quality Commission

Altogether Care LLP

Cheverels Care Home with Nursing

Inspection report

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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?	Requires improvement

Overall summary

Cheverels Care Home with Nursing was last inspected on 21 November 2013. The home was found not to be meeting all requirements in the areas inspected. We told the provider that improvements were required in the training provided to staff, the standard of record keeping and the systems in place to protect people against the risk of inappropriate or unsafe care and treatment. The provider wrote to us and told us the necessary improvements would be completed by 12 February 2014. We found the necessary improvements had been made.

When we visited there was no registered manager in post. The last manager left the service in February 2014. 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.

Summary of findings

Cheverels Care Home with Nursing provides care and support for up to 16 older people. At the time of the inspection there were nine people living at the home.

The provider had systems in place to ensure the quality of the service was regularly reviewed and improvements were made. This meant that the care and support people received were regularly audited and areas for improvement recognised. The staff knew people's needs well and the records relating to people's care and support were up to date.

People could not fully tell us about how they experienced the support on offer but one person told us it was "nice here". Relatives told us about how the staff looked after people and that people were treated with a great deal of kindness. They told us they considered people were safe living at Cheverals. We observed this to be the case.

Staff knew people's routines and respected them. People's care records confirmed what staff had told us about people's preferred lifestyle. We observed that staff knew how to support people when they became anxious and had effective ways of supporting them.

The provider was meeting the requirements of the Mental Capacity Act 2005 and assessments of people's capacity had consistently been made. The staff at the home understood some of the concepts of the Act, such as people's rights to make decisions for themselves.

The staff demonstrated a caring and compassionate approach to people living at the home. The atmosphere at the home was relaxed and staff and people living at the home appeared comfortable in each other's company. People were offered choices at mealtimes such as where to sit and what to eat and the size of portion. This helped ensure people enjoyed their food and mealtimes were a pleasant experience

Relatives told us there were enough staff to meet people's needs. The provider was able to demonstrate that additional staff were available to support people should their needs change or if extra support was required. There were activities provided and a weekly bus trip to local attractions

The staff told us they worked well as a team and enjoyed working at the home. They told us there was enough flexibility within their working hours to sit and talk with people and to do things that they knew interested them.

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. There were systems in place to ensure people received medicines as prescribed.

The risks people faced were illustrated in their care records and gave staff guidance on how to minimise these.

There were sufficient staff to meet people's needs.

Good

Is the service effective?
The service was effective at meeting people's needs. The staff understood the principles of the Mental Capacity Act and ensured people's rights to make decisions about their care' were upheld.

Staff had the necessary skills to meet people's needs.

People were not at risk of malnutrition as the provider had systems in place to monitor people's weight and to take action to address any emerging concerns.

People had access to other health care professionals and were supported to attend appointments as required.

Good

Is the service caring?
The service was caring and compassionate. The people living at the home were relaxed in the company of staff.

People's personalised routines were respected.

People were supported to make decisions with the help of either staff or people important to them

Good

Is the service responsive?
The service was responsive to people's needs. Care plans were in place, which clearly described the care and support each person needed. People had been consulted about the way they wanted to be supported.

People were provided with activities and outings away from the home.

People or those important to them knew how to raise concerns. Staff knew how to respond to complaints if they arose.

Good

Is the service well-led?
The service was well-led. There was no registered manager in place limiting the rating to 'requires improvement'. The system to ensure the quality of the service was reviewed and improvements made was fully used. This meant that the service was regularly audited and areas for improvement recognised and addressed.

Requires improvement

Summary of findings

There were systems in place to involve health and social care professionals, relatives, staff and the people they supported to ensure an open and transparent culture in the service offered.

Staff confirmed the manager was approachable and listened to them. Regular staff meetings took place; staff told us they felt supported by the management.

Cheverels Care Home with Nursing

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 24 April 2015 and was unannounced. The inspection was carried out by two inspectors.

Before the inspection we reviewed all the information we held about the service. This included notifications regarding safeguarding, accidents and changes in the service. At the time of the inspection a Provider Information Record (PIR) had not been requested. 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 to make. In order to gain further information about the service we spoke with two people living at the home and two visiting relatives. We also spoke with seven members of staff.

We looked around the home and observed care practices throughout the inspection. We looked at five people's care records and the care they received. We reviewed records relating to the running of the service such as environmental risk assessments and quality monitoring audits.

We contacted a representative of the local authority's contract monitoring team and the Clinical Commissioning Group involved in the care of people living at the home to obtain their views on the service.

Observations, where they took place, were from general observations. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

We spoke with one person living at the home. While they could not verbalise how they experienced their care and support they were able to use signs and gestures to respond to our questions. We established that they felt safe living at the home and in the company of staff. We observed that staff had formed a positive relationship with this person where they knew how to communicate with them and respond to the person's humour.

We spoke with visiting relatives who told us they had no concerns about the relationships between staff and people living at the home. One relative told us, "I am very pleased with the way the staff look after my husband, I know he is safe here."

Staff told us about their responsibilities to keep people safe. They knew how and when to report any concerns and told us about the provider's policy regarding safeguarding vulnerable adults.

People's medicines were stored, administered and recorded safely. People received their medicines when they needed them and at the required times. A relative told us that staff managed people's medicines well. They said, "I know what medicines are being given (to my relative) and if there are any changes." The staff responsible for administering medicines had been suitably trained. We observed people receiving their medicines safely and saw staff carry out safety checks, including staying with people while they took their medicines. The provider had a system to audit medicines received and dispensed in the home.

This system ensured that people were given their medicines safely and provided a check to ensure any medicine errors or omissions were identified quickly and rectified.

People's care records illustrated the risks they faced and gave staff guidance on how to minimise these. For example, one person was at risk of falling out of bed. The provider had responded to this risk by carrying out an environmental risk assessment and formed the opinion that bed rails would reduce the risk of falls. As the person could not consent to the use of bedrails the provider met with the person's relatives who agreed to their use. As a result, the person had not fallen from their bed which meant the bed rails had protected them from a potential risk of harm. A further example was that one person had difficulty swallowing some food. An assessment of these difficulties had been carried out by a speech and language therapist who had drawn up a plan of foods to avoid and those to promote. Staff told us about this person's individual needs and were aware of the risk they faced when eating.

Relatives told us there were enough staff to meet people's needs. One relative told us, "The staff seem to have enough time to sit and talk with people, they're not always rushing around." Staff told us that at present there were enough staff to meet people's needs but one staff member expressed concerns about future times when there were more people to care for. We spoke with the provider about this who reassured us they were actively recruiting to ensure they would have sufficient staff to meet people's needs. Staffing rotas showed that staffing levels were sufficient to meet people's assessed needs.

Good

Is the service effective?

Our findings

Where people lacked the mental capacity to make decisions staff were guided by the principles of the Mental Capacity Act 2005. This ensured any decisions were made in people's best interests. We saw that people's mental capacity had been assessed and documented in their records and staff had followed the required assessment process. The manager understood when an application should be made for a Deprivation of Liberty Safeguard (DoLS) authorisation and how to submit one. Staff were meeting the requirements of DoLS and ensured that any restrictions to people's freedom had been authorised by the local authority as required. People's care records evidenced that DoLS applications had been made to the local authority when required.

There were systems in place to monitor people's health care needs. We spoke with visiting relatives who told us that a doctor was called if they considered there was an emerging problem. People's care records showed the provider sought professional help and guidance when required. For example, one person had difficulty swallowing some food and was referred to a SALT for advice.

We spoke with people's relatives about the food and drink on offer at the home and observed lunch. One relative us, "I come in every day to help my relative with their food. It is always of good quality and plenty of it. The staff know what they like but it's never any trouble to change the meal to something different if required." We observed lunch and saw that people were offered a choice of where to sit and what to eat. We saw that when one person complained they had too much food, staff responded by agreeing with the person how much should be removed. We observed that staff sat and talked with people when supporting them to eat. This made lunch an unhurried and social occasion. We saw that staff were well organised during this period and that people got their food in good time. We looked at the menus for the last two weeks. These showed a choice was offered and, when required, further alternatives had been made available.

We spoke with senior staff about people's nutritional needs. They told us that, currently, no one was at risk of unplanned weight loss. They told us about the systems that they had in place to monitor people's weight so that people's care plans could be altered and their nutritional needs met. We looked at people's care records and found that they were effective at ensuring people were not put at risk.

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Staff told us about their training and development and gave examples of how this had increased their knowledge, skills and confidence to carry out their roles. One staff member told us, "I've attended training on infection control, catheter care, understanding dementia and mental health awareness." Another member of staff told us, "we have a lot of training, I have been at the home for a number of years and it's been good to revisit some training as approaches have changed. It is now more 'person centred', in a small home like this we have always cared for people this way." Staff told us about their annual appraisals and how these were used to develop staff and improve performance. We looked at staff records which confirmed staff received on going training and development.

Good

Is the service caring?

Our findings

People who could tell about their experience of receiving care indicated they were happy with the way staff treated them. We saw that staff sat and talked with people about things that appeared to interest them. We spoke with relatives who told us that all the staff were very caring. One relative told us, "I feel very lucky my relative is here, It's small enough to feel like a family but big enough to have some private time if people want it."

Relatives told us that people were treated with a great deal of respect. One relative gave an example of how a person had become angry about something they did not like. They told us about how staff had spoken calmly, respected the person's point of view and supported the person through this. They told us that they could visit at any time, within reason, and were actively encouraged to support their loved ones if they wished. For example, one relative told us they came to support their loved one with their meal most days.

We carried out a short SOFI during the inspection and observed that staff worked well as a team. For example, staff were unhurried in their approach to supporting people. We observed staff sit and talk with people when they served them a snack. We observed that staff gave encouragement and praise to one person who was completing a jigsaw, the person responded by smiling. Staff were aware of people's emotional needs and gave them reassurance as and when required. The atmosphere was relaxed where people and staff were at ease in each other's company.

We observed that during lunch staff sat and talked with people they were supporting Staff described the people they supported in positive terms. One staff member told us. "People just need a little bit of time and encouragement; they need to sit where they are comfortable and to have a meal size that suits them."

Staff were knowledgeable about people's individual needs and personal preferences. They could describe to us people's daily routines such as when they liked to get up and how they chose to spend their day. Relatives told us they were actively involved in making decisions about their loved ones' care. They told us they were involved in care plan meetings and subsequent reviews. They also explained that staff communicated with them about their family member's changing and emerging needs. While we had some difficulty communicating with people about their experience of receiving care this did not appear to be a barrier to the staff. We observed that staff knew what people meant by their gestures and they were able to make some decisions about the care they received. For example, when one person made it clear that they did not require staff to help them to the table, the staff withdrew but maintained a safe distance so they could offer support if required.

Good

Is the service responsive?

Our findings

Staff told us how they obtained people's views. A staff member described how they sat and talked with people about what they liked and what help they needed. They also told us about talking with relatives and people important to the person concerned to try to ensure a personalised approach to their care.

The provider responded to changes in people's needs. For example, staff noted that one person was a little quieter than usual. As the person could not communicate how they felt, staff contacted the person's GP who diagnosed an infection that was treated with antibiotics. The person's relative confirmed this and praised the staff for their timely intervention.

People's care records gave staff information about people's daily routines. People's care records that showed that people or people important to them had been consulted about their needs and wishes. The words used in people's care records demonstrated that people were treated with respect. From speaking to staff it was clear that they knew people's individual support needs well, the records reflected what we had been told.

Staff described how they ensured people could choose how they were supported. They told us about people's right to have choices in respect of who should care for them, what to wear and how the person wished to look.

Staff told us about how people chose to spend their time and the activities they enjoyed. An activities coordinator was employed by the provider to help meet people's wishes. Relatives told us about the activities available; some people joined in, some did not, although all agreed there were things to do if they wanted to. They also told us about the weekly bus trips on Wednesday where people visited local attractions and nearby beaches for fish and chips.

People knew how to make a complaint if they wished to. One relative told us, "If I don't like something staff sort it out for me, sometimes the laundry gets a little muddled but staff sort it out." The provider had a complaints procedure which informed people what they needed to do to make a complaint and the timescales for the complaint to be rectified.

Requires improvement

Is the service well-led?

Our findings

At the time of the inspection there was no registered manager in post, the last manager left their post in February 2014. The provider had appointed a manager who was providing leadership at the home. At the time of the inspection the provider confirmed that an application for the new manager to be registered with the Commission would be made in the next two weeks.

We spoke with the provider who told us that the organisation had recognised a number of weaknesses in its approach to the auditing systems used. As a result it had restructured senior staff at operational level in order to ensure that the service on offer was effective in meeting people's needs. The provider told us about two new roles at senior level in relation to operational support for the managers of the service it provided to ensure audits of the service offered and on going support for staff were taking place.

The provider had recognised the importance of providing support to the new manager and had appointed an external consultant to assist them with reviewing people's needs. They were also responsible for supporting the new manager in ensuring planned improvements were being implemented. People's care records demonstrated that all records had been reviewed and a plan was in place to check these on an on going basis.

Relatives told us they knew the manager had changed and felt confident that the new manager would 'do a good job'. One relative explained that the new manager had worked at the home for a time and had provided hands on care. They considered this to be important as they felt the new manager "knew people well and how to communicate with them."

Staff described the home as a happy place. They told us it was small enough to be able to get to know people and for them to get to know the staff. They told us they worked as a team and were complimentary about the new manager. One staff member told us. "I think, as they have been part of the care staff team, they know how we work, know people living at the home, and will be able to support us to continue to make improvements to the support we give."

Relatives told us that the provider was approachable and was often at the home. They told us they could talk to the provider at any time and make suggestions for improvements. One person told us, "Although they are the directors they know the people living here, know them by name and take time to sit and have a chat when in the home." We observed this to be the case as a director came to the home and sat and had a cup of tea with one person while waiting to talk with us.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.