Cheverells Care Limited

Cheverells Care Home

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?	Good

Summary of findings

Overall summary

This inspection took place on 5 and 10 May 2016 and was unannounced. The inspection took place over two days. The team consisted of one adult social care inspector.

Cheverells Care Home is registered to provide accommodation for 38 older people who require personal care. At the time of our inspection, there were 37 people living there.

The service is owned by two providers; one of whom is the registered manager and the other is the matron.

At the last inspection on 21 and 22 April 2015, four breaches of regulation were found. These were because:
•□assessments and care plans were not in place;
•□risk assessments were not in place;
•□people's rights under the Mental Capacity Act 2005 had not been adhered to and the correct procedures to deprive people of their liberty had not been taken;
•□systems to ensure the safe management of the service were not in place.

The providers wrote to us with an action plan to say what they would do to meet the breaches of regulation by 30 June 2015. At this inspection, we found they had followed their action plan and met the legal requirements.

One of the providers was also the registered manager. 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.

People lived in a home where they were relaxed and comfortable. The service was consistently described as homely, friendly and lovely. People said, "I'm happy and I'm looked after", "It's always been very good here … love it" and "I couldn't do their (care staff) job … they are all kind and understanding … you can't get a better place."

People received care suitable for their needs with enough staff on duty. Staff knew people well and cared for them as individuals. Two people said, "You can't find fault with this place … it's A one … it's a very good place" and "If you need any help, they (care staff) are always there."

Care staff were safely recruited. They were trained, motivated and enjoyed their work. They received supervision and felt listened to and supported by the registered manager and provider. Care staff had a good understanding of safeguarding and knew how to recognise the different types of abuse. They knew the correct action to take and who to report any concerns to.

Each person had a care plan with suitable risk assessments in place. Care plans were clear and up to date. Health and social care professionals were involved in people's care and their advice acted upon. Mental capacity assessments had been carried out and applications made to the local authority if people were deprived of their liberty.

People received their medicines in a safe way. People enjoyed a varied and nutritious diet with a choice of food offered. People enjoyed a range of activities and outings which suited their individual interests and hobbies.

Staff recognised the importance of family and friends who were welcomed at all times. Two relatives said, "Excellent … go above and beyond to meet individual needs … you (providers) provide a caring home where nothing is too much trouble" and "The welcome is wonderful."

People lived in a home which was well maintained. There were large gardens for people to sit and relax in. People, relatives and health care professionals were very complimentary of Cheverells, the providers and care staff. Two health care professionals said, "I plan to book myself in when the time comes … would be very happy for any of my relatives to live at Cheverells" and "Good care in a friendly well-kept environment."

There was a complaints policy and procedure in place with information about how to raise concerns or complaint. Systems were in place to assess the quality of the service and make improvements.

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.

Staff knew how to recognise signs of abuse and how to report suspected abuse.

Appropriate risks to people were identified and reduced as much as possible.

There were sufficient staff on duty to meet people's needs. Staffing was adjusted where necessary.

People received their medicines in a safe and timely way.

People were protected by a safe recruitment process which ensured only suitable staff were employed.

Accidents and incidents were monitored and any trends identified.

Is the service effective?

Good

The service was effective.

Staff asked for consent before they carried out any personal care. The Mental Capacity Act (2005) was followed but best interest decisions were not always recorded.

Staff received regular training, supervision and appraisals. Staff knew people's needs well.

Advice and guidance was sought from relevant professionals to meet healthcare needs.

People enjoyed a varied and nutritious diet.

People lived in a home and grounds which were well maintained and regularly refurbished.

Is the service caring?

Good

The service was caring.

Staff were caring and kind. They respected people and treated them as individuals.

People, relatives and health care professionals were very complimentary of the staff.

Staff recognised the importance of maintaining family networks. Visitors and friends were welcomed.

The service supported important events in people's lives.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed. Care plans were developed to meet people's needs and incorporate assessments of risk.

People enjoyed a range of activities and outings.

There was a complaints and concerns process which was accessible for people if they wished.

Is the service well-led?

Good

The service was well-led.

There was a clearly defined management structure.

Staff felt motivated, supported and listened to.

The providers were accessible for people and staff to speak with.

Quality monitoring systems were in place to improve the service.

Cheverells Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 5 and 10 May 2015 and was unannounced. The inspection team consisted of adult social care inspector.

Before the inspection, we asked the providers to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information, what it does well and improvements they plan to make. We also reviewed other information we held about the service. This included previous inspection reports, action plans, records of our contact with the service and any notifications received. A notification is information about important events, which the provider is required to tell us by law.

We observed and briefly spoke with the majority of people who lived at Cheverells Care Home. This was either in the communal areas or in their bedrooms. We spoke more in depth with eight of them and one relative to gain their views of the service. We spoke with the providers (one of whom was the registered manager), three supervisors, two senior care staff, the cook, housekeeper, kitchen assistant, care assistant and event's organiser. We also spoke with one visiting healthcare professional.

We looked at: four people's care files and medicine administration records; three staff files; all staff training records, and staff duty rotas. We looked at a selection of quality monitoring systems and policies and procedures relating to the management of the service. This included a quality assurance questionnaire sent out by the provider in March 2016. Replies from 34 people, 10 relatives and 12 health and social care professionals were received.

We also received feedback from one person on the Care Quality Commission website via the 'Share your Experience' form.

Good

Is the service safe?

Our findings

At our last inspection, there was one breach of regulation. This related to risk assessments not being in place. At this inspection improvements had been made and this regulation was met.

People said Cheverells was a safe place to live. Three people said, "I always feel safe … especially in the night" and "Do I feel safe? Definitely yes" and "I certainly feel safe enough." It was clear from observing people's body language and their interactions, they were relaxed, comfortable and happy living at Cheverells.

Medicines were managed in a safe way. People received their medicines from a monitored dosage system (MDS) supplied by the local pharmacy. These were stored in individual boxes in a large locked cupboard. Medicines were logical and easy to find. A recent inspection had taken place by the dispensing pharmacy and any issues identified had been addressed. Senior staff were responsible for giving people their medicines and had received appropriate training. Two care staff gave out medicines and wore a red tabard to alert people and care staff not to disturb them.

When medicines arrived at the home, the MAR showed they had been received safely and only the correct numbers of medicines were held in stock. Some people had prescribed skin creams which had been applied as prescribed. Where medicines had been opened with a limited expiry date once opened, such as eye drops, labels were used to record the open and expiry date. This was so care staff knew when to discard them. Records showed medicines were stored at the right temperatures. For those medicines which required stricter control, these were managed in the required way.

Staff had signed the medicine administration records (MAR) to say medicines had been given. A list of specimen signatures was available to clearly identify who had signed the MAR. There were no missing signatures which indicated medicines had been given as prescribed. Some medicines had been changed from the original prescribed amounts. For example, reducing one person's medicine from two tablets to one tablet. However, the reason for this change had not always been recorded on the MAR chart. The date of the change, the reason why and the person making the change had not been recorded. This was discussed with the registered manager and supervisors who said they would address this immediately.

People were protected from abuse. Care staff had received training on safeguarding and whistleblowing and understood what abuse was. Policies and procedures were in place to guide staff about the correct procedures to follow; this included the local authority guidance. Staff knew how to recognise abuse and the correct action to take if they needed to report any concerns. Two care workers said, "I would go and speak to a senior … or (the providers)" and "I would report it to a senior but go higher if I needed to." Since the last inspection, the provider had raised a safeguarding concern with the local authority safeguarding team. This alert was still in the process of being investigated.

Individual risks to people's health and welfare were assessed and managed. These were in place for each person within the care records. For example, safe moving and handling, falls and nutrition. Where risks had

been identified, the appropriate action had been taken to minimise the risk. For example, people who were at risk of falls used the correct mobility equipment and had a pressure mat by their bed to alert care staff if they had fallen. People who were assessed as being at high risk of skin damage were referred to the community nursing team. The service provided pressure relieving equipment for these people, including specialist beds.

Care staff monitored people's weight regularly and these were recorded in their care records. If people had lost weight, the necessary action was taken. For example, contacting the GP and community nurses or dietician.
Care staff reported any accidents, incidents and falls which occurred. The registered manager then analysed and monitored these to identify any trends or patterns.

People were cared for and supported by a staff team who knew the person well. The Provider Information Return (PIR) said, "Staff levels are assessed and monitored". From records, discussions and observations, we saw that staffing levels were increased where necessary. Care staff were employed in sufficient numbers to ensure care and support was given to people when they needed it. Staff rotas showed the levels of care staff at Cheverells matched those on duty. Care staff were supported by a number of ancillary staff. This included: cooks, assistant cooks, kitchen assistants, domestic assistants, laundry assistants, a maintenance team, a gardener and an event's organiser. Both providers were also on duty during the week. The registered manager was responsible for the management of the home and two of the three supervisors were responsible for organising the day to day running of the service. One of the providers was also available to cover care shifts if necessary, such as short notice staff sickness.

People said there was enough care staff on duty. Recent questionnaires returned from people confirmed staff responded to their calls for assistance. Three wrote, "I don't use it (the call bell) really … I don't need to" and "I will ring the bell for assistance … it's very quick" and "I only have to wait when staff are short or in an emergency." Two people said, "I only ring the call bell at night … they are always there and always very nice" and "Staff are wonderful."

Recruitment checks on prospective new staff were completed to ensure only fit and proper staff were employed at the service. Staff files contained police and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions. It prevents unsuitable people from working with people who use care and support services. Proof of identity and references for new staff were also obtained before they started work.

Each person had a personal emergency evacuation plan (PEEP) in place. This was regularly reviewed and readily available. It took into account the individual's support and assistance they required if they had to be quickly evacuated from the building.

Good

Is the service effective?

Our findings

At our last inspection, there was one breach of regulation. This related to not following the correct procedures under the Mental Capacity Act 2005 (MCA) or the Deprivation of Liberty Safeguards (DoLS). At this inspection improvements had been made and these regulations were met.

People had their needs met by staff who had a good knowledge of their care and support. When new staff first came to work at the service, they undertook a period of induction which included training on subjects such as infection control, safe moving and handling and fire safety. New staff who had no care qualifications, undertook the 'Care Certificate' programme. The Care Certificate is a nationally recognised set of standards that health and social care workers 'adhere to in their daily working life' introduced in April 2015. Seven care staff had completed this programme, three had almost completed it and two were due to start it.

Induction training included working alongside more experienced staff. This was so new care workers could get to know people's needs and how to support them in the appropriate way. All new staff had a probationary period to ensure they met the home's standards of practice.

Care staff received on-going training through various methods; this included through outside trainers and in-house DVD's. A trainer regularly visited and provided a programme of continuous training such as safe moving and handling and medicines. The local care home education team provided training on specific health subjects, such as diabetes and catheter training. Senior staff had recently undertaken extended training on safeguarding, the Mental Capacity Act (2005) and end of life care. Records showed staff were up to date with their training. Staff felt they were well trained, but some said they would like to be able to access a wider range of training courses. For example, dementia. One care worker said, "It's easier to do training at home as I have children." This was discussed with the providers who were already looking at introducing electronic learning as an option for some care staff.

All care staff had received an annual appraisal where their learning needs had been discussed. Care staff had received supervision but the registered manager acknowledged these had not happened as often as they should have due to other commitments. However, they intended each staff member of have a supervision meeting as soon as possible. They had delegated the supervisors to undertake these. Staff felt supervisions and appraisals helped in their work. Two care workers said, "I have regular supervision" and "I have supervision but I can go and speak to (the providers) at any time if I have a problem."

People, relatives and healthcare professionals were very complimentary of the care staff. Comments from healthcare professionals included, "… excellent, friendly, welcoming staff", "… very friendly, helpful staff" and "lovely staff, lovely atmosphere, well led." One relative wrote, "All the staff are fantastic at Cheverells … always very helpful." Two people said, "You can't find fault with this place … its A One … it's a very good place" and "If you need any help, they (care staff) are always there."

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that as far as possible people make their own

decisions and are helped to do so when needed. Where they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. It is important a service is able to implement the legislation in order to help ensure people's human rights are protected.

Mental capacity assessments had been carried out on those people considered unable to give consent about a particular decision. Families and relatives had been consulted about how they wished care staff to look after their family member. The Provider Information Return (PIR) said, "We have best interest meetings with relevant people where necessary." However, these had not always been recorded in the care records. We discussed this with the providers and senior care workers. They agreed to review any best interest decisions and involve the relevant parties. We saw people were asked for their consent before they received any care and support. If this was refused, care staff returned later to try again.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and as least restrictive as possible. For those people who required it, suitable DoLS applications had been made to the local authority but none had yet been authorised.

People were supported to maintain good health through nutritionally balanced meals. People were complimentary of the food. Comments included: "… very good food…", "… you can't fault the food … it's all homemade and we get a choice" and "I enjoy the food … it's very good." Care staff encouraged people to eat a well-balanced diet and make health eating choices. Menu plans were in place which showed people received varied and satisfying meals. The cooks knew individual people's likes and dislikes. People had their main meal at lunchtime and a lighter meal served at teatime. The cook served as much homemade food as possible for people's main meals and snacks which included daily homemade cakes and pastries. Menus were planned on a four weekly rota; these showed people received nutritious and varied food. People had a choice of food. They choose their lunchtime meal the day before and their tea time meal on the same afternoon. Questionnaires showed people liked the variety and type of food served.

Specific diets were catered for. When meals were required to be pureed, the cook ensured each one was blended separately so people could enjoy the different taste and texture of the food. Some people required a diabetic diet. The cooks ensured these people enjoyed the same food as other people, with changes made in the cooking if needed. For example, using sweetener instead of sugar. Food was stored appropriately and in accordance with the relevant legislation.

Hot and cold drinks were regularly offered to people and their visitors regularly during the day. Juice was available for people in their bedrooms. Fresh fruit was freely available for people to help themselves to.

Referrals were made to health and social care professionals where necessary. From questionnaires, two healthcare professionals wrote, and "Very helpful when I ask for info on patients … respond well when advised to contact the GP … very friendly helpful staff … work professional as a team" and "Very good." One visiting health care professional said, "It's pretty good here … they listen to advice … always make appropriate referrals." People had access to other services and appointments were planned, such as hearing and eyesight tests. People had chiropody treatment when needed.

One aspect people and visitors consistently commented upon was the premises and gardens. Comments included, "Peaceful … homely … friendly … lovely rooms", "Pleasant surroundings" and "Well-kept environment." The premises were maintained to a high standard and the providers changed the layout and decorations regularly. For example, two people had expressed a wish to move to a larger room which had been accommodated. The providers had recently changed the layout of one bedroom to make it a better

space for the person to live in. They had also recently made both a new staff room and training room so staff could take advantage of an undisturbed break. The gardens were large, well maintained and had several different areas for people to sit in. There was a woodland area, patio areas, large pond with a fountain and lawns surrounded by trees and shrubs. Different types of birds and animals visited. People enjoyed sitting out. We saw people had their favourite places to sit and enjoyed either the sunshine or shade.

Good

Is the service caring?

Our findings

People, relatives and health professionals gave very positive feedback about the service and the staff who supported them. One aspect which everyone commented on was the atmosphere of the home. Words repeatedly used in comments we received included, 'homely', 'friendly' and 'lovely'. People said, "I'm happy and I'm looked after", "It's always been very good here … love it" and "I couldn't do their (care staff) job … they are all kind and understanding … you can't get a better place." From questionnaires, healthcare professionals wrote, "Lovely, friendly and homely atmosphere … keep up the good work" and "… good care in a friendly well-kept environment … I will continue to recommend your home."

There was a friendly, warm and relaxed atmosphere when we visited. There were positive and meaningful interactions between people and the staff who supported them. For example, one person chatted to a staff member about a song as it evoked memories from the past. Another staff member spent their lunch break with one person. This person usually liked to stay in their bedroom as they were nervous of other people. They told us they had made a 'deal' with the staff member to eat lunch together if they came to the lounge. They clearly enjoyed this agreement. People spent their days doing as they wished, spending time in their bedrooms or in the communal areas. One person liked to wear their pyjamas during the day which staff respected.

Staff knew what mattered to people and how they liked to spend their days. They knew about people's lives and families. Family and friends were welcomed into the home as staff recognised the importance of these relationships. Celebrations were held for people's special events. One relative commented on the Care Quality Commission (CQC) website, "…this home is hanging on to a lovely homely atmosphere. All staff appeared happy, were welcoming and took care, time and attention when supporting my relative. We visited for a 100th birthday celebration which the home supported close family to hold. It was so special for my relative to be able to have this in her own home … this home should be congratulated in maintaining this atmosphere in today's culture." Comments from relative questionnaires included, "Excellent … go above and beyond to meet individual needs … you provide a caring home where nothing is too much trouble" and "The welcome is wonderful." One care worker said, "(The providers) go out of their way to check on people … they sit and listen … they are so caring when someone is poorly." Another said, "We have so much time to sit with residents … it makes me feel motivated to work here … they (providers) go out of their way to help people.

From their questionnaires, people said they were treated with respect and dignity. People told us care staff cared for them in an understanding and respectful way. For example, covering them when they had personal care or knocking on their bedroom doors before entering. When care staff helped two people to the toilet, we saw this was carried out in a discreet and private way. A healthcare professional wrote, "It is a caring environment in which the residents are treated as individuals and with respect." However, on one occasion we saw poor care practice given to two people in an undignified way. We discussed this with the providers and supervisors who took immediate action.

People were encouraged to bring their own furniture into Cheverells to personalise their own bedrooms.

Bedrooms reflected individual people's tastes and choices. For example, one person liked to have many photographs and sentimental items on display in their bedroom, whilst another person chose not to.

Good

Is the service responsive?

Our findings

At our last inspection, there was one breach of regulation. This related to person-centred care plans not being in place. At this inspection improvements had been made and this regulation was met.

Before people came to live at Cheverells, a supervisor visited them and undertook an assessment of their care needs. Following this assessment, the supervisor then discussed it with the provider to ensure they could meet the person's needs fully. For example, a senior care worker explained how they had assessed one person as not initially able to meet their needs. However, after a change in their medicine, the service was then able to meet all their needs fully. The person now lived at Cheverells.

From information on the assessment, a supervisor drew up a care plan for each person. New care plans had been recently introduced. With the exception of a small number, each person had a care plan of the new format. The information within the care plans had been significantly improved. Care plans were comprehensive, clear to read and up to date. They incorporated assessments of risk. They held the information required, with the exception of best interest decisions. From the information held within the care files, it was clear what care and support the person needed. This ensured care staff provided care in a consistent way. Care plans were updated when necessary and reviewed monthly by the registered manager. People and their relatives were involved in reviewing the care plans. One person said, "We are asked to read the changes and then sign the form." Whilst the older style of care plans contained some information, they were not as person centred or detailed as the new style. We discussed this with the supervisors and the providers. They had an action plan to implement fully the new care plans immediately. Care staff liked the new format of care planning. One care worker said, "The new care plans are great … they tell us so much."

People's care plans included detailed information about people's life history and gave an idea of the person before they came to live at Cheverells. The event's organiser used this information to plan daily lives and activities for individual people. For example, one person liked birds. The event's organiser spent time with that person ensuring their bird feeders were clean and replenished with bird food. During this time, they discussed the different types of birds that visited the feeders.

The event's organiser was employed for 34 hours a week. They planned activities based on people's needs and these were either group or individually organised. Activities took place in-house and outside of the service. A visitor said, "The events co-ordinator goes out of her way to arrange activities for the residents and meet their needs." People had enjoyed a recent open day where relatives and friends were invited to spend time with their family members. A regular coffee morning had been introduced which took place weekly. Outside representatives visited and group choirs visited. In house activities included exercises, bingo, hand massages, arts and crafts, baking, skittles and board games. A 'breakfast club' had been introduced where people were encouraged to come to the dining room and enjoy a 'hotel' experience by selecting their own food. Activities specifically for those people living with dementia had been introduced with more planned, such as dementia mats and sensory equipment. A monthly newsletter was produced by the providers which detailed the activities for the following month. During our inspection, a group of people enjoyed sitting in the lovely, large gardens together. They had a discussion about the "Daily Sparkle" (newsletter) and enjoyed

the chatter. A singer visited in the afternoon and people obviously enjoyed their sing-a-long. One person said, "Now, that's my kind of music."

People enjoyed trips out. The providers had recently purchased a new minibus to take people on weekly outings. This had a new lift installed to ensure people with wheelchairs could share the experience. Six to eight people went out each Friday to places of interest in the local area. People spoke about last week's trip which was to a church hall. The local Brownie group had served them tea and cakes and provided entertainment. They thoroughly enjoyed this activity. On the return trip, the providers stopped off to buy each person an ice-cream from a street seller to end their trip out. One person asked the event's organiser to make sure they were booked on the next trip. They said, "I don't want to miss out on that!"

Written information about how to raise concerns or complaints was available and accessible for people, relatives and visitors to use. From the Provider Information Return (PIR) and recent questionnaires, there were no complaints about the service. 18 compliments had been received. People said they would not hesitate to speak with the registered manager about any problems. They were confident they would be listened to and any concerns resolved. Several thank you cards had been received which were very complimentary of the service. Comments included, "We could not have wished for (family member's) last few years to be spent in a better place. In our view, the care that she received from Cheverells was second to none" and "…thank you for all the care you have shown towards my (family member) … always said that if she couldn't be at home she was in the best place and that you couldn't have been kinder." Health care professionals were complimentary of the service and two commented, "I plan to book myself in when the time comes … would be very happy for any of my relatives to live at Cheverells" and "Good care in a friendly well-kept environment."

Good

Is the service well-led?

Our findings

At our last inspection, there was one breach of regulation. This related to quality assurance systems not being in place. At this inspection improvements had been made and this regulation was met.

There were quality assurance systems in place which reflected all the aspects of the service. For example, monthly audits relating to care plans, risk assessments, medicines, accidents and health and safety. If the registered manager found an area which needed improvement, they discussed this with the staff involved. Maintenance records were up to date; equipment was serviced in accordance with their individual contracts.

The providers monitored the service. They were included on the staff rota Monday to Friday. They worked in the home each day. Outside of these hours, staff said they always accessible as they "just live next door." The organisational structure of the service had recently changed, together with a clear definition of people's roles. The registered manager now had a more clearly defined management role, was more visible and delegated work to the staff team where necessary. A senior staff member was always on duty to manage the service in the provider's' absence. Care staff said this had been a positive change and comments included, "There's been lots of changes within the year … all for the best" and "We all know what we are doing now and we see a lot more of (registered manager) … a very positive change." The providers provided an on-call service for care staff, should they need advice or guidance out of hours.

All staff spoken with said they enjoyed their jobs and communication was good. They said they felt supported and listened to. Several members of staff had worked there for many years. Comments included, "It's a happier place … the morale is up", "(The providers) are very approachable and they sit and listen to you", "I like to come to work … it's good teamwork" and "The team is good … we all get on well .. I can go the (the providers) with anything."

Feedback was sought from people, relatives, staff and health care professionals every six months via a questionnaire. The last ones sent out in March 2016 were very complimentary of the service and staff. Any negative comments had been followed up and resolved. For example, one person had asked night staff to be quieter which the registered manager had taken action on.

Staff confirmed they had staff meetings regularly but minutes were not always recorded. However, they did not consider this as a problem as they were a close team who shared information regularly. They felt their views were taken into account and their opinions mattered.

At each shift change, there was a verbal handover. There was also a contact book for staff to pass messages to one another, such as reminders about health appointments and GP visits. This ensured essential information about each person was communicated between the staff team.

Regular meetings took place for those people who lived at Cheverells. However, the providers wanted to hold these more frequently. One person had expressed an interest in chairing these meetings. The providers

hoped this would happen in the future, with people managing the meeting themselves.

The service had operated for 31 years and was a family owned business. The service's values centred on caring for people in the best way possible. Their vision for the service was to "To provide all the necessary care and attention for those who wish to spend their retirement in a secure and caring atmosphere". It was clear this vision reflected the service provided to people who lived at Cheverells.