

Mr & Mrs T B Thompson

# Cholwell House Nursing Home

## Inspection report

Main Road  
Temple Cloud  
Bristol  
BS39 5DJ

Tel: 01761452885

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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

Cholwell House Nursing Home is a service providing care for older people. It is registered to accommodate up to 51 people who require nursing and/or personal care. At the time of the inspection, 39 people were living there

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

Why the service is rated Good.

The home continued to ensure people were safe. There were enough suitable staff to meet people's needs. Risk assessments were carried out to enable people to stay safe and receive care with minimum risk to themselves or others. People received their medicines safely. People were protected from abuse because staff understood how to keep them safe, including more senior staff understanding the processes they should follow if an allegation of abuse was made. All staff informed us concerns would be followed up if they were raised.

People continued to receive effective care. People who lacked capacity had decisions made in line with current legislation. Staff received training to ensure they had the skills and knowledge required to effectively support people. People told us, and we saw, their healthcare needs were met. People were supported to eat and drink according to their likes and dislikes. People were supported to have maximum choice and control of their lives; the policies and systems in the service supported this practice.

The home continued to provide a caring service to people. People and their relatives told us, and we observed that staff were kind and patient. People's privacy and dignity was respected by staff and their cultural or religious needs were valued. People or their relatives were involved in decisions about the care and support they received. People's choices were respected and staff encouraged choice for those who struggled to communicate with them.

The home remained responsive to people's individual needs. Care and support was personalised to each person which ensured they were able to make choices about their day to day lives. Some records needed to be improved; however the registered manager was aware of this. People were supported to follow activity programmes. These considered people's hobbies and interests and reflected people's preferences. People knew how to complain and there were a range of opportunities for them to raise concerns with the registered manager and designated staff.

The home was well led. People, their relatives and staff spoke very highly about the management and told us they felt the service was outstanding. Staff were highly valued and appreciated and morale was very high. Staff told us they were very well supported and the management went out of their way to help. The registered manager continually monitored the quality of the service and made improvements in accordance with people's changing needs.

Further information is in the detailed findings below.

## 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 remains Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service is Well-Led.

# 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 checked 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 comprehensive inspection took place on 12 and 13 March 2018 and the first day was unannounced. The inspection was carried out by one adult social care inspector who attended both days. A pharmacist inspector, a nurse and an Expert by Experience also attended, each was present for one day.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the home before the inspection visit.

We spoke with nine people staying at the home and five relatives. We spoke with the directors, registered manager, two nurses and six staff members including the chef. We also spoke with two healthcare professionals. We looked at seven people's care records and associated documents and observed interactions between staff and people in communal areas. We looked at five staff files, previous inspection reports, rotas, audits, staff training and supervision records, health and safety paperwork, accident and incident records, statement of purpose, complaints and compliments, minutes from resident and staff meetings and a selection of the provider's policies.

# Is the service safe?

## Our findings

The service continued to be safe

People told us they felt safe and said, "They treat us very well here, I do feel safe", "The staff are lovely here, I am safe" and, "I feel very safe here." Relatives said, "I never worry when I leave here, I know they are well looked after and safe", "I don't worry about Dad I know he is safe" and "My wife is 100% safe and well cared for." The registered manager said, "Families walk in and you can feel them relax." One healthcare professional told us, "Staff always follow the instructions we give." The registered manager said, "It's about fun, love and safety."

During the inspection the arrangements for storing and managing medicines were reviewed. Medicines were given by nurses and they recorded the administration on medication administration records (MARs). We reviewed 13 MARs and there were no administration gaps. MARs were handwritten and had been dated and signed by a second member of staff to ensure they were correct. However, some entries had not been double signed.

Medicines administration was observed for three people and they were given in a safe and caring way. We saw that nurses were aware of medicines that needed to be given at certain times and made appropriate arrangements to ensure they were given as directed.

Protocols for medicines which are to be taken when required were not available as referred to by their medicines policy; however staff we spoke with were aware of when these medicines should be given.

Some people were receiving covert medicines (medicines given without their knowledge). Records showed that most people had their mental capacity assessed and their best interests had been taken into account with a GP and family members.

Creams and other external preparations were applied by care staff and were recorded on a separate topical administration chart (TMAR). Directions on TMARs did not always have the same directions as the creams had been prescribed by the doctor. There were also gaps in the recording so it was not clear if the creams were being applied.

Staff could offer non-prescription medicines in response to people's minor symptoms. This was covered by their policy and a record was kept when any medicine was supplied.

Access to medicines was restricted to authorised staff and daily temperature checks were recorded. When creams, eye drops and liquid medicines were opened the dates were recorded to ensure these were discarded in within the required time range. There were suitable arrangements for storing medicines which required extra security. Regular checks of these were made and no issues were identified.

There were suitable arrangements for ordering, receiving and disposal of medicines. There was a procedure in place to report medicines incidents and internal medicines audits were completed monthly.

We recommend that the provider review their audit and monitoring process to assure themselves that the issues identified here are addressed to provide reassurance that people are receiving their medicines safely as prescribed.

The home was clean and fresh throughout, clinical staff were responsible for sanitising some areas such as the hoists and wheelchairs. A coloured coded system was used for mops and cutting boards and staff had personal protective equipment, such as gloves, to reduce any possibility of cross contamination. Laundry equipment was suitable for the needs of people using the service. For example, washing machines had a sluicing and hot wash cycle. There was an infection control policy and the staff received appropriate training in infection control and food hygiene.

Major incident contingency plans were in place which covered disruptions to the service which included fire, loss of gas, oil, electricity, water or communications. Business continuity plans were also in place for severe weather. Although everyone living in the home had a Personal Emergency Evacuation Plan (PEEP) some of these were out of date. We discussed this with the registered manager, who assured us they would be revised.

Staff told us, and records seen confirmed that all staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. Where allegations or concerns had been brought to the registered manager's attention they had worked in partnership with relevant authorities to make sure issues were fully investigated and people were protected.

Risks to people were identified using assessments. For example, there were risk assessments in place for people's mobility, nutrition and other health needs. The assessments we looked at were clear. They provided details of how to reduce risks for people by following guidelines or the person's care plan. Both the care plans and risk assessments we looked at had been reviewed regularly.

Everyone we spoke with confirmed people were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. The registered manager used a dependency tool which considered the needs of people. The rotas showed the required numbers of staff were provided to meet people's needs.

Risks to people were reduced because safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role.

Staff had clear guidelines for reporting and recording accidents and incidents. Although there had not been any accidents to people living in the home, the registered manager had a process to deal with these and make any notifications required.

# Is the service effective?

## Our findings

People continued to receive an effective service.

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. We observed people who had lunch in their own rooms. We observed lunch in the dining room. Staff offered appropriate support when people needed this. Staff showed people what meals were available so people could choose what they would like. Staff were aware of people's allergies and intolerances and their likes and dislikes were regularly updated. Drinks were freely available. One area of a communal room had been created as a bar, where people could sit and have alcoholic drinks if they wished. Relatives were invited to share meals with their loved ones.

Staff had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Relatives told us, "I feel staff are well-trained." Staff told us, "We have regular training updates." Staff received training in a range of topics including Infection Control, H&S and Fire safety. Staff also received training to support people's individual needs and had access to information about complex needs such as dementia. Staff told us they could ask for specialist training if they wished. One registered nurse told us, "This is how care should be, gentle and laid back."

People were supported by staff who had undergone a thorough induction programme which gave them the basic skills to care for people safely. Staff were supported to complete the Care Certificate, which is a nationally recognised standard which gives staff the basic skills they need to provide support for people. Staff said, "Induction was really stress-less, I've made new friends" and, "We had two days health and safety induction, do regular updates and I'm doing the Care Certificate."

People were supported by staff who had supervisions (one to one meetings) with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. The registered manager told us, "Supervisions often include learning opportunities on subjects such as the brain, delirium or what dementia means." Staff told us they felt supported by the registered manager, and other staff. Annual appraisals give both managers and staff the opportunity to reflect on what has gone well during the year and areas for improvement or further training required. This helped to make sure staff had the required skills and confidence to effectively support people.

Staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The Mental Capacity Act 2005 (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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When 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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their



best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Nine people were subject to DoLS at the time of our inspection. The registered manager had systems in place to record expiry dates and any conditions attached to the DoLS. Although people who lacked capacity had capacity assessments and DoLS regarding living in the home, these were not in place for one person who was given medicines covertly. We discussed this with the directors at the end of the inspection, who said they would ensure the correct process was followed.

Families where possible, were involved in person centred planning and "best interest" meetings. A "best interest" meeting is where a decision about care and treatment is taken for an individual, who has been assessed as lacking capacity to make the decision for themselves. The registered manager ensured where someone lacked capacity to make a specific decision, a best interest assessment was carried out.

The premises had been recognised as suitable for people with dementia in a Gold Standards Framework assessment, which stated, "The environment was conducive to supporting those with dementia." The building had several communal areas with features such as a replica of a butchers shop, bakery and an old fashioned sweet shop. A variety of tactile objects and books were spread around the building to occupy people.

People's care records showed relevant health and social care professionals were involved with people's care. Care plans were in place to meet people's needs in these areas and were regularly reviewed. Healthcare professionals told us communication between themselves, staff and the registered manager and other organisations was effective which helped to make sure people received the care and treatment they required to meet their individual needs.

## Is the service caring?

### Our findings

The service continued to be caring.

Feedback from everyone was that the service was excellent. Relatives told us the care staff gave their loved ones exceeded their expectations. Relatives said, "They are amazing here, five star", "It's brilliant here" and, "Outstanding." One relative told us what staff had done to ensure their parents settled well. Another relative told us they thought their loved one didn't have much longer when they arrived four years ago and said, "Look at [name] now!" A visiting healthcare professional told us, "I love this home; it's the best home I work with." From our observations, we could see that people were relaxed in the presence of staff and appeared to be happy. We saw that staff were attentive and had a kind and caring approach towards people.

Although staff were highly motivated to offer care that was kind and promoted people's dignity, we observed one occasion when one person's dignity was not respected. People told us that staff respected their needs and wishes and they felt that their privacy and dignity were respected. One relative said, "They respect [name] and look after her with dignity." Relationships between people, relatives and staff were strong, caring and supportive. Relatives said, "It's another family, it's an excellent home", "its part of my family" and, "It's a pleasure to come and visit." These relationships were highly valued by staff and promoted by leaders.

Feedback from questionnaires included, "Staff are attentive and approachable and nothing is too much trouble", "We would like to say a massive thank you for the fantastic job you do caring for residents with such love and compassion" and, "The care and compassion is excellent."

People said they were supported by kind and caring staff. People said, "Staff are kind; they will always refill your cup and they will sit and talk to you", "All the ladies are lovely here, they look after you well" and, "I like it here, staff are kind they help me dress and keep me safe." Other comments included, "It's a nice place, I am well looked after, it's my home", "The staff are lovely here, everything I need is here." Staff said, "We're a big family, we have a laugh and a joke" and, "It's so rewarding if I put a smile on someone's face."

People who used services were active partners in their care. Staff are fully committed to working in partnership with people and making this a reality for each person. Staff always empower people who use the service to have a voice and to realise their potential. They show determination and creativity to overcome obstacles to delivering care. People's individual preferences and needs are always reflected in how care is delivered.

People's emotional and social needs were highly valued by staff and were embedded in their care and treatment. One member of staff comforted one person with a cuddle when they became distressed. The member of staff then went to find out when the person's relatives were visiting, made sure the person knew and was at ease before leaving them. Relatives told us, "The staff are always affectionate towards the residents, they all show fondness to everyone" and, "The staff are so kind and very loving towards the

residents." A visiting healthcare professional said, "This home is light and loving. Staff give people hugs which is great, it really lifts them." The registered manager said, "All of us want the same things. Staff have come on the same journey."

A relative told me, another said "We were recommended this place and we looked round it felt friendly and I feel happy to leave [name] here. I know she is very well looked after and being checked on at night." Another relative said, "Dad is comfortable here, the staff are very kind and the manager is very approachable, the staff show great kindness to him and make him feel part of the family. Since moving homes he is more interactive with people, they seem to have brought him out of his shell."

There were ways for people to express their views about their care. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received and voice their opinions. The registered manager told us, "We send invitations to families and ask them to attend reviews."

## Is the service responsive?

### Our findings

The service continued to be responsive.

People received care that was responsive to their needs and personalised to their wishes and preferences. Relatives told us, "The communication is great; they will always have a chat when we came in" and, "We're involved with everything." The registered manager said, "A dialogue is always two ways, we have an open relationship and people can say anything to me." Fourteen people shared rooms. The registered manager told us people with dementia were often better in shared rooms and families were always given the choice.

People or their relatives confirmed they were involved in developing their care, support and treatment plans. Care plans were clear and demonstrated a very compassionate approach. We saw examples that set out the guidance for staff around supporting two people with diabetes and another with Parkinson's disease. However, staff we spoke with knew peoples' needs. Daily records were not always fully maintained, such as recording oral/dental care where people required support with this. The registered manager advised that people's weight was monitored using a Patient Led Approach to Nutritional Care in collaboration with Dorothy House Hospice. We saw a copy of the questionnaire used in relation to this approach. A visiting healthcare professional told us, "Staff follow the instructions I give and records give me what I need." Relatives told us, "I'm very happy. All the staff know people very well" and, "Yes, I did discuss [names] care plan."

Thirteen people were nursed on pressure reducing mattresses. The registered manager reported auditing the mattresses. None of the people concerned had a pressure ulcer and were re-positioned every two to four hours to reduce the risk of developing pressure ulcers. We noted that every mattress was set at 90kg and not every person was this weight. After the inspection the registered manager advised that pump settings were set high to counteract 'bottoming out' (the comfort setting may be too low) which is why settings may be elevated. All overlays were due to be serviced in June 2018. The registered manager confirmed that where people were significantly cognitively impaired, and unable to communicate, comfort was assessed through body language and addressed accordingly.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. There had not been any complaints since our last inspection. The registered manager said, "I talk to families and respond to the slightest niggles, it's important to the person."

People were able to enjoy a variety of activities which included hairdressing, a monthly church service and daily newspapers. One newspaper was called "The Daily Sparkle" and gave historical information. Staff told us how one person liked to do the washing up and be given a duster to help with dusting. Staff said, "Activities have to be meaningful, so we respond to what people want to do" and, "We have an annual dog show and the residents do the judging." People were able to enjoy the company of cats and a dog. The activity co-ordinator spoke with warmth about her job and said, "It doesn't feel like a job, more part of family life; Cholwell House is a joy to be part of." Staff felt they had a great relationship with the local community and told us they often had local school children, choirs, and other visitors to entertain people.

People and their families had been asked about their wishes for the end of their lives. Staff worked to the Gold Standards Framework, which aims to ensure people have a 'good death' when they reach the end of their lives. Staff had always been awarded Beacon Standard for the support they provided people, and had achieved Platinum Status. This is recognition of the standards they achieved over a period of time. The award stated, "The home is a great example of Gold Standards Framework being well and truly embedded with all staff." Although no-one was reaching the end of their lives, a policy was in place. The registered manager was an oncology nurse and trained in palliative care. Staff completed training such as "What complicates grief and loss" which gave them insight into how families reacted at the loss of a loved one. The registered manager said, "We're here for the community. Clinical excellence is wonderful, but it's about people walking in and knowing they're cared about."

## Is the service well-led?

### Our findings

The service is well led.

There is a registered manager in post. 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.

There were quality assurance systems in place to monitor health and safety and plan on-going improvements. The registered manager had identified which members of staff were not fully completing records and a plan was in place to address this. The registered manager employed a company to manage health and safety checks. A variety of monthly, quarterly, six-monthly and annual checks took place including medicines and safeguarding audits. Audits included 'Dignity for Dementia'.

The directors and registered manager demonstrated passion and commitment to providing an excellent service for people and their relatives. The registered manager said, "It's not a care home, it's a way of life and is people's home." The registered manager took part in research to find better ways of looking after older people and improving their quality of life. They also took part in health research and received regular updates about improving the care of older people with long term conditions.

The home had forged good links with the local community and other agencies which helped to make sure people received care that was always up to date and reflective of best practice. The registered manager said, "We're part of a strategy to develop a dementia friendly community in Temple Cloud."

We observed people responded very warmly to the registered manager and staff supporting them. Relatives told us they felt the service was outstanding. Relatives said, "They have gone above and beyond for us." The registered manager said, "The important thing for me is making a difference for people who live here." The registered manager had been recognised in the Gold Standards Framework assessment which stated, "There is very good leadership and continuity with little staff turnover." In addition the service had been awarded the Gold Standards Framework Care Home of the Year 2017 for Excellence in End of Life Care

The registered manager and directors were very committed to providing a service that was person centred and treated everyone as equals. They had identified potential inequality issues around a range of topics, which included sensory impairments, sexual orientation and transgender issues and spiritual needs. Everyone we spoke with told us the registered manager and staff were always supportive and approachable. Relatives said, "The manager always knows what's going on." Staff said, "I have a great relationship with the manager, we all get on so well, it is like one big family we all treat each other so well. Some staff have worked here over 20 years" and, "Lots of the staff have been here a long time." There was a clear management structure with regular involvement from the directors.

The directors and registered manager provided clear leadership and used systems effectively to monitor the

culture of the service. The registered manager said, "I'm highly visible and there's nothing I wouldn't do. Staff know what my expectations and vision are; staff are great. We do things as a team." A visiting healthcare professional told us, "There is a great culture here. Staff know people very well. We have a great working relationship with the home."

Relatives and stakeholders were involved in decisions and changes regarding the running of the home. The provider had effective systems in place to monitor the quality of care and support that people received. Feedback from stakeholders gave the home 100% across all areas. Comments from relatives included, "Cholwell House is a beacon in nursing care that others would do well to follow", "An excellent, homely caring environment. I would thoroughly recommend Cholwell House."

Staff were reminded of the vision and values of the organisation, which the registered manager told us was about being the pinnacle of dementia care. Staff told us they felt very supported and said, "The manager is fantastic" and, "She's the best manager I've ever worked for."

Relatives we spoke with confirmed they were able to contribute to improving the service and were asked their views regularly. Resident and relatives meetings were held regularly