



Making Social Care  
Better for People

# inspection report

## CARE HOMES FOR OLDER PEOPLE

### Cheverels Care Home

**52 Dorchester Road  
Maiden Newton  
Dorchester  
Dorset  
DT2 0BE**

*Lead Inspector*  
Amanda Porter

*Key Unannounced Inspection*  
12<sup>th</sup> October 2007      10:00

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for Older People*. They can be found at [www.dh.gov.uk](http://www.dh.gov.uk) or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: [www.tso.co.uk/bookshop](http://www.tso.co.uk/bookshop)

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# SERVICE INFORMATION

<b>Name of service</b>	Cheverels Care Home
<b>Address</b>	52 Dorchester Road Maiden Newton Dorchester Dorset DT2 0BE
<b>Telephone number</b>	01300 320348
<b>Fax number</b>	01300 321682
<b>Email address</b>	
<b>Provider Web address</b>	<a href="http://www.altogethercare.co.uk">www.altogethercare.co.uk</a>
<b>Name of registered provider(s)/company (if applicable)</b>	Altogether Care LLP
<b>Name of registered manager (if applicable)</b>	
<b>Type of registration</b>	Care Home
<b>No. of places registered (if applicable)</b>	19
<b>Category(ies) of registration, with number of places</b>	Dementia - over 65 years of age (19), Mental Disorder, excluding learning disability or dementia - over 65 years of age (19), Physical disability over 65 years of age (19)

# SERVICE INFORMATION

## Conditions of registration:

**Date of last inspection**      15th September 2006

## Brief Description of the Service:

Cheverels Care Home is registered to provide nursing care to a maximum of 19 elderly people with mental confusion and physical disability. The home is established in a converted 16th century coaching house, which is situated in the middle of Maiden Newton. It is close to all local amenities, post office, public house, church and petrol station.

The accommodation is available over two floors with the first floor access by passenger lift. The second floor provides two staff offices and a WC and accommodation for two members of staff. There is a small private garden with raised borders at the back of the home and a parking area for visitors' use is available at the side of the house.

The home is owned by Altogether Care LLP and is run on a day-to-day basis by the Head of Care, Mr Edwin Inayat. Altogether Care LLP intend to submit an application to the Commission for Social Care Inspection for Mr Inayat to be the Registered Manager.

The home's service user guide notes that a copy of the home's latest inspection report is available in the home's lounge. At the time of inspection the weekly fees ranged from £550 to £750, extra amounts are charged for chiropody services, hairdressing, daily papers /magazines. See the following website for further guidance on fees and contracts [www.ofc.gov.uk](http://www.ofc.gov.uk) (Value for Money and Fair Terms in Contracts).

# SUMMARY

This is an overview of what the inspector found during the inspection.

This unannounced inspection took place on the 12<sup>th</sup> October 2007 over a period of approximately five and a half hours. The purpose of the inspection was to review the requirements and recommendations made at the last inspection and assess all of the key standards.

The Head of Care, Mr Edwin Inayat, was on hand throughout to aid the inspection process.

Information gathered for this report came from several sources including:

- Reports made to the Commission for Social Care Inspection by the home.
- The annual quality assurance assessment completed by the home.
- 3 surveys completed by relatives and visitors, 5 by staff, 1 by a GP and 1 by a care manager.
- Tour of the premises.
- Review of a variety of documentation including care records, staff records, maintenance records, policies and procedures.
- Discussion with residents and staff.

During the course of the inspection three residents and six members of staff were spoken with and asked their views on the service provided at the home. Comments received in surveys and through discussion included:

*"It is a very well run home and they have a brilliant team of care workers."*

*"The staff do an excellent job and are always patient and kind."*

*"The manager, nursing and care staff at Cheverels Care Home are to be congratulated on the high quality of care they give the residents under not always ideal conditions. The care is delivered in equal parts with warmth and affection to those in their charge."*

Everyone at the home was most welcoming and helpful during the inspection.

## **What the service does well:**

Residents and their relatives are assured that Cheverels Care Home is suitable for meeting their needs prior to admission when an assessment is carried out to identify care needs and other considerations.

Each resident has a plan of care detailing for staff how to meet assessed care needs. Residents and/or relatives are invited to review care plans.

Residents' health needs are identified and met by staff and visiting health care professionals and medicines are managed well in the home in the best interests of residents.

The activities arranged within the home generally meet the expectations of the residents living there.

Visitors to the home said they were made welcome and were greeted by a friendly face.

Residents like the food provided and enjoy the choices offered at each meal.

The complaints procedure can reassure residents and relatives that their views are important to the home and that any complaints they raise will be properly investigated.

The home has an ongoing training programme for staff, which means that residents will be cared for by skilled staff.

A robust quality assurance system is in place to ensure that the home is run in the best interests of the residents.

Financial procedures within the home also ensure that residents' interests are protected.

The health and safety of the residents and staff are protected by the policies and procedures that the staff follow at Cheverels.

## **What has improved since the last inspection?**

Mr Inayat has ensured that work has continued to improve the standard of assessments and care plans for each resident. This means that staff have sufficient information to be able to meet the residents' needs appropriately.

The home has an ongoing staff training programme and staff have received training in the protection of vulnerable adults.

## **What they could do better:**

As a result of this inspection four requirements and two recommendations for good practice have been made.

The planned building work is due to commence in 2008 and, once completed, will improve the environment for residents to live in and staff to work in. It will include improvements in room sizes for some bedrooms, bathroom facilities and the call bell system.

The home must ensure that sufficient care staff are on duty at all times so that residents receive the high standard of care that Cheverels strives to achieve.

New care staff should receive dementia care training so that they are more equipped to give a good level of care to residents.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from [enquiries@csci.gsi.gov.uk](mailto:enquiries@csci.gsi.gov.uk) or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

# **DETAILS OF INSPECTOR FINDINGS**

## **CONTENTS**

Choice of Home (Standards 1-6)

Health and Personal Care (Standards 7-11)

Daily Life and Social Activities (Standards 12-15)

Complaints and Protection (Standards 16-18)

Environment (Standards 19-26)

Staffing (Standards 27-30)

Management and Administration (Standards 31-38)

Scoring of Outcomes

Statutory Requirements Identified During the Inspection

## Choice of Home

### The intended outcomes for Standards 1 – 6 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Each service user has a written contract/ statement of terms and conditions with the home.
3. No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
4. Service users and their representatives know that the home they enter will meet their needs.
5. Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
6. Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

**The Commission considers Standards 3 and 6 the key standards to be inspected.**

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

**1 & 3. Standard 6** is not applicable to this service.  
Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

The admissions procedure enables prospective residents, and/or those acting on their behalf, to make informed decisions about admission to the home and ensures that only residents whose needs can be met by the home are offered places there.

### **EVIDENCE:**

The service user guide was reviewed and generally contained sufficient information about the facilities and services available at Cheverels. It needed updating to inform the reader of the current management arrangements in the home. The Registered Provider has since done this.

Care files for two residents were seen and each had a pre-admission assessment, which contained very detailed information about each resident's needs. The prospective resident and family members had contributed greatly to the assessment and visits to the home prior to admission were encouraged. A comment received stated, *"I felt the information collected was a robust assessment meeting my service user's needs appropriately."*

## Health and Personal Care

### The intended outcomes for Standards 7 – 11 are:

7. The service user's health, personal and social care needs are set out in an individual plan of care.
8. Service users' health care needs are fully met.
9. Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
10. Service users feel they are treated with respect and their right to privacy is upheld.
11. Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

**The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected.**

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

#### **7, 8, 9 & 10.**

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

Systems are in place to provide staff with the information they need to meet the health and personal care needs of residents. The principles of respect, dignity and privacy are put into practice.

### **EVIDENCE:**

From the documentation reviewed it was apparent that a lot of work had gone into the assessments and care plans so that staff had all the information they should need to be able to care for the residents appropriately.

The care documentation for two residents was reviewed. Files contained a variety of assessments including:

- Moving and handling.
- Social care, which included a good life history.
- The risk of pressure sores and body mapping, where appropriate.
- Nutrition.

Information from the assessments was used to formulate plans of care. Plans were of a good standard and were easy to read, to the point and very informative. They clearly set out individual care needs and how they are to be met. The resident's chosen representatives were invited to be involved in drawing up care plans, which were reviewed regularly.

It was clear from information received and discussions with staff that residents have access to the health services they need. There was evidence to show that residents get support from General Practitioners, clinical specialists, chiropodists, opticians and dentists.

The home has a well-written and informative medicines policy and procedure including reference to self-administration and associated risk assessment and arrangements for ordering, administration and disposal. Medicines were stored securely. Records were kept of the receipt, administration and disposal of medicines. Examination of records indicated that medicines are properly administered in accordance with the prescriber's instructions.

Comments received from relatives/visitors confirmed that staff treated residents with respect. One comment received stated "*The care staff are absolutely wonderful with the residents at Cheverels. They are very attentive and caring towards each individual.*" This was observed during the inspection and residents appeared to be content, most being too frail to tell the inspector any details of day-to-day living at Cheverels. Staff were seen to be caring, cheerful and were supportive and kind.

## Daily Life and Social Activities

### The intended outcomes for Standards 12 - 15 are:

12. Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
13. Service users maintain contact with family/ friends/ representatives and the local community as they wish.
14. Service users are helped to exercise choice and control over their lives.
15. Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

**The Commission considers all of the above key standards to be inspected.**

### JUDGEMENT – we looked at outcomes for the following standard(s):

**12, 13, 14 & 15.**

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

The range of activities provided at the home gives residents the opportunity to participate in some stimulating pastimes. Residents are able to have contact with family, friends and the local community if they wish and are able. Meals appear to be enjoyed by the residents.

### EVIDENCE:

The healthcare assistants organise some activities daily and appear to have a good understanding of the resident's needs. One afternoon a week someone is specifically employed to organise activities, which on the day of inspection included playing chess with one service user and chatting with others on an individual basis. Other activities include:

- Extend exercise classes
- Memory box
- Minibus trips
- Hairdressing

- Reflexology
- Aromatherapy
- Musical entertainment
- Arts and crafts
- Manicures.

Activity records were kept for each resident, however these did not give much detail.

Relatives said that visitors were always made welcome at the home.

Residents spoken with during lunch said that they were enjoying the meal. The menu offered choice and changes were made in accordance to residents' wishes.

## Complaints and Protection

**The intended outcomes for Standards 16 - 18 are:**

- 16.** Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
- 17.** Service users' legal rights are protected.
- 18.** Service users are protected from abuse.

**The Commission considers Standards 16 and 18 the key standards to be.**

**JUDGEMENT – we looked at outcomes for the following standard(s):**

**16 & 18.**

Quality in this outcome area **good**.

This judgement has been made using available evidence including a visit to this service.

People who use and visit the service are able to express their concerns, and have access to a robust, effective complaints procedure. Protection from abuse is promoted.

**EVIDENCE:**

The home has a clear complaints procedure available to everyone. Relatives stated that if they had any concerns they would feel confident about talking to the Head of Care, knowing that he would listen to them. The home has not received any complaints since the last inspection.

The home has a robust policy and procedure to respond to suspicion or evidence of abuse or neglect and some staff have received training in this. In discussion they appear to have a general understanding of local procedures.

## Environment

### The intended outcomes for Standards 19 – 26 are:

19. Service users live in a safe, well-maintained environment.
20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
21. Service users have sufficient and suitable lavatories and washing facilities.
22. Service users have the specialist equipment they require to maximise their independence.
23. Service users' own rooms suit their needs.
24. Service users live in safe, comfortable bedrooms with their own possessions around them.
25. Service users live in safe, comfortable surroundings.
26. The home is clean, pleasant and hygienic.

**The Commission considers Standards 19 and 26 the key standards to be inspected.**

### JUDGEMENT – we looked at outcomes for the following standard(s):

#### **19 & 26.**

Quality in this outcome area is **adequate**.

This judgement has been made using available evidence including a visit to this service.

The home is clean throughout, attractively decorated and comfortably furnished creating a homely atmosphere for residents to live in. However there are some bedrooms which are short of practical space where the occupant's nursing needs are high and specialist equipment is used to help meet those needs.

### **EVIDENCE:**

As noted in previous inspection reports the home has a ground floor lounge with a separate dining room both are pleasantly decorated and comfortably furnished.

Bedrooms are situated on the ground and first floor of the home and the first floor is accessed by the main staircase or passenger lift. There are seven single bedrooms and six shared bedrooms: five single rooms and one of the shared rooms have en-suite facilities. Four bedrooms are under the recommended size: two single and two doubles, and this means that staff have to move furniture around when specific equipment/aids are used.

Some radiators remain unguarded and could be a hazard to any resident walking independently. Assessments are in place to minimise the risk.

The home has made the Commission for Social Care Inspection aware that the planned extension and general development and improvements within the home will now take place during 2008. Therefore the environmental requirements made at the last inspection have been brought forward into this report with new timescales set.

## Staffing

**The intended outcomes for Standards 27 – 30 are:**

- 27.** Service users' needs are met by the numbers and skill mix of staff.
- 28.** Service users are in safe hands at all times.
- 29.** Service users are supported and protected by the home's recruitment policy and practices.
- 30.** Staff are trained and competent to do their jobs.

**The Commission consider all the above are key standards to be inspected.**

**JUDGEMENT – we looked at outcomes for the following standard(s):**

**27, 28, 29 & 30.**

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

Sufficient nursing and care staff are employed to meet the needs of residents most of the time. However there are times when there is a shortfall in staffing numbers and this can affect the level of care given to residents. Generally recruitment procedures are sufficiently robust to protect residents from the risk of unsuitable staff working at the home. Training within the home is sufficient to enable staff to meet the needs of all residents.

### **EVIDENCE:**

Staffing rotas were reviewed and showed that at most times sufficient care staff were on duty to meet the needs of the residents, however there were some shortfalls. The Head of Care confirmed that the normal staffing levels during the day were one registered nurse and three care assistants. On the day of inspection only two health care assistants were on duty with one registered nurse during the morning shift. It was apparent that during lunchtime many of the residents needed assistance with their meal and the reduction in staffing meant that some residents had to wait for their lunch.

The home does employ sufficient ancillary staff for cooking, cleaning, laundry and maintenance duties.

The home has an ongoing training programme, which includes NVQ level 2 in care. The Head of Care confirmed that at the time of inspection 40% of care staff held this award and there were further candidates who are working towards attaining it, which will bring the ratio above 50%.

Four staff recruitment files were reviewed and they contained most of the relevant information required. The home had not obtained the relevant POVA First and Criminal Records Bureau check for one member of staff and had one from a previous employer. At the time of writing the home has confirmed that this information is being sought.

Training files demonstrated that staff were receiving some induction training. Two new recruits had not had any dementia care training, which would have helped them understand more about the needs of this particular client group. Overall records showed that staff had received training in the following:

- Fire safety
- Moving and handling
- Promoting continence
- Emergency first aid
- Infection control
- Protection of vulnerable adults.

Staff confirmed that training opportunities were made available to them and that they had undertaken the mandatory training. One comment received stated *"The company is very good with training and our manager especially is good for giving us every opportunity to do the training."*

Further information on available training can be accessed through the following websites:

[www.picbdp.co.uk](http://www.picbdp.co.uk)

[www.skillsforcare.org.uk](http://www.skillsforcare.org.uk)

## Management and Administration

**The intended outcomes for Standards 31 – 38 are:**

- 31.** Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
- 32.** Service users benefit from the ethos, leadership and management approach of the home.
- 33.** The home is run in the best interests of service users.
- 34.** Service users are safeguarded by the accounting and financial procedures of the home.
- 35.** Service users' financial interests are safeguarded.
- 36.** Staff are appropriately supervised.
- 37.** Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
- 38.** The health, safety and welfare of service users and staff are promoted and protected.

**The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.**

**JUDGEMENT – we looked at outcomes for the following standard(s):**

**31, 33, 35 & 38.**

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

The home is well organised and the daily management and running of the home centres round the care of residents.

**EVIDENCE:**

Since the last inspection the registered manager resigned her post and Mr Inayat has taken on the management role. He has experience in caring for this client group and has recently completed the NVQ4 registered manager's

award. Mr Inayat has not yet submitted an application to register with the Commission for Social Care Inspection but it is his intention to do so. Standard 31 cannot be fully assessed until his application has been processed and approved. However staff and visitors confirmed that there was a good working atmosphere under his leadership.

There is an effective quality assurance and quality monitoring system in place. The home takes steps to review its performance regularly and resident surveys are conducted and results analysed and action is taken as necessary.

The Head of Care confirmed that the home does hold some "pocket money" for some residents. Clear records are kept of any monies held and how this is spent on behalf of the resident concerned.

Records showed that staff had received recent training in fire safety and all had manual handling updates. Substances hazardous to health were seen to be stored securely. Records showed that equipment had been serviced regularly. Accidents were recorded and analysed and appropriate action was taken as necessary.

# SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable)      **3** Standard Met (No Shortfalls)  
**2** Standard Almost Met (Minor Shortfalls)      **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
Standard No	Score
1	3
2	X
3	4
4	X
5	X
6	N/A

HEALTH AND PERSONAL CARE	
Standard No	Score
7	3
8	3
9	3
10	3
11	X

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	3
13	3
14	3
15	3

COMPLAINTS AND PROTECTION	
Standard No	Score
16	3
17	X
18	3

ENVIRONMENT	
Standard No	Score
19	2
20	X
21	X
22	X
23	X
24	X
25	X
26	3

STAFFING	
Standard No	Score
27	2
28	3
29	2
30	3

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	X
32	X
33	3
34	X
35	3
36	X
37	X
38	3

Are there any outstanding requirements from the last inspection? YES

**STATUTORY REQUIREMENTS**

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action
1.	OP19	23(2)(j)	The Registered Person must provide at appropriate places in the premises sufficient numbers of lavatories, and of wash-basins, baths and showers fitted with a hot and cold water supply. (The second bathroom must be upgraded to ensure it is more suitable for residents' bathing needs. Measures must be taken to ensure that the damage to the bath enamel in the assisted bathroom does not promote cross infection.) Previous timescales of 31/10/05, 31/03/06 and 31/12/06 not met. The Commission has received confirmation from the Registered Provider that the plans to extend and refurbish the home will begin in 2008.	30/06/08
2.	OP19	23(2)(n)	The Registered Person must make sure that suitable adaptations are made, and such support, equipment and facilities, as may be required are provided, for service users who are old, infirm or physically disabled. (The old call system	30/06/08

			must be replaced with a more suitable system that suits the needs of service users and be available for use in all communal rooms.) Previous timescales of 31/10/05, 31/03/06 and 31/12/06 not met. The Commission has received confirmation from the Registered Provider that the plans to extend and refurbish the home will begin in 2008.	
3.	OP27	18(1)(a)	The registered person must ensure that at all time suitably competent and experienced persons are working at the care home in such numbers as are appropriate for the health and welfare of service users.	12/12/07
4.	OP29	19(4)	The Registered Person must not allow a person who is employed to work at the care home unless the employer has obtained in respect of that person the information and documents specified in paragraphs 1 to 9 of Schedule 2. (This must include obtaining a POVA first and CRB check).	12/12/07

## RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1.	OP13	<p>The registered persons should consider how to provide a comfortable place where visitors can meet with service users in private particularly because there are several shared bedrooms in the home.</p> <p>Plans to upgrade the home are due to commence in 2008.</p>
2.	OP30	<p>Induction training for care staff should include dementia care.</p>

## **Commission for Social Care Inspection**

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