

# Care UK Community Partnerships Ltd

## Cheviot Court

### Inspection report

Horsley Hill Square  
South Shields  
Tyne and Wear  
NE34 6RF

Date of inspection visit:  
07 May 2019  
10 May 2019  
17 May 2019

Website: [www.careuk.com/care-homes/cheviot-court-south-shields](http://www.careuk.com/care-homes/cheviot-court-south-shields)

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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?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

About the service: Cheviot Court is a residential care home that provides personal care to 70 people aged 65 and over at the time of the inspection.

People's experience of using this service: People and relatives were extremely complimentary about the responsiveness of staff. They knew how to meet people's preferences and used inclusive ideas to ensure that people had an enhanced sense of wellbeing.

A creative activities programme was in place. People and relatives told us that staff had gone the extra mile to find out about people's previous hobbies and interests to enable these to be continued at Cheviot Court.

New technology was embraced; it was used effectively to help people maintain family relationships.

People could participate in a wide range of activities based on their background and interests.

People received good care from kind and caring staff; they also felt safe living at Cheviot Court. Staff had a good understanding of the procedures to keep people safe and knew how to report concerns if needed. Safeguarding concerns were thoroughly investigated.

Staffing levels were suitable to meet the needs of people. New staff were recruited safely.

Trained and competent staff ensured medicines were managed safely.

Health and safety checks and risk assessments helped to maintain a safe environment; incidents and accidents were monitored to identify lessons learnt.

Staff were well supported and received the training they needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to have enough to eat and drink; as well as supported to access health care services when needed. The service was suitably adapted to meet people's needs.

Care plans were personalised and reviewed to reflect people's current needs.

Complaints were fully investigated and action was taken to resolve issues quickly.

People and staff gave positive feedback about leadership and management of the home. There was a structured approach to quality assurance to check people received good care. People, relatives and staff

were encouraged to provide feedback about the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: Good (the last report was published on 17 November 2016).

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor this service and inspect in line with our re-inspection schedule for services rated good.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was exceptionally responsive.

Details are in our Responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

# Cheviot Court

## Detailed findings

### Background to this inspection

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

**Inspection team:** One inspector and an expert by experience carried out the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

**Service and service type:** Cheviot Court is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

**Notice of inspection:** This was an unannounced inspection.

**What we did:** Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed all the information we held about the service, this included notifications of significant changes or events.

We checked for feedback we received from members of the public, local authorities, clinical commissioning groups (CCGs) and health watch.

During the inspection we spoke with four people, four relatives, the registered manager, the deputy manager, a senior care worker, three care workers, the lifestyle lead, a cook and a volunteer. We reviewed four people's care records, two staff personnel files, audits and other records about the quality and safety of the service.

The provider submitted additional evidence after our inspection, which we received on 17 May 2019. This information was considered when deciding the ratings for the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- People and relatives told us the home was safe. They commented, "I definitely feel safe having people around to care for me" and "I have no complaints, it's first class ... [family member] is safe."
- The provider dealt with safeguarding concerns effectively; previous concerns had been thoroughly investigated.
- Staff knew about safeguarding and the provider's whistle blowing procedure; they knew how to raise concerns if needed. They told us, "I have not used it [whistle blowing procedure] but I definitely would [if needed]."

Assessing risk, safety monitoring and management.

- Health and safety checks and risk assessments were completed; these helped keep people, the environment and equipment safe.
- Staff responded sensitively to support people when they were anxious or distressed.
- The provider had plans for dealing with emergency situations; personal emergency evacuation plans described the support each person needed in an emergency.

Staffing and recruitment.

- There were enough staff to provide the care people wanted; staff were always visible around the home. People and relatives commented, "They're pretty good, unless they're busy at that specific time" and "Oh yeah, I would say the staff are always available for the residents and the family ... They're fantastic in that respect they run a very tight ship here, they all work together."
- The registered manager monitored staffing levels to check they remained at an acceptable level.
- The provider followed safe recruitment procedures; this included pre-employment checks to ensure new staff were suitable.

Using medicines safely.

- The provider continued to manage medicines safely.
- People received their medicines at the right times; medicines were stored and disposed of appropriately.
- Senior staff checked staff followed the agreed medicines management procedures.

Preventing and controlling infection.

- The home was clean, well maintained and well decorated.
- Staff followed the provider's infection control practices; regular management checks ensured cleanliness was maintained to a good standard.

Learning lessons when things go wrong.

- Effective action was taken following accidents or incidents to help prevent the situation from happening again.
- The provider analysed accidents and incidents; this ensured the correct action had been taken and lessons were learnt.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- People's needs had been fully assessed; consideration had been given to their preferences, as well as religious, cultural and ethnicity needs.

Staff support: induction, training, skills and experience.

- Staff were competent to carry out their caring duties. One relative said, "They seem to do everything and cope with everything they need to. So, they seem well trained and proficient in their tasks."
- Staff received good support and the training they needed. They said, "I am very supported, I am very lucky" and "I am really supported, everybody had been lovely."
- Training, supervision and appraisals were up to date.

Supporting people to eat and drink enough to maintain a balanced diet.

- Staff supported people to have enough to eat and drink; people were offered a choice of meals each day.
- Staff used visual strategies to promote choice and independence; people were shown plated up meals to choose from.
- People and relatives gave positive feedback about the meals provided. They commented, "The food is nice it's varied" and "There's always two choices at every meal time. I think the food is very good, there's a vegetarian option and plenty of it. I've stayed a few times with [family member] and it's tasty."
- Meals had been adapted to suit people's dietary and health needs, such as pureed meals.
- Some people had been referred to health professionals due to difficulties with eating and drinking; their advice had been included in care plans and staff followed these.

Staff working with other agencies to provide consistent, effective, timely care.

- Each person had an emergency health care plan; this was a summary of important information to be shared when people accessed other services.

Adapting service, design, decoration to meet people's needs.

- People had personalised their rooms to suit their own tastes and interests.
- The home was adapted to meet the needs of people living with dementia; there were themed areas, rummage boxes, crockery and soft furnishings designed to enhance people's quality of life.

Supporting people to live healthier lives, access healthcare services and support.

- People had regular input from health care professionals; this included GPs, community nurses and specialist nurses. One relative said, "They would ring for a doctor if they thought [family member] needed help and they would inform us as well."

- Health professionals' advice had been included in people's care plans; this ensured staff followed best practice consistently.

Ensuring consent to care and treatment in line with law and guidance.

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 to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- DoLS authorisations had been either applied for or approved for people requiring one; the registered manager monitored DoLS authorisations to check they remained up to date.
- MCA assessments and best interests decisions had been completed for restrictions placed on people. For example, where people could not consent to their admission or for the use of bedrails, wheelchair lap belts and falls sensor equipment.
- Staff understood the importance of MCA and people's preferred communication style; this allowed staff to support people with making choices.
- Staff used various strategies to support people to make decisions based on their individual needs. For example, showing people options to choose from. One staff member commented, "We get to know the residents that well, we know all their little quirks."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity.

- People received good care. People and relatives commented, "I'm in a good place, the staff are nice and I get on alright with them. I think it's one of the best ones as far as I can gather" and "I have no complaints, it's first class."
- Staff were kind, considerate and caring. People and relatives commented, "I get on very well with the staff here" and "[Staff are] kind and very respectful and are very caring. It was one worry we had but not that we've found it here. It was the right decision we made."
- Staff responded sensitively to situations to maintain people's wellbeing. For example, when one person spilled their drink a staff member responded swiftly to check the person was okay and comfortable prior to cleaning up the drink.
- Positive relationships had developed between people and staff; interactions between people and staff were warm and pleasant. One relative commented, "There's always a lot of laughter and they encourage a lot of humour."

Supporting people to express their views and be involved in making decisions about their care.

- Staff had a good understanding of people's communication needs; this was used to support people to make daily living choices and decisions. One relative said, "Staff listen to their [people's] opinions which can be varied, but they don't butt in but listen to what they have to say."
- Information was made available to people about how to access independent advocacy services.

Respecting and promoting people's privacy, dignity and independence.

- People were treated with dignity and respect; this was reflected in the feedback we received. One relative said, "They have a very kind gentle approach and [family member] responds to how they treat her."
- Staff understood the importance of treating people with dignity and respect. They regularly adapted their approach to ensure dignity was maintained. For example, gaining people's consent, explaining what they were doing, keeping people covered and closing doors to maintain privacy.
- People were supported to remain as independent as possible. One relative told us, "They're encouraged to walk around ... [family member] has a walker and they always keep an eye on her as she's unsteady. Independence is encouraged where possible."

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- The service was exceptionally person-centred. People's needs were a priority and staff were very motivated to meet these needs. One relative commented, "[Staff member] is fantastic with [family member] and with [relative] when they visit every day. I'm not sure if she does anything different [to the other carers], it's team work. The Lifestyle Team do a massive amount of stuff here, it's fantastic."
- Staff knew people's life histories, interests and preferences. They used inclusive ways to ensure people were consulted and involved in all aspects of their care and support. This helped ensure people had an enhanced sense of wellbeing and quality of life. One person had previous experience as an entertainer. Staff consulted with them to suggest performers, meet with the entertainers following the performance and have a photo to display in their room. Staff supported the person to fulfil their wish of organising an 'Oscars' award night; they were integral in selecting the award categories, the décor and the refreshments. The person thanked the staff stating they had a "brilliant time" and had thoroughly enjoyed the experience.
- Staff regularly consulted another person when recruiting new staff; the person had previous experience in this area and enjoyed suggesting question ideas to ask at interview.
- Staff actively supported people to fulfil their cultural and religious needs. They supported one person to attend their chosen church; this enabled them to socialise with friends and hear speakers from other churches. A well-attended service was also held in the home; this enabled people who had difficulty accessing the local community to still follow their beliefs. The visiting minister commented, "This is our favourite place to come to, it's fabulous. We do a service up on the dementia unit."
- The provider embraced the new technology; this had been incorporated into aspects of the home. For example, supporting one person to retain contact with family who lived away using Skype. The home purchased an 'Alexa' (a virtual personal assistant) so that another person, who enjoyed singing, could interact with it and request their favourite songs when they chose, thereby enhancing their independence.
- A creative activities programme was in place. People and relatives said staff had gone the extra mile to find out about people's previous hobbies and interests to enable these to be continued at the home. A relative told us, "There's music, always some activities going on ... I know if we hadn't got [family member] in here they would just be staring out of the window [in their own home]."
- Dedicated activities staff and volunteers provided a range of activities; this included a clear focus on the needs of people living with dementia. For example, the home had a dementia choir and people in communal lounges had access to rummage boxes and construction kits. A volunteer commented, "Where would I start, I've never known anything like it, that's how I got involved in becoming a volunteer there's two of us. There's a choir which is a big thing and everyone loves it. They're currently doing rehearsals for a show in July called 'The Old Time Music Hall' ... There's something for everyone to take part in."
- Other activities were available which were focused on what people wanted and their interests; this included theatre trips, outings, a men's club, a poetry group and arts and crafts. One relative said, "The

activities leader has a residents' meeting for anyone who wants to come and she goes through the timetable. If anyone wants anything added or taken away, their opinions are noted."

- People's artwork was displayed in the home on a 'gallery wall' for people to look at when they wanted.
- Care plans guided staff about all aspects of people's needs; they were reviewed regularly to ensure they reflected people's current needs.
- The provider aimed to make information available to people in ways they could understand it, to comply with the Accessible Information Standard. For example, information about how to access external advocacy services.

End of life care and support.

- People could discuss their future care wishes; people's wishes at this important time in their lives were included in people's care plans.
- Some relatives thanked staff for providing excellent end of life care. Words relatives used to describe the care people had received at the end of their life included "shown great dignity"; "mattered as an individual" and "wonderful level of care and support."

Improving care quality in response to complaints or concerns.

- People and relatives knew how to complain if required; we only received positive feedback about the home. People and relatives commented, "There is definitely nothing to worry about" and "They're very good."
- Complaints were fully investigated following the provider's complaints process.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The home had a positive atmosphere; staff morale and teamwork were good. People and relatives commented, "The atmosphere is bright and breezy" and "There is a good atmosphere here."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The registered manager continued to be pro-active in submitting the required statutory notifications to CQC following significant events at the home.
- The registered manager was supportive and approachable. People and relatives said, "Yes, [registered manager] is approachable" and "[Registered manager] always speaks and if we needed to talk to anyone she would be okay." Staff said, "I have no problem going to see the manager or deputy for a little chat if I am feeling stressed. The manager has an open-door policy" and "If I had any trouble I could talk to the senior or manager. They have always helped me in the past."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- People, relatives and staff had regular opportunities to give feedback; regular meetings took place where people could meet with others to share their views. One relative said, "They started a meeting for friends and family. Friends and relatives get together over a cup of coffee, it lasts about an hour and is held once a month. It's been going about four months now and is an opportunity to share similar experiences with each other."
- People, relatives, staff and professionals were consulted to gather their views about the home; the feedback was usually positive. For example, people and relatives rated the home highly for staff maintaining privacy, dignity and respect. Professionals were very satisfied with communication and the environment.
- The provider analysed the findings and developed action plans to address any areas for improvement.
- Regular staff meetings took place. One staff member said, "We have regular team meetings. We can all say what we need to say."

Continuous learning and improving care.

- The provider operated a structured approach to quality assurance; this was effective in identifying and addressing issues. This included a range of checks of areas such as record keeping, kitchen hygiene and safety; action plans were developed to address any issues identified.
- The provider's quality assurance systems incorporated some additional oversight of the home; this

included checks from more senior management and the provider's in-house quality assurance team.

Working in partnership with others.

- The provider worked with local commissioners to promote positive outcomes for people.