Coate Water Care Company (Church View Nursing Home) Limited

Chapel House Care Centre

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

About the service
Chapel House Care Centre is a residential care home providing personal and nursing care to 40 people aged 65 and over at the time of the inspection. The service can support up to 41 people in one adapted building. The service had 6 IAT (Integrated Access Team) beds. These were beds that were used as an intermediary for people between hospital and home.

People's experience of using this service and what we found
People and their relatives told us the service was safe. People were cared for by staff who were recruited and trained safely. There were systems in place to protect people from abuse and staff were confident in reporting any concerns. Risks were identified and assessed, there were management plans in place to reduce the risk to people. Accidents and Incidents were recorded and reviewed to identify any further risk.

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

People were supported by staff who knew them well and treated them with respect. People were supported to express their views and be as independent as possible.

People's care plans were personal to them and considered peoples individual cultural and religious needs. The service had good links with the local community and people were supported to maintain meaningful relationships with others who were important to them.

The service was well led. There was a registered manager at the home who maintained oversight and had effective quality assurances systems in place. The registered manager was supported in their role by the operations team who visited regularly. People and staff had regular meetings to discuss their views, if needed, actions were identified and acted on.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was good (published 28 April 2018).

Why we inspected
The inspection was prompted in part due to concerns received about low staffing levels and lack of support for people to maintain their personal care. A decision was made for us to inspect and examine those risks.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-

inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Chapel House Care Centre

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
This inspection was completed by one inspector and one Expert by Experience.
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
Chapel House care centre is a 'care home'. People in care homes receive accommodation and nursing or 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 inspection was unannounced.

What we did before the inspection
Before this inspection, we reviewed the information we already held about the service. This included notifications sent to us by the provider. Notifications are information about specific incidents the service is required to tell us about.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection
During the inspection, we spoke with seven people who used the service and nine relatives about their experience of care provided. We spoke with four visiting professionals about their experience of working with the service. We spoke with nine members of staff, this included care staff, nurses, activities co-ordinator, operations manager, operations director and the registered manager.

We reviewed a range of records; this included four care plans and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. We reviewed a variety of records relation to the management of the service.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management
• Water temperatures were checked weekly to ensure that people were not at risk of burns. The service had set guidelines that water temperatures at or above 41°C for hand basins and 42°C for showers, should be reported. However, we saw that temperatures that were above these guidelines were regularly recorded with no action taken. These temperatures were not above Health and Safety England's guidelines of 44 °C and there had been no incidents of burns or scalds. Failure to act on high temperatures could lead to increased risk of scalding.
• We discussed this with the registered manager, they told us they would address this with the maintenance team immediately and increase their checks of temperature recording.
• There were a number of checks in place to ensure the environment remained safe, these included electrical checks, gas safety checks and legionella checks.
• Fire systems were tested and serviced regularly.
• People's risks had been assessed and there were management plans in place to reduce the risk of harm. These were regularly reviewed.

Systems and processes to safeguard people from the risk of abuse
• There were systems in place to report suspected abuse and concerns for people's wellbeing. Staff received training and were knowledgeable about identifying signs of abuse.
• There was a clear whistleblowing policy in place, staff told us they were confident that their concerns would be acted on by the registered manager, but they knew how to escalate concerns if required. Comments included "I would escalate and go to the operation directors. The details for them are all over the place," and, "We have our whistleblowing policy. You can call [operations manager and director], there are anonymous lines as well and then you can contact CQC in line with company policy."

Staffing and recruitment
• Staff told us there were enough staff to work safely, they told us this was consistent.
• The service used a dependency tool to organise staffing levels, this took into account the support needs of people as well as the layout of the building and skill level of staff.
• Pre-employment checks were completed to ensure staff were suitable for their role. This included references and a check with the disclosure and barring service (DBS). A DBS check helps employers make safer recruiting decisions.
• People told us there were enough staff and they responded to people promptly. One person told us, "They are pretty quick, they don't keep you waiting. I fell last night – crawled across to buzzer, they came and rang the emergency bell and everyone came. They got me stood back up once [staff] realised no broken bits".

Using medicines safely
• Medicines systems were organised, and people received their medicines as prescribed.
• People told us that staff communicated with them and asked their consent before administering medicines. Comments included "staff do medicines, they always ask" and "staff do medicines – I know if they are right or not."
• When people had medicines prescribed 'as required' (PRN), there were detailed protocols in place to guide staff when to administer these. For example, where people had PRN pain relief prescribed, protocols detailed how people communicated pain and what to do if pain relief did not work.
• Medicines were received, stored and disposed of in line with best practice guidance.

Preventing and controlling infection
• The service had received a '5' rating from the Foods Standards Agency. This meant that they had very good food hygiene standards.
• The service was clean and tidy. There was good availability of PPE (personal protective equipment) and we observed staff using these appropriately.

Learning lessons when things go wrong
• Accidents and Incidents were recorded and reviewed by the registered manager. These records were then analysed by the operations manager and director. Trends and patterns were then fed back to the registered manager, these were used to drive improvement and reduce future risk.
• When significant learning outcomes had been identified which improved outcomes of people who used the service, this information was shared with all services under the provider in order to drive improvement across all services.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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 were assessed prior to moving into Chapel House Care Centre. This meant that service was able to ensure they could meet people's needs from arrival.
• The service used nationally recognised tools such as Waterlow. Waterlow is a pressure ulcer risk assessment/prevention policy tool. This meant assessments were evidence based and in line with best practice guidance.
• People had oral health assessments in their care plans, these detailed how people liked to be assisted to maintain their oral care and if they required a referral to a dentist.

Staff support: induction, training, skills and experience
• Staff told us they had enough training to work effectively. Nurses who worked at Chapel House told us they were given enough training and time for reflective practice to support their revalidation. Revalidation is the process where registered nurses and midwives are required every three years to demonstrate to the Nursing and Midwifery Council (NMC) they remain fit to practice.
• Induction for new staff included mandatory training, knowledge checks and shadowing with an experienced member of staff. Staff told us they felt the induction period prepared them adequately for the role.
• Staff told us they were able to raise further training needs as part of their supervision.

Supporting people to eat and drink enough to maintain a balanced diet
• People told us they enjoyed the food at Chapel House, comments included, "Food is marvellous, no complaints", "food is very good" and "We can choose, breakfast cereal, toast, tea, we can have snacks and sandwiches during the day and later on, always something. You never go hungry."
• The service supported people who were at risk of malnutrition and weight loss. Those at risk were weighed regularly, supported with a fortified diet and referred to a dietician if needed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• People told us they were supported to access community health care services when they required them. One person told us, "They have organised a doctor, the chiropodist comes in."
• Professionals told us the service worked with them efficiently in order to provide effective timely care to people. One professional told us, "The recognition of their patients is quite good, they call rapid response if patients deteriorate", "Very compassionate I have to say, especially certain senior staff. They are quite dedicated. They go out of their way."

• The home held organised activities that promoted physical and emotional wellbeing. This included therapy dogs, exercise classes and religious services.

Adapting service, design, decoration to meet people's needs
• Risks to the premises were identified and managed effectively. The service was adapted to cater for people of varying mobility needs
• People were able to personalise their rooms with their own furniture and other personal items. We observed many people's rooms were filled with their personal affects. This supported people to live in a homely, more familiar environment.

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.
• Where required, people had capacity assessments in their care plans. Where people were found to lack capacity around a certain decision, we saw evidence of a best interest decision being made.
• DoLS had been applied for appropriately. Where people had DoLS in place, conditions were met.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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 told us the staff supported them well. Comments included, "They help me get up, they know what they are doing, very kind", "They are very good, very, very caring, if I need something they sort it" and "carers are lovely, patient and helpful."
• Relatives told us they were happy with the care their relative received. One relative told us, "can't fault staff, marvellous", another told us, "They were absolutely brilliant to us, we are happy because he is happy."
• People responded warmly to staff and appeared comfortable and relaxed. People were able to spend time where they wanted, doing things they enjoyed.
• Staff told us how they adapted their care to meet the needs of people they cared for. One staff member told us "We have a lady who's deaf and it's really important we communicate to her what's happening, when we turn her we make sure she knows it. The tone of voice I think is really important. Making people at ease, making people feel comfortable."
• Peoples religious values were respected and considered as part of their care. One staff member told us "it was catering for [person] but recognising her religious values and what she did and didn't eat. It was respecting that and being tolerant and respectful to that."

Supporting people to express their views and be involved in making decisions about their care
• People were encouraged to be part of their regular care plan reviews, one person told us "Care plan? Yes, they talk to me about it, they are really good."
• Where needed, relatives were invited to support people with their care plan reviews.
• People had access to an advocate when required. An advocate is a person who can speak up for people who might not be able to do so themselves.

Respecting and promoting people's privacy, dignity and independence
• People told us how staff respected their privacy and independence. Comments included, "They ask to come in to my room, they ask before doing things and talk to me, I chose my clothes," "I get up when I want, I ring the bell and they come. I have breakfast in my room, I prefer it, same for dinner and tea" and "I decide what to wear, I prefer a wash to a shower."
• Staff spoke of the importance of promoting dignity in their care. One staff member told us "Their room is their secure hub, knocking on the door and giving them that respect. Waiting for an answer before you come in. Giving people space, allowing them to be themselves and not taking up too much of their personal space."

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
• Peoples care plans were specific to them and set out how they preferred their needs to be met. These were updated routinely as well as when people's needs, or preferences changed.
• Relatives told us that staff knew people well. One relative told us, "I feel I can talk to anybody, if they don't know they ask, I feel all the staff on the floor know her."
• Staff told us how it was important to treat everyone at Chapel House as individuals. One Staff member told us "it's looking at that individual and how we can make their life how they want it to be. Focussing on what they like, dislike, their routine and how they like things and adapting the care to suit them in that way."

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
• Peoples communication needs were recorded as part of their plan. Communication plans included clear information about the support people needed, considering language, sensory loss, dementia and other conditions that may affect communication.
• Peoples communication needs were shared with health care professionals appropriately. This meant that people with varying communication needs were supported to access health care services.
• The service was able to provide documents in different formats to ensure they were accessible to everyone. This included large print and pictorial formats.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
• People were supported to follow interests and engage in activities if they wanted to. Hobbies and interests were recorded in people's care plans. One person told us "I like activities especially singing, I am mostly in the lounge"
• People were supported to maintain relationships with their friends and family members. Visitors told us they were always made to feel welcome at the service. One relative told us ""it's really nice, very welcoming, they would do anything for you."
• The service maintained links with the local community, this included inviting schools to the home and holding fetes and charity events.

Improving care quality in response to complaints or concerns

• There was clear complaints policy in place. Complaints received by the service had been investigated and responded to in line with this policy.
• Information regarding what to do if people wished to escalate their complaint was provided.
• The service identified learning outcomes as part of the complaints policy, this meant that complaints were seen as an opportunity to improve people's experience.
• Relatives told us they would feel confident to raise a complaint if required, comments included "if I had an issue I would talk to manager" and "If I wasn't happy about something I could talk to the staff."

End of life care and support
• People had their end of life wishes recorded in their care plan. This included their resuscitation status and end of treatment wishes.
• We saw feedback that suggested the service had provided high quality end of life care. Comments included "Thank-you so much for looking after my parents in their final days. We will never forget your time, effort, consideration, patience, tolerance and kindness to them," and "Can I first thank all of you and the entire team at Chapel house that have so carefully and painstakingly looked after my father during his time in your care."

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
• Staff told us the service was well led. Staff were complimentary about the registered manager and told us that they were approachable and reliable. Comments included, "I see [registered manager] every morning and I know her door is always open", "[Registered manager] is very supportive, she's like the mother of the home, she's that person you can go to and talk about anything and everything. She's very approachable."
• The manager had an open-door policy and their office was in a location that was visible to relatives and visitors. Relatives told us that they felt comfortable to approach the registered manager, comments included, ""I can see the manager if I need, she is usually in the office, so I can see her on my way in and out" and "The manager [registered manager] and [deputy manager] are lovely."
• The registered manager led by example and frequently reflected on their own practice in order to find ways to improve outcomes for people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
• The registered manager had good knowledge of their responsibilities regarding the duty of candour. They spoke of the importance of apologising and supporting people when mistakes have been made.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• The Manager completed regular audits to ensure quality and safety of care was maintained. These were then further reviewed by the operational team.
• The registered manager had good knowledge of their regulatory responsibility. CQC had received appropriate notifications since the last inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• The service used quality assurance surveys to seek feedback from people, their relatives and staff members. We saw evidence that feedback was acted on and drove change within the service. For example, we saw that following feedback from relatives about lack of shade in the garden, the service installed a gazebo to provide shaded seating for people.
• The service held regular meetings for people and their relatives. Relatives told us they found this useful.

Comments included "They have relatives' meetings – my sister has been to two and I have seen the minutes" and "At the relatives meeting recently, [registered manager] talked us through changes. There have been two [meetings] in last six months, we get the minutes circulated."

Working in partnership with others; Continuous learning and improving care
• The service worked closely with the local hospital to learn from experience. For example, the service had worked on a document to share with hospitals and the local authority. The document aimed to improve people's safety by reviewing learning from previous hospital discharges that had been problematic.
• The registered manager maintained good working relationships with other healthcare professionals. This meant that the service worked collaboratively with different professionals in order to maximise outcomes for people.
• The registered manager was a member of relevant industry associations. This meant that they were able to access up to date guidance on best practice and changes in legislation.
• The provider shared good practice and learning with all services. This meant that innovation and learning was shared aiming to drive improvement throughout all services.