Bestcare UK Limited

Chapel Garth EMI Residential Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 8 November 2016 and was unannounced. The service was previously inspected in April 2015 when breeches of legal requirements were identified. The provider sent us an action plan outlining how they would meet these breeches. You can read the report from our last inspection, by selecting the 'all reports' link for 'Chapel Garth' on our website at www.cqc.org.uk.

Chapel Garth provides residential care for up to 33 older people living with dementia. People are accommodated on the ground floor and there is an upper floor used exclusively as office space and by staff. The communal areas of the home are accessible to people who use wheelchairs. The home is located in Bentley on the outskirts of Doncaster.

The service had a registered manager in post at the time of our inspection. 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.

We spoke with staff about safeguarding people from abuse and they were very knowledgeable about this. They told us they attended training and they had learned about the different types of abuse and how to recognise and report it. A safeguarding flowchart was available in the duty office to guide staff of what action to take if needed.

We looked at three recruitment files and found the provider had a safe and effective system in place for employing new staff.

We looked at systems in place to manage medicines and found that they were safe. Medicines were stored, administered and recorded correctly.

Care plans we looked at identified any risks associated with people's care. For example, risk assessments were in place for falls, choking, pressure area care and nutritional needs.

Staff we spoke with told us they received appropriate training to do their job well. Training was provided via e-learning, however practical training courses were provided face to face.

We observed staff interacting with people and we spoke with staff and the registered manager and found the service to be meeting the requirements of the Mental Capacity Act. The registered manager told us that appropriate applications in relation to Deprivation of Liberty Safeguards were made to the supervisory body.

People received a healthy and nutritious diet based on their preferences and were given choices at meal times. We also saw a choice of drinks and snacks were offered at frequent intervals during the day.

People had support from health care professionals were required. This was sought in a timely and efficient way.

We observed staff interacting with people and saw they did this in very caring was. Staff had a calm and friendly manner and were focused on providing appropriate care and support to people who were using the service. Care plans we saw included information about people's likes and dislikes.

The service had identified key staff to be dignity champions. Their role was to ensure dignity for people who used the service was upheld.

We looked at care records belonging to people and found they were informative and reflected the care and support being given. Care records included activities of daily living which explained how best to support the person.

The service employed an activity co-ordinator who was available 30 hours a week. We spoke with this person and they told us that they used this time to plan and support activities within the home.

The provider had a complaints procedure and people felt able to raise concerns if they needed to.

People told us the registered manager was supportive and there was a good leadership structure in place. People felt able to approach the manager and felt she listened to them and acted on what they told her.

We saw regular audits took place to check the quality of service provision. Action plans were devised to follow up any issues.

People were involved in the service and their views were sought. We saw evidence that people were involved in regular reviews and completed questionnaires, where they were able to comment about the service. The registered manager welcomed comments from people at all times.

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.

We spoke with staff about safeguarding people from abuse and they were very knowledgeable about this.

We looked at systems in place to manage medicines and found that they were safe.

We looked at three recruitment files and found the provider had a safe and effective system in place for employing new staff.

Care plans we looked at identified any risks associated with people's care.

Is the service effective?

Good

The service was effective.

Staff we spoke with they received appropriate training which gave them the skills and confidence to carry out their responsibilities.

The service was meeting the requirements of the Mental Capacity Act 2005. Care plans reflected the support people needed in relation to their mental capacity.

People were offered a choice of food at each meal and drinks and snacks were provided throughout the day in line with people's preferences and dietary requirements.

We looked at peoples care plans and found that relevant healthcare professionals were involved in people's care when required. For example, district nurse and speech and language therapist.

Is the service caring?

Good

The service was caring.

We observed staff interacting with people and saw they did this in very caring way. Staff had a calm and friendly manner and

were focused on providing appropriate care and support to people who were using the service.

Care plans we saw included information about people's likes and dislikes.

The service had identified key staff to be dignity champions. Staff we spoke with knew how to preserve people's privacy and dignity.

Is the service responsive?

Good

The service was responsive.

We looked at care records and found they were informative and reflected the care and support being given.

The service employed an activity co-ordinator who was available 30 hours a week.

The service had a complaints procedure and people felt at ease to raise concerns.

Is the service well-led?

Good

The service was well led.

People told us the registered manager was supportive and there was a good leadership structure in place.

We saw regular audits took place to check the quality of service provision.

People were involved in the service and their views were sought.

Chapel Garth EMI Residential 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.

The inspection took place on the 8 November 2016 and was unannounced. The inspection team consisted of one adult social care inspector.

Before our inspection, we reviewed all the information we held about the home. We spoke with the local authority to gain further information about the service.

We spoke with three people who used the service and three relatives, and spent time observing staff supporting with people.

We spoke with two care workers, a senior care worker, the registered manager, the activity co-ordinator and the cook. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at four people's care and support records, including the plans of their care. We saw the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Good

Is the service safe?

Our findings

We spoke with people who used the service and their relatives and we found that people felt safe living at the home. One relative said, "[My relative] is well looked after and is safe here, we never worry about that."

Staff we spoke with confirmed that they had received training in safeguarding and would be able to recognise and respond appropriately to abuse. One care worker said, "I would report it straight away to the senior on duty. They would contact the manager and it would be sorted." Another care worker said, "We have contact numbers for the council so we can call them if we need to."

We spoke with the registered manager who showed us a log of safeguarding incidents. This included what action was taken and any lessons learned. This showed the registered manager monitored any incidents of this nature and addressed them quickly and appropriately.

We looked at systems in place to manage medicines and found that they were safe. We observed a senior care worker administering medicines to people. We saw this was completed in a safe and appropriate manner. For example, the senior care worker explained what they were doing and waited with people until they had taken their medicines. Where appropriate the senior care worker asked people if they required medication for pain, and waited for their reply.

Medicines were kept locked in a cabinet in a locked room. Any items requiring cool storage were kept in a fridge. We saw records which indicated the temperature was taken of the room and the fridge where medicines were stored, on a daily basis.

The service had appropriate storage for controlled medicines. We checked the controlled medicines against the records and found them to be mainly correct. However, we saw that some controlled medicines had been delivered to the home but had not been booked in to the controlled drug record. We asked the senior care worker about this and were told the person no longer required the medicine. However, this was addressed while we were on inspection.

We saw Medication Administration Records (MAR's) were in place to record when people had taken their medicines. We found they were appropriately completed and reflected what medicine the person had taken. We also found that plans were in place to inform staff when to administer medicines which were prescribed on an 'as and when' basis (PRN). These plans were kept with the MAR sheets and gave details about the dose, frequency and the reason why the medicine should be given. This gave clear instructions for staff to follow.

We observed staff working with people who used the service and found there were enough staff available to support people in line with their care plan. We spoke with relatives of people who used the service and they confirmed that there were enough staff around when they visited. One relative said, "There is always someone around. They are busy but really helpful and the residents come first."

Staff we spoke with thought that in the main there were enough staff around to manage the needs of people who used the service. One care worker said, "We are kept busy and some days are busier than others, but we manager because we all work well as a team."

Each person had a completed dependency tool in place which determined what support they required for different tasks. This stated if people were low medium, high or very high dependency and how many staff were required to support them. This was used to help the provider determine the number of staff required per shift.

Care plans we looked at identified any risks associated with people's care. For example risk assessments were in place for falls, choking, pressure area care and nutritional needs. Where risk was identified a care plan was put in place to address how the risk could be prevented. Staff we spoke with were knowledgeable about the needs of people they supported and could chat about the different risks associated with people's care.

We looked at three recruitment files and found the provider had a safe and effective system in place for employing new staff. The three files we looked at contained pre-employment checks were obtained prior to new staff commencing employment. These included two references, and a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable people.

Good

Is the service effective?

Our findings

We spoke with people who used the service and their relatives and found they had confidence in the staff and their abilities and told us they appeared to be well trained. One person said, "The staff are great." A relative said, "The staff know what they are doing and recognise what [my relative] needs."

Staff we spoke with could describe the care each person required and were very knowledgeable. Staff told us that they received appropriate training to do their job well. One care worker said, "Training is done predominantly by e-learning. We have DVD's that we watch as well." Another care worker said, "We have practical sessions for things such as moving and handling."

We spoke with the registered manager about training provided and we were shown a training matrix. This identified what training staff had completed and what training was required. We saw that some moving and handling training was required for some ancillary staff. The registered manager told us that they would arrange this and sent us an email to confirm this had been completed after the inspection.

We spoke with staff and they told us they felt supported by the registered manager and the management team. Staff told us that they received regular supervision sessions and that they were valuable to them. Supervision sessions were one to one meetings with their line manager. One care worker said, "We have supervision sessions frequently. We also have an annual appraisal to discuss our role and any training we may need." Another care said, "We are given a form prior to supervision to write down any concerns we have. These are then discussed in our supervision sessions."

The registered manager told us staff had received Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) training. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We observed staff interacting with people and we spoke with staff and the registered manager and found the service to be meeting the requirements of the MCA. The registered manager told us that appropriate applications in relation to Deprivation of Liberty Safeguards were made to the supervisory body. We saw one person's care plan which included information about meeting the conditions of their DoLS. We spoke with staff who were knowledgeable about these conditions and how they were met.

We looked at care plans and found they contained information about the people's capacity and what support they required in this area. For example, one care plan contained paperwork relating to a DoLS application which had been agreed. This person also had a care plan stating how the person liked to be supported.

People were offered a nutritious and healthy diet which was based on their preferences and dietary requirements. During our inspection we observed lunch being served. We found that people were offered a choice of food and drink and their decision was respected. We also saw that drinks and snacks were offered at regular intervals throughout the day.

We spoke with the cook who was knowledgeable about people's food and drink preferences and prepared a menu based on these choices. The catering staff also had a dietary requirements form which contained information about people's dietary preferences but also the type of diet they required. For example, soft diet, blended diet, diabetic diet etc.

We spoke with people and their relatives about the food which was served in the home and they told us that it was constantly a good standard. We asked people if they had enjoyed their lunch and one person said, "It was lovely." It always is very nice." Another person said, "It's great, I can't grumble."

We saw that people received support from health care professionals as required. We looked at care files and found that were people had required this support; it had been sought in a timely manner. We saw that advice from healthcare professionals had been incorporated within care plans and staff followed the information given when providing care.

Good

Is the service caring?

Our findings

At our inspection in April 2015, we found care and treatment was not always appropriate and did not always reflect people's preferences. This was a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan stating that they would be compliant by July 2015. When we inspected the service on the 8 November 2016, we found the provider had taken steps to address the breach and were meeting the regulation.

During our inspection we spoke with people who used the service and their relatives and found the service was caring. One relative said, "The staff are really nice and very friendly. They care and that's the main thing." Another relative said, "You can have a laugh and a joke with the staff. There is always a lovely atmosphere." One person said, "The staff are very good, lovely in fact."

We observed staff interacting with people and saw they did this in very caring was. Staff had a calm and friendly manner and were focused on providing appropriate care and support to people who were using the service. For example, one care worker spent a while with someone who was upset. The care worker offered reassurance and compassion. The care worker chatted with the person until they felt better. We saw that the person was happy for the rest of the day.

Staff also interacted well with people's relatives, making them feel welcome and part of the service. Relatives told us they felt part of their relatives care and were welcome at the home.

We looked at care plans and found they included life history books, which included information about people's past, such as family, holidays and interests. Care plans also reflected people's likes and dislikes and we saw these were offered and respected throughout our inspection.

Care plans reflected the importance of communication and how best to communicate needs and feelings in an effective way to enhance the person's well-being. For example, one person had difficulty in understanding as words became 'jumbled up.' Staff were instructed to speak slowly and clearly and to give time for the person to respond. We saw that staff interacted with the person in this manner.

Care workers tried to provide a homely atmosphere by engaging people in daily tasks such as setting the table for lunch. This gave people a purpose and got them involved in daily life activities.

The service had six dignity champions whose role was to promote dignity in care. We saw a themed wall which was designated to provide information about dignity. For example, each month had a specific area that the home focused on such as keeping the home clean and tidy; ensuring people receive denture care and listening to people and building up better relationships with them.

We spoke with staff and they were able to tell us how they preserved people's dignity. Staff we spoke with were keen to ensure this was maintained and closed curtains and doors when delivering personal care. We also observed staff speaking with people quietly or in an area away from other people, when discussing

personal information.

Good

Is the service responsive?

Our findings

We spoke with people who used the service and they felt involved in their care. People told us they had a care plan and were able to contribute to it if they wanted to. One relative said, "We are kept informed about [our relatives] care plan."

We looked at care plans and found that they contained agreement and consent forms to say the person had read and understood their care plan and that they had the opportunity to review their plan every six months or as requested. We saw that family members were also involved where appropriate.

We looked at care plans belonging to people and found they gave a clear picture of the support people required. They contained a pre-assessment of the person prior to them moving in to the home. This was to enable staff to know how to support the person and to check if they could meet the person's needs. This formed the basis of the care plan documentation. Care plans were detailed and were a good reflection of the care given. Care plans were evaluated on a monthly basis.

The service employed an activity co-ordinator who was available 30 hours a week. This person's role was to plan and support activities within the home, which were based on people's preferences. We saw an activity plan displayed in the main entrance of the home. This included activities such as, sing-a-longs, baking, afternoon teas, and arts and crafts. Entertainers visited the home frequently and themed events were also planned. The people who used the service were looking forward to the Christmas party and a pantomime.

The service had a complaints procedure and this was displayed in the reception area of the home. People we spoke with and their relatives, knew how to raise a concern if they had need to. They felt the concern would be appropriately dealt with and actioned immediately. People and their relatives felt they could talk with all the staff and could speak with the registered manager if they needed to. One relative said, "If I had a problem I would talk to any of the staff. They are all good and would sort it." Another relative said, "I would talk to the manager straight away, they are always available."

We spoke with the registered manager about complaints and were told they had not had any complaints over the past year. There was a log in place to record complaints if they arose. The registered manager told us that any issues were discussed as part of the persons care plan review and dealt with.

Good

Is the service well-led?

Our findings

At our inspection in April 2015, we found care and treatment was not always appropriate and did not always reflect people's preferences. This was a breach of Regulation 17 (1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Systems and processes were not always established and operated effectively to ensure compliance. The provider sent us an action plan stating that they would be compliant by July 2015. When we inspected the service on the 8 November 2016, we found the provider had taken steps to address the breach and were meeting the regulation.

We spoke with people and their relatives and they told us the registered manager was always available and very approachable. One relative said, "The manager is easy to talk to and is always available. I have confidence that they manage the home well."

The management team consisted of the registered manager, deputy manager, and senior care workers. Staff we spoke with felt supported by the registered manager and the management team. They told us the registered manager listened to their views and opinions about the service and held regular team meetings. One care worker said, "The manager is always available and is happy to offer advice and support. They are committed to the home and manage it well."

We looked at several audits which took place to ensure policies and procedures were followed and the service was of good quality. Audits included medication, care records, accident and incident, infection control and the environment. Action plans were devised to address any issues that were identified. For example, care plans were audited by the registered manager and written instructions were given to staff identifying what needed to be completed or updated. Another example was that during a medication audit, it was identified that the room used to store medicines became hot during the summer months. A small fan had been purchased to regular the temperature of the room.

In addition to the registered manager's audits, the company had a quality manager who completed an audit on a regular basis. This was last completed in July 2016 and covered all aspects of the home for example, meals, complaints, care plans and infection control. Any improvements required were placed on an action plan and addressed by the registered manager.

A questionnaire was sent to people who used the service, their relatives and external professionals in July 2016 and feedback was very good. One professional wrote, "This care home has a lovely ambiance. They are always knowledgeable about the residents. They have a varied and well thought out activity programme with care being responsive to individual needs." Questionnaire feedback was used to develop the service and identify any shortfalls.