

Bestcare UK Limited

Chapel Garth EMI Residential Home


Inspection report






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Ratings

Overall rating for this service

Requires Improvement 

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

Overall summary

The inspection took place on 14 and 16 April 2015 and was unannounced. Our last scheduled inspection at this service took place in July 2014 when we found two breaches of legal requirements.

The provider sent us an action plan stating that they would be compliant by March 2015.

Chapel Garth is a care home without nursing. It provides care for up to 33 older people who are living with dementia. The home is situated 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

Summary of findings

'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 who had a clear understanding of safeguarding adults and what action they would take if they suspected abuse. One care worker said, "If I needed to report anything I would not hesitate, I know this would be dealt with appropriately."

Care and support was planned and delivered in a way that ensured people were safe. The care plans we looked at included risk assessments which identified any risk associated with people's care.

We spoke with staff and people who used the service and we found there were enough staff with the right skills, knowledge and experience to meet people's needs.

People were supported to have their assessed needs, preferences and choices met, in the main, by staff who had the necessary skills and knowledge. We saw that although staff had attended training sessions the training was not always embedded into practice.

We found the service to be meeting the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). However, some people who used the service were subject to a Deprivation of Liberty Safeguard (DoLS), and some staff we spoke with did not know which people had a DoLS in place, or how they would monitor this.

People were supported to eat and drink sufficient quantities to maintain a balanced diet. Meals were appropriately spaced throughout the day with snacks in-between.

People were supported to maintain good health, had access to healthcare services and received on-going healthcare support. We looked at people's records and found they had received support from healthcare professionals when required.

We observed staff interacting with people and found the majority of staff were kind, friendly and respectful. They appeared to know the people they were supporting well. The activity co-ordinator was very active throughout the inspection and engaged well with people sharing jokes and friendly banter. However, we also observed a minority of staff appeared very task orientated and missed opportunities to engage with people.

People's needs were assessed and care and support was planned and delivered in line with their individual care plan.

The activity co-ordinator produced a quarterly newsletter which included staff profiles, introduced new staff, any changes in the service and any suggestions made.

The service had a complaints procedure and people knew how to raise concerns. The procedure was displayed in the reception area of the home. People we spoke with told us they would talk to staff if they had a worry. People were confident that issues would be resolved. We looked at the complaints log and found one complaint had been raised in the last 12 months. This was dealt with appropriately and in line with the company policy

We spoke with staff who confirmed they knew their role within the organisation. They felt supported by the registered manager. During the inspection we observed some times when leadership was lacking.

Summary of findings

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.

The provider had appropriate arrangements in place to manage medicines.

The service had policies and procedures in place to protect people. Staff we spoke with confirmed they had seen the policies.

Care and support was planned and delivered in a way that ensured people were safe. We saw support plans included areas of risk.

We spoke with staff and people who used the service and we found there were enough staff with the right skills, knowledge and experience to meet people's needs.

The service had robust arrangements in place for recruiting staff.

Good



Is the service effective?

The service was not always effective.

People were supported to have their assessed needs, preferences and choices met by staff who had the necessary skills and knowledge. However training was not always embedded into practice.

Some people who used the service were subject to a Deprivation of Liberty Safeguard (DoLS), however some staff we spoke with did not know which people had a DoLS in place or how they would monitor this.

People were supported to eat and drink sufficient quantities to maintain a balanced diet.

People were supported to maintain good health, have access to healthcare services and receive on-going healthcare support.

Requires Improvement



Is the service caring?

The service was not always caring.

We observed staff interacting with people and found the majority of staff were kind, friendly and respectful. They appeared to know the people they were supporting well. However, a minority of staff appeared very task orientated and missed opportunities to engage with people.

Requires Improvement



Is the service responsive?

The service was responsive.

People's needs were assessed and care and support was planned and delivered in line with their individual support plan.

Good



Summary of findings

The service employed an activity co-ordinator who was actively working with people during our inspection.

The service had a complaints procedure and people knew how to raise concerns. The procedure was also available in an easy read version.

Is the service well-led?

The service was not always well led.

Staff we spoke with felt the service was well led and the registered manager was approachable and listened to them.

We saw various audits had taken place to make sure policies and procedures were being followed. However, actions were not always followed up.

The registered manager told us staff had attended training in dementia care. However we saw examples which supported that the training had not been embedded into practice.

There was evidence that people were consulted about the service provided.

Requires Improvement



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 14 and 16 April 2015 and was unannounced and the inspection team consisted of an adult social care inspector and an 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.

Before our inspection, we reviewed all the information we held about the service.

We contacted the local authority and Healthwatch Doncaster to gain further information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke with 11 people who used the service, observed care and support in communal areas and also looked at the environment.

We spoke with four care workers and the registered manager. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at five 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.

Is the service safe?

Our findings

We spoke with 11 people who used the service and five relatives, we also observed interactions between staff and people. People we spoke with said they felt safe. Staff we spoke with were knowledgeable about the need to report issues of a safeguarding nature. One care worker said, "If I needed to report anything I would not hesitate, I know this would be dealt with appropriately." Another care worker said, "It's important to keep people safe." A third care worker said, "I would report anything I was worried about to the senior or manager. If I felt it wasn't being dealt with I would contact the council."

The service had policies and procedures in place to protect people. Staff we spoke with confirmed they had seen the policies. Staff we spoke with told us that they had received training in safeguarding vulnerable adults and this was repeated on an annual basis. Staff showed an awareness of abuse and knew what action to take if abuse was suspected. The staff records we saw supported this.

The provider had appropriate arrangements in place to manage medicines. Medicines were delivered on a monthly basis and booked in using the Medicine Administration Record (MAR). There was a separate book to record the disposed or returned medicines to pharmacy.

Medicines were stored in line with current regulations. Medicines were kept in appropriate safe storage. The service had a fridge to store medicines which required storage at a cool temperature. The service had appropriate storage for controlled drugs. We checked two people's controlled drugs and found them to be correctly signed for and the correct amount remained in the packaging.

We observed the deputy manager administering medicines. Medication was administered from original packaging and placed in a pot. The medicines were only signed for when they had been taken by the person.

We looked at the MAR sheets and found some gaps where signatures or codes were missing. We spoke with the deputy manager who told us that the process should be to check with the person who missed the signature, so that records could be updated. All medicines were counted as they were given so staff would be able to check if there were any medicines missing. Most MAR sheets we saw were accurate.

We looked at the provider's policy and procedure for medicine management. We saw that medicines which were prescribed on an 'as and when required' basis, were not administered in accordance with the company policy. The policy stated that people taking these type of medicines should have a care plan for this purpose and this should be kept with the MAR sheets. The care plans regarding 'as and when required' medicines, were kept in a file in the medication storage room. We saw that some plans had not been reviewed for a long time. We spoke with the deputy manager who told us she was able to explain when medicines should be given and appeared to know the people very well. The deputy manager also told us she was in the process of updating the records.

The service had a staff recruitment system which was robust. Pre-employment checks were obtained prior to people commencing employment. These included two references, and a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks helps 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 adults. We looked at recruitment files and saw evidence that this process was followed.

We spoke with staff and people who used the service and we found there were enough staff with the right skills, knowledge and experience to meet people's needs. We found staff were available when people needed support. The staff we spoke with felt there were always enough staff around and the service operated in a flexible way. One staff member worked a 7am to 11am shift to support people with breakfast at a time they chose to eat.

Care and support was planned and delivered in a way that ensured people were safe. The support plans we looked at included risk assessments which identified any risk associated with

people's care. We saw risk assessments had been devised to help minimise and monitor the risk. Risk assessments worked out the likelihood and consequence of the risk. Risk assessments stated the activity, the hazard and controls in place to manage the risk.

Is the service effective?

Our findings

People were supported to have their assessed needs, preferences and choices met by staff who had the necessary skills and knowledge. However training was not always embedded into practice. For instance, we spoke with staff and they told us they received appropriate training. Staff found the training they had was valuable and felt it gave them confidence to carry out their role effectively. One care worker said, "The training is always useful." Another person said, "Sometimes we have workbooks to complete, I learn better this way."

We looked at training records and found that each staff member had certificates to support the training they had attended. The registered manager showed us a training matrix which identified training completed and showed when training was due for refreshing. We spoke with the registered manager about training. We were told that all staff had recently completed training in dementia care and were waiting for certificates.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment. Staff had an awareness of the Mental Capacity Act 2005 and had received training in this area. Staff were clear that when people had the mental capacity to make their own decisions, this would be respected. Staff told us they had received training in this area and the records we saw confirmed this.

We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Deprivation of Liberty Safeguards (DoLS) are part of MCA 2005 legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken. However, when we spoke with staff we found some staff did not

understand this subject very well. Some people who used the service were subject to a Deprivation of Liberty Safeguard (DoLS), however some staff we spoke with did not know which people had a DoLS in place or how they would monitor this.

We saw one person who was using a reclining chair for part of the day which prevented them from moving freely from the chair. We discussed this with the registered manager to ascertain the reason for this and to see if the person's best interests and Deprivation of Liberty had been considered. We were told that the staff put the chair in the reclining position when they felt the person wanted to sleep. However, we had observed the person in the reclining position whilst shouting out to staff. We asked the manager if she had considered the person's best interest and DoLS involvement. The registered manager told us she would look in to this and we will ask the registered manager to provide us with an update of action taken.

People were supported to eat and drink sufficient quantities to maintain a balanced diet. Meals were appropriately spaced throughout the day with snacks in-between. We observed lunch and saw choices were offered. Staff were knowledgeable about people's likes and dislikes. The main meal was served at lunchtime and appeared nutritious. People who used the service said they enjoyed the food. One person said, "We always get a nice lunch, it's well cooked and there's plenty of it." Another person said, "I can recommend the food, it's lovely."

People were supported to maintain good health, have access to healthcare services and receive on-going healthcare support. We looked at people's records and found they had received support from healthcare professionals when required. For example, we saw involvement from doctors, Community Mental Health Team and other professionals within people's notes. Staff we spoke with told us that people received medical treatment when they require it.

Is the service caring?

Our findings

We spoke with people who used the service and we observed staff interacting with people. We found the majority of staff were kind, friendly and respectful. They appeared to know the people they were supporting well. The activity co-ordinator was very active throughout the inspection and engaged well with people sharing jokes and engaging them in friendly banter.

However, a minority of staff appeared very task orientated and missed opportunities to engage with people. For example, we observed drinks and snacks being given to people. The care worker did not engage with people much and did not include people in their preference of drinks and snacks. Another care worker observed a person dropping a piece of cake on their knee and raised their voice and said, "No, you are going to lose it (referring to the cake)" and proceeded to grab the cake from the persons knee. We saw this person became visibly agitated by this action and the person responded by saying, "Look at her," in an upset manner. The care worker then repeatedly said, "There's no need for that," rather than reassure the person and understand why their action had caused the person to become upset.

Another care worker walked passed a person who appeared anxious and said, "You ok darling." The care worker proceeded to walk by without waiting for the person to respond. These examples showed a lack of understanding of how to support a person living with dementia.

This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Care and treatment was not always appropriate and did not always reflect their preferences.

We observed the majority of staff actively involved people in making decisions about their care and support. For example, we saw one care worker sat with a person engaging in conversation which put the person at ease and helping them to make a choice.

People who used the service were supported to maintain friendships. People's care plans contained information about families and who were important to them. It was clear that people's families were welcome at the service at any time.

We spoke with staff about how they preserve people's privacy and dignity. Staff told us they would close curtains and doors when attending to personal care. One care worker said, "It's important to explain what you are doing so that you can build up confidence and trust."

We saw a notice board in the main lounge area which said 'dignity board.' However the board was blank and did not contain any further information. We spoke with staff about this and we were told that the home had six dignity champions. We asked what their role was and one care worker said, "I am a dignity champion and I would challenge staff who did not respect dignity."

Is the service responsive?

Our findings

At our inspection on 15 July 2014, we found the planning of care did not always meet the person's individually assessed needs. This was a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to 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 March 2015.

When we inspected the service on the 14 and 16 April 2015 we found the provider had taken steps to address the breach and were meeting the regulation.

People's needs were assessed and care and support was planned and delivered in line with their individual care plan. Care plans included healthcare, communication, personal hygiene, mobility and activities. Personal preferences, likes and dislikes were contained in the plans. For example one person had a nutritional assessment which reflected the person was at high risk of malnutrition. We saw the person was weighed weekly in order to monitor any weight loss. Staff had recorded their food and fluid input to ensure the persons nutritional intake was monitored.

Family members felt they were involved in their relatives care plan. One person said, "We have had regular meetings with the manager about my relatives care." Staff we spoke with felt this was a good way of ensuring people were consulted about their plan and were able to contribute.

The service employed an activity co-ordinator who was actively working with people during our inspection. We spoke with the activity co-ordinator and were told that a session was being held that day by the Community Mental Health Team. This was a smell and taste session and looked at introducing finger foods. This was going to take place on a regular basis. The activity co-ordinator was qualified to lead a chair based exercise group and had introduced this in the home. We also saw people engaging in preparing vegetables for a homemade soup, and an old fashion wash board being used. The activity co-ordinator had set up an activity family committee so that families could be involved in what activities were provided and include their relative interests.

The activity co-ordinator produced a quarterly newsletter which included staff profiles, introduced new staff, any changes in the service and any suggestions made.

The service had a complaints procedure and people knew how to raise concerns. The procedure was displayed in the reception area of the home. People we spoke with told us they would talk to staff if they had a worry. People were confident that issues would be resolved. We looked at the complaints log and found one complaint had been raised in the last 12 months. This was dealt with appropriately and in line with the company policy.

Is the service well-led?

Our findings

At our inspection on 15 July 2014, we found risks relating to the safety of people who used the service were not always managed effectively. This was a breach of Regulation 10 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 17 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 March 2015.

When we inspected the service on the 14 and 16 April 2015 we found this action was still outstanding. The breach was in relation to paving slabs to the rear of the building being uneven. The registered manager told us this was caused by flooding some years ago. We asked the registered manager why this had not been resolved and were told that quotes had been obtained and the work would be completed by the end of April 2015. However, this had not been addressed and access to the garden area remained unsafe. This had been identified on the regional manager's audit and stated that quotes had been obtained. However no work had commenced.

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission.

People who used the service and their relatives were supported to contribute their views about the home. An opinion survey had been sent out to relatives in January 2015 and we saw evidence of some returned surveys. Comments were mainly positive. We also saw evidence that relatives and residents meetings had taken place. The registered manager had tried several different times and days to hold these meetings to attract more attendance. The registered manager also held coffee evening once a month so relatives could discuss issues with her.

We saw various audits had taken place to make sure policies and procedures were being followed. This included a monthly audit completed by the regional manager. This was last completed in March 2015. This audit included

health and well-being, complaints, safeguarding referrals, health and safety, care documentation, and infection control. Actions were identified and the registered manager was assigned to follow up on the actions.

During our inspection we looked at care plans and found some lacked important information which would have assisted staff in supporting the person. For example one person's emotional needs were not addressed effectively. We looked at care plan audits and found that the last one was completed in July 2014. We spoke with the registered manager who informed us that she had been concentration on completing staff appraisals so the audits were a bit out of date.

We spoke with staff who confirmed they knew their role within the organisation. They felt supported by the registered manager. During the inspection we observed some times when leadership was lacking. For example, some staff appeared task orientated and missed opportunities where they could have engaged with people. There were times when staff would have benefitted from a direction, but this was not available. Staff spent a lot of time with one person who required a lot of support. We saw only one occasion where a senior member of staff intervened to guide the staff. We spoke with the registered manager who told us that there was so much paperwork that her time was mainly spent in her upstairs office. The registered manager also told us she was trying to assist staff to reflect on their practice, by preparing for their supervision sessions.

We saw evidence that staff had received training and staff told us the training was of a good standard. However, from our observations we noted that some staff showed a lack of insight into dementia care. The registered manager told us they had attended training but we saw examples which supported that the training had not been embedded into practice. This had not been identified through an effective monitoring system.

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.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

Care and treatment was not always appropriate and did not always reflect their preferences.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems and processes were not always established and operated effectively to ensure compliance.