

Dr Z M & Mrs N Dabir

Chapel Lodge

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 Lodge is a residential care home providing personal care to up to 23 older people. The home is a converted chapel and accommodation is provided over two floors. At the time of the inspection 17 people were living at the home.

People's experience of using this service and what we found

People were happy with staffing levels at the home and told us the home was always clean. Staff were recruited safely and knew how to protect people from abuse. The service managed people's medicines safely. The provider ensured safety checks of the home environment were completed regularly.

The provider ensured staff received an effective induction and completed the training needed to support people well. Staff supported people to eat and drink enough and ensured they received appropriate support with their healthcare needs. 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 liked the staff who supported them. They told us staff were kind and treated them with respect. Staff respected people's right to privacy and dignity and encouraged people to be independent when it was safe to do so. They considered people's diversity. Staff involved people in decisions about their care. The service provided people with information about local advocacy services, to ensure they received support to express their views if they needed it.

Some improvements needed to be made to the activities available to people at the home. We have made a recommendation about this. People told us staff knew them and provided them with care that reflected their needs and preferences. Staff offered people choices and encouraged them to make decisions about their care. No formal complaints had been received by the service.

Staff and management were clear about their responsibilities and provided care which resulted in good outcomes for people. They worked in partnership with a variety of agencies to ensure people's needs were met. People, relatives and staff were happy with how the service was being managed. Staff felt well supported by the registered manager and provider.

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 17 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

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 Lodge

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

The inspection was carried out by an 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.

Service and service type

Chapel Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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

We reviewed information we had received about the service since the last inspection, including information from the provider about important events that had taken place at the service, which they are required to send us. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who lived at the home and five visiting friends and relatives about their experience of the care provided. We spoke with two care staff, a member of the domestic staff, one of the kitchen staff, the deputy manager, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at one staff recruitment file and four staff supervision and appraisal records. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We received updates from the provider about the completion of fire safety actions and the legionella risk assessment. We contacted three community professionals who regularly visit the service for their feedback about the support provided.

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.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems to protect people from the risk of abuse and avoidable harm. People told us they received safe care. Their comments included, "I feel safe and would speak to the manager about any concerns or issues" and "I feel that we are well provided for and things like the call buttons help us to feel safe."
- Staff understood how to protect people from abuse and the action to take if they had any concerns. Two safeguarding concerns had been raised about the service in the previous 12 months and we found evidence the registered manager had taken appropriate action. The service had a whistle blowing (reporting poor practice) policy which staff were aware of.

Assessing risk, safety monitoring and management

- The service managed risks to people's safety appropriately. Staff completed assessments of people's risks, including those relating to falls, mobility, nutrition, skin condition and fire safety. The assessments provided information for staff about people's risks and how best to support the person to reduce the risk. They were reviewed regularly.
- We reviewed the service's accident records and found staff had taken appropriate action when people had experienced accidents, including falls.
- Staff completed regular safety checks of equipment and the home environment, including the passenger lift, lifting equipment and fire safety checks. Water samples were checked regularly for legionella bacteria by an external agency. Legionella bacteria can cause Legionnaires disease, a severe form of pneumonia. A full legionella risk assessment of the home had not been completed for some time. We discussed this with the provider who explained she was waiting for the recent refurbishment of the bathrooms to be completed. She arranged for a risk assessment to be completed shortly after our inspection. We will follow this up to ensure any necessary actions are completed.

Staffing and recruitment

- The provider had suitable staffing arrangements to meet people's needs in a timely way. People told us there were enough staff available at the home to meet their needs. Two people commented that the home was sometimes short staffed, but no-one experienced any delays in staff supporting them when they needed it. We discussed this feedback with the registered manager who explained that when staff phoned in sick at short notice, it could sometimes take a couple of hours to arrange for replacement staff to come in.
- Staff were recruited safely. We reviewed one staff member's file and found that all relevant checks had been completed before they started working at the home, to ensure they were suitable to support adults at

risk.

Using medicines safely

- Staff managed people's medicines safely and administered people's medicines as and when prescribed. Staff who administered medicines had completed the relevant training and the registered manager or deputy manager had assessed their competence to administer medicines safely. Not all night staff had been observed in the previous 12 months to ensure they could administer people's medicines safely. We discussed this with the registered manager, who told us no-one received night time medicines at the time of the inspection, other than 'as required' paracetamol. She completed the observations shortly after our inspection.
- People and relatives were happy with how medicines were being managed and told us staff administered their medicines when they should. One person commented, "I have my medication in the morning and the evening and it's always on time". We received positive feedback from community professionals about the management of medicines at the home.

Preventing and controlling infection

- The provider had effective infection control practices. We saw cleaning being completed by domestic staff during our inspection and found the home clean throughout. People told us levels of hygiene at the home were good. One person commented, "The home is cleaned every day and staff wear aprons and gloves when providing care."
- Staff followed appropriate infection control processes and procedures which protected people from the risks of poor infection control. Staff completed infection control training and the provider had an infection control policy for them to refer to.

Learning lessons when things go wrong

- The provider had systems to analyse accidents and incidents and make improvements when things went wrong. The registered manager audited accidents records monthly to ensure they had been completed properly and appropriate action had been taken.
- Accident records showed staff had taken appropriate action. They had sought medical attention and when appropriate had referred people to community healthcare professionals to assess whether they needed additional support. The registered manager told us if any incidents occurred where the service was found to be at fault, she would take appropriate action and would share any lessons learned with staff to avoid similar errors happening again.

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

- Staff completed an initial assessment of people's needs before they came to live at the home, to ensure they could meet the person's needs. Staff used the assessments to create care plans, which contained detailed information about people's care needs, what they were able to do for themselves and how staff should support them.
- People and their relatives were happy with the support provided at the home. One person told us, "The staff members all seem to be experienced. I've got used to my room here and I like the general environment. Initially, I didn't want to be here and it has taken quite a while to settle but I am happy now." Another commented, "I feel well supported and well treated here and I like all the staff." One relative commented, "We're more than happy with the care, it's lovely here."
- Staff told us they would be happy for a member of their family to live at the home. One staff member told us, "People get good care here. I don't have any concerns."

Staff support: induction, training, skills and experience

- The provider ensured staff received the induction and training they needed to support people well. Staff were happy with the induction and training they received at the service. They observed experienced staff and completed the provider's initial training before they supported people on their own. They updated their training regularly and could ask for additional training if they needed it.
- People and their relatives felt staff had the knowledge and skills to meet their needs. Their comments included, "The staff are very good here" and "I think that the staff is competent and good at what they do."

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

- The service managed people's nutritional needs well. People were happy with the meals available at the home and told us there was plenty of choice. Their comments included, "The food is excellent and of a good quality" and "I enjoy mealtimes and the food is good. It seems to be home cooked."
- Staff were aware of people's special dietary requirements and how to meet them. They recorded information in people's care plans and risk assessments about their dietary needs and made referrals to community professionals when they identified concerns. One community professional who visited the service regularly told us staff managed people's nutrition and hydration needs well.
- Staff had sought medical advice when people experienced weight loss. However, we found one person's documentation had not been completed clearly. We discussed this with the registered manager, who addressed this during the inspection.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff referred people to health and social care professionals to ensure they received the support they needed. These included GPs, community nurses, dietitians and occupational therapists. One person commented, "The nurse comes on Tuesday and Thursdays for routine examinations." One person told us some staff were good at supporting them to manage their specific healthcare needs but other staff needed more training. We discussed this with the registered manager, who told us staff had received training but she would ensure all staff were able to support the person effectively.
- Community professionals provided positive feedback about the home. They told us staff referred to them in a timely way, followed the advice given and kept them up to date with changes in people's needs.
- People's support plans included information about their healthcare needs, medical history, medicines and any allergies.
- The service used 'The 'Red Bag Relay' scheme, where staff shared important information, such as a person's medical history, medicines administration record and current medicines, with paramedics and hospital staff when people attended hospital.

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

- The home had been designed and adapted to meet people's needs and support them to maintain their independence. Bathrooms could accommodate people who required support with moving and transferring and there was a passenger lift and stair lift available.
- We noted a lack of dementia friendly signage throughout the home. The provider explained that this was because there were few people living with dementia at the home. She acknowledged the benefits of signage to the people living with dementia and made a number improvements by the second day of our inspection. She told us further improvements were planned.

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.

- The service was working within the principles of the MCA. Where there were concerns about people's capacity to consent to, and make decisions about, their care, staff had completed capacity assessments and made best interests decisions in consultation with people's relatives. When staff needed to deprive people of their liberty to keep them safe, applications had been submitted to the local authority for authorisation to do this. At the time of our inspection, the registered manager had submitted DoLS applications in respect of four people living at the home but no authorisations had been received.
- People told us staff always asked for their consent before supporting them. One person commented, "They always seem to ask our permission before giving care". People or their relatives had signed consent forms, giving staff permission to provide them with care and support.

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 liked the staff who supported them. They told us staff were kind and caring and treated them with respect. Comments included, "All the staff are good and do what they have to do in a pleasant manner. I feel that the staff show me respect", "The staff are kind and treat us with respect. They always treat me with courtesy and are polite" and "Staff are respectful, for example, they don't talk down to you."
- Staff considered and respected people's diversity. Care documentation included information about people's religion and gender, which meant staff had some awareness of people's diversity. We noted the home did not record people's ethnic origin or their sexual orientation. The registered manager told us this information would be gathered in future, to ensure staff were fully aware of people's diverse needs and what was important to them.
- The service had supported people with their religious needs and arranged for spiritual support when people were approaching the end of their life.

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

- The service supported people to make decisions about their support. Most people could not remember having seen their care plan. However, they told us their care needs had been discussed with them and we noted some people had signed their care plan to demonstrate their involvement. People told us staff encouraged them to make every day decisions about their care and we saw staff doing this during the inspection. This included what people wanted to eat and drink and where they wanted to spend their time.
- Information about local advocacy services was displayed. These services can be used to support people to express their views when they do not have friends or relatives to support them or want support and advice from someone other than staff, friends or family. The registered manager told us no-one was being supported by an advocate at the time of our inspection.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's right to privacy and dignity. People told us, "They are always careful about closing doors and protecting modesty", "They seem to listen and would respect my modesty by closing the door when I'm having a shower. They will also sit at the back of the room when I'm having a bath, so that I can get on with washing the parts I can reach."
- Staff respected people's wish to remain as independent as possible. People told us, "I think I am as independent as I can be. For example, I can choose when I want to get up and go to bed. I can choose my

own clothes and dress myself too", "The staff encourage independence. For example, they will encourage me to go on outings with my family and do different things with them" and "The help I might need is always there, but I am still very independent." We observed staff encouraging people to do what they could, for example at mealtimes or when they were moving around the home.

- Staff respected people's right to privacy and confidentiality. Staff signed a confidentiality agreement when they joined the service and addressed confidentiality during their induction. The provider ensured people's care records and staff members' personal information were stored securely and were only accessible to authorised staff.

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

- Staff provided people with personalised care which reflected their needs and preferences. People told us, "I feel the staff and management know me as an individual. They know my likes and dislikes. You can please yourself here", "Generally, I feel the right support is there for me when I need it" and "The staff never make me feel uncomfortable. They know me and my family."
- People's support plans were very detailed and individualised. They included information about people's needs, risks and preferences and were updated regularly or when people's needs changed. Each person had a staff member who was their keyworker, who was their main link within the home and was responsible for updating their care plan. The staff we spoke with were familiar with how people liked to be supported.
- People told us staff gave them choices and they were able to make every day decisions about their care. Their comments included, "I have choice in terms of meals, clothes and the time I get up and go to bed" and "I think they offer as many choices as possible."

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.

- Staff assessed people's communication needs as part of the initial assessment and reviewed them regularly. They documented in people's care plans any support they needed with their communication needs and how staff should provide it. Staff shared information about people's communication needs when they moved between services, for example when they attended hospital.
- One person told us support with their communication needs could be better. We discussed this with the provider, who said she would ensure this improved and any support needed was provided.

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

- Staff encouraged people to maintain relationships that were important to them. People told us the service did not restrict visiting times and staff made them feel welcome. One visitor commented, "I think it's good that there is open visiting. We are always welcomed with a brew and a biscuit. It's a homely touch which we appreciate." We saw lots of visitors at the home during our inspection. Staff welcomed them and they were free to spend time with their friends or relatives in various places throughout the home.

- We looked at the activities and entertainment available to people at the home. People gave us mixed feedback about what was provided. Their comments included, "I very much enjoy the armchair exercises when the woman comes in. I wish we could have more of these exercises", "There is not much going on from day to day by way of activities, but they do have good get-togethers from time to time, such as birthday parties and barbeques" and "There is someone who does manicures, and paints nails here, which my [relative] loves." During the inspection we observed people watching television, chatting with each other, their visitors and staff, reading, sitting in the garden and we saw staff giving two people a manicure.
- We discussed the feedback received with the registered manager and provider. Both said that more activities had been offered to people in the past, but many people were not interested, despite staff encouraging them to get involved. This was confirmed by one visitor we spoke with. The provider told us they would organise a residents and relatives meeting to discuss activities and find out what people wanted. Three people had mentioned they would like access to a library service. The provider told us the home used to be visited by the library service and she would look into this.
- Records were kept of the activities provided and the number of people who had taken part. We noted little had been provided in recent months, apart from fortnightly armchair exercise which was popular. The registered manager told us she would look into this being provided weekly. Another local care home arranged monthly activities which people were invited to attend, such as coffee and cake mornings, but the provider advised not many were interested in going. The provider told us children from the local nursery had visited a number of times and they planned for a local farm to visit with some small animals.

We recommend the provider ensures meaningful activities are available to people living at the home.

Improving care quality in response to complaints or concerns

- A complaints policy was available and information about how to make a complaint was included in the service user guide. The registered manager told us if any complaints were received and upheld, any lessons learned would be shared with staff to avoid a similar issue arising in the future.
- No-one we spoke with during the inspection had made a formal complaint. They told us they would feel able to feel able to speak with staff or management if they were unhappy about anything. The registered manager told us that no formal complaints had been received in the previous 12 months and minor concerns were addressed as soon as they were raised.

End of life care and support

- The service had processes to support people effectively at the end of their life. Staff completed end of life care plans, which included people's wishes and preferences for their end of life care. Anticipatory medicines were requested when appropriate, to ensure there was no delay in keeping people as comfortable as possible if they needed pain relief.
- Three staff had completed end of life care training through the local hospice and more staff were due to complete this in September 2019, including the registered manager who wanted to refresh her knowledge. One staff member told us, "There's no-one receiving end of life care at the moment but we've provided it in the past. It's hard emotionally but we've had training and have the policies to refer to."

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

- The registered manager and provider demonstrated a commitment to providing people with high quality care and improving people's quality of life. They led by example, treating people as individuals and encouraging people, relatives and staff to be involved in the service.
- People were happy with the way the service was being managed. Their comments included, "It does seem to be well managed and the owner is very nice. She will listen to us and will try to act on any comments that we make" and "All the staff and management are approachable. [Provider] will come around checking daily to see things are done. Everything is satisfactory."
- Everyone we spoke with told us they would recommend the home to others. Their comments included, "Everybody is so pleasant. I would recommend this home because I feel the staff are helpful and there is a relaxed atmosphere", "I feel comfortable with the way we're treated. The staff look after me well. They are lovely and for that reason I would recommend this home" and "I would recommend this home because staff are kind, the place is clean and it is a well-run service."

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

- Health and social care providers have a duty of candour, which involves some specific requirements they must follow when things go wrong with care and treatment. The service had a duty of candour policy and procedure, which detailed the provider's responsibilities. No incidents had occurred requiring duty of candour action.

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

- The registered manager and provider regularly completed a variety of audits and checks of the service, including medicines, infection control and care documentation. The audits completed were effective in ensuring that high levels of quality and safety were being maintained at the home.
- The issues we identified during the inspection were addressed quickly by the registered manager and provider.
- Staff understood their roles and the registered manager and provider demonstrated a clear understanding of their regulatory responsibilities. They had submitted statutory notifications to CQC about people using

the service, in line with current regulations. A statutory notification is information about important events which the service is required to send us by law. The rating from the previous inspection was on display.

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

- We saw evidence people were involved in decisions about the service. Records showed residents' meetings took place regularly. People told us, "There are residents' meetings every three months or so. They listen to us" and "We can ask any questions at the meetings and we are given the chance to say what we think." The registered manager told us the home had recently trialled a change of meal times, but people did not like the change, so they had gone back to the original times. This was confirmed by the people we spoke with. One person told us that residents' meetings were not advertised, so relatives rarely attended. We discussed this with the provider who told us she would ensure they were advertised in future.
- The provider issued satisfaction questionnaires to people and relatives yearly to gain their feedback about the service. We reviewed the results of the questionnaires issued in May 2019 and found that a high level of satisfaction had been expressed about all levels of the service.
- Staff told us staff meetings were held regularly and they felt able to raise concerns and make suggestions. They told us the provider and registered manager were supportive, and respected their diversity, including their spiritual and cultural needs.

Continuous learning and improving care

- The registered manager told us further staff training was planned, including end of life care for all staff.
- The provider told us she had plans to improve the service. She planned to introduce an electronic care planning and documentation system, which she felt would ensure all staff had easy access to people's information and could update information more quickly and easily. Further refurbishment and redecoration of the home environment were also planned.
- The provider ensured staff had appropriate policies and procedures to refer to. We reviewed a selection of policies and found they were updated regularly and included appropriate guidance.

Working in partnership with others

- Record showed the service worked in partnership with a variety of health and social care professionals to ensure people received the support they needed. We received positive feedback about the home from community professionals who visited regularly. They told us staff referred people to them when appropriate, followed any advice given and were knowledgeable about the people who lived at the home.
- The registered manager told us children from a local nursery had visited the home a number of times and people had enjoyed it. She was hoping to arrange for this to happen regularly.
- The home was involved with some local charities and had raised funding for them. In October 2018, they had raised £150 for Macmillan Cancer Support by holding a coffee morning which local people attended.