

## Roseberry Care Centres GB Limited

# Chapel Lodge

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This inspection took place on 5 November 2017 and was unannounced. This meant no-one at the service knew we were planning to visit.

We checked progress the registered provider had made following our inspection on 7 September 2016 when we found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were Regulation 12, Safeguarding service users from abuse and improper treatment; Regulation 18, Staffing; Regulation 9, Person-centred care; and Regulation 17 Good Governance.

Following the last inspection, we asked the registered provider to complete an action plan to show what they would do and by when to improve the key questions of safe, effective, responsive and well-led to at least good. We found improvements had been made in some areas, however the service continued to be in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Regulation 12, safe care and treatment and Regulation 18, Staffing.

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. Chapel Lodge provides accommodation for up to 63 people over two floors, accessed by a lift. All bedrooms are single with en-suite toilets. There are lounges and dining areas on each floor of the home. The service has a garden and a car park. On the day of our inspection there were 58 people living in the home.

The manager had worked at the service since June 2017 and was in the process of registration with CQC. 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 found effective systems were still not in place to ensure medicines were stored, managed and administered in a safe way.

People, their relatives and staff told us there were not always enough staff employed to safely meet people's care and support needs in a timely way. We were told this was particularly evident at night.

Staff were suitably trained, and received supervisions and appraisals. However, the frequency of supervision was not consistent across the service. We saw plans had recently been implemented by the manager for all staff to receive regular supervision in line with the service's own policy.

Staff spoke passionately about the people they supported. They knew people's preferences and were keen to support people to be as independent as possible. Staff told us they knew what it meant to treat people

with dignity and respect. However, we saw this didn't always happen in practice as some doors were left open when people were being supported with personal care.

We saw people received appropriate care and support to meet their needs, however some care records needed updating to reflect recent changes.

Quality assurance systems had been introduced to monitor and improve the quality of the service provided. However, these need to be sustained to ensure continued compliance with regulations.

Staff were confident about how to protect people from harm and what they would do if they had any safeguarding concerns. They were confident any concerns would be taken seriously by management.

People and their relatives told us they enjoyed the food served at Chapel Lodge, which we saw took into account their dietary needs and preferences. This meant their health was promoted and their choices were respected.

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

There was a range of activities on offer to people living at Chapel Lodge. People told us they enjoyed taking part in the activities. Some people and their relatives told us they would like more activities and of a wider variety.

There was a complaints policy and procedure. This was clearly displayed in the reception area.

The service had up to date policies and procedures which reflected current legislation and good practice guidance.

Safety and maintenance checks for the premises and equipment were in place and up to date.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were a breach of Regulation 12, Safe Care and Treatment and Regulation 18, Staffing.

You can see what action we told the provider to take at the back of the full version of the report.

## 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 not always safe.

Not all medicines were stored and administered safely.

People, their relatives and staff told us there were not always enough staff on duty to safely meet people's care and support needs in a timely way.

Staff knew how to protect people from harm and what they would do if they had any safeguarding concerns. They were confident any concerns would be taken seriously by management.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Systems were in place to ensure people were supported by staff who had the knowledge and skills necessary to carry out their roles in meeting people's needs. Staff were suitably trained and regular supervisions were planned.

People were assisted to maintain their health by being provided with a balanced diet and having access to a range of health and social care professionals.

The service was meeting the requirements of the Deprivation of Liberty Safeguards. The manager and care staff had an understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

We saw people's privacy and dignity was not always considered by staff when providing care and support.

People and their relatives told us the service was caring.

**Requires Improvement** ●

We saw positive interactions throughout the day between people and staff.

### **Is the service responsive?**

The service was not always responsive.

Not all care records were regularly updated to reflect any changes in a person's care and support needs.

There were organised activities available to people living at Chapel Lodge. Some people and their relatives told us they would like more activities to be offered.

People living at the home, or their relatives, were confident in reporting any concerns they had to the manager and felt they would be listened to.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

The service was improving in a number of areas that were previously in breach of regulations. However, these improvements need to be sustained before the service can be rated good in this domain.

People and staff told us the manager was supportive and approachable.

The service had quality assurance systems in place and up to date policies and procedures which reflected current legislation and good practice guidance.

**Requires Improvement** ●

# Chapel Lodge

## 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 was planned to check 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.

This inspection took place on 15 November 2017 and was unannounced. The inspection team was made up of one adult social care inspector, one medicines inspector, two experts by experience, and a specialist advisor. The specialist advisor was a nurse with experience of pressure care. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Both the experts by experience had experience in caring for older people and people living with dementia.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider completed the PIR. We used this information to help with the planning for this inspection and to support our judgements.

Prior to the inspection we reviewed the information we held about the service, which included correspondence we had received and any notifications submitted to us by the service. A notification must be sent to the Care Quality Commission every time a significant incident has taken place. For example where a person who uses the service suffers a serious injury.

Before our inspection we contacted staff at Healthwatch and they had no concerns recorded. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also contacted members of Sheffield council contracts and commissioning service. They told us they had been monitoring the service and trying to support the provider to improve as they had some concerns regarding the quality of support provided to people who used the service.

During the inspection we spoke with twenty people who lived at Chapel Lodge and ten relatives/friends who were visiting. We met with the manager and a regional operations manager. We spoke with an additional 13

members of staff. We spent time observing daily in life in the service as well as looking at written records, which included eleven people's care records, five staff personnel files and other records relating to the management of the service.

# Is the service safe?

## Our findings

People told us they felt safe living at Chapel Lodge. Comments included, "I feel very safe as the staff look after me really well," "This is a very safe place" and "I am well looked after here, they are all very nice, I feel safe."

We checked progress the registered provider had made following our inspection on 7 September 2016 when we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment. This was because medicines were not always stored at the correct temperature, medicines applied topically had not been signed for as being applied and medicine rounds were often disturbed by staff, which increases the risk of errors occurring.

Since the last inspection we saw the registered provider had introduced tabards for staff who administer medicines to wear to remind everyone not to disturb them during medicines rounds.

We found medicines were still not being stored in accordance to the manufacturer as the room temperature in both treatment rooms were recorded as being above the recommended temperature to store medicines. Although the home had air conditioning units in both treatment rooms, the upstairs room did not have it switched on and the downstairs treatment room did not have the air conditioning unit fitted correctly to ventilate the hot air. The fridge temperature recorded in the upstairs room did not have the minimum and maximum temperatures recorded, so it was not possible to confirm if medicines requiring refrigeration were being stored safely.

We saw the service used a monitored dose system (MDS) for their medicines, which is a system where the pharmacy removes the medicine from the original container and puts it into a blister pack. The MDS system does not protect medicines from sunlight, which may reduce the effectiveness of a medicine. The medicines upstairs could not fit into the medicines trolley, which meant staff rotated medicines out of the trolley onto a shelf in the medicines room, which could not protect the medicine from sunlight.

Four people were given their medicines by a stomach tube, however there was no clear guidance on how medicines should be administered safely to reduce the risk of the tube becoming blocked. There was no record of flushes used before and after each medicine was administered, which meant we could not tell whether staff were flushing the tube appropriately. The home had clear guidance on how the stomach tubes should be cleaned and managed to reduce the risk of infection, however there was no record of this being done.

One person was prescribed a steroid cream to reduce inflammation of the skin, however the topical medicine administration record had not been completed by the care staff, which meant it was difficult to know whether the cream had or had not been applied. This was highlighted at the previous inspection. The same person had swallowing difficulties and was prescribed a fluid thickener. The service did not record when and how much thickener was used, which meant we could not tell whether each drink was thickened appropriately.

A person who was prescribed a medicine to improve their mental health had not been given their medicine for two days as staff told us they could not find it. Not having a medicine to improve mental health may increase the risk of a person developing withdrawal symptoms.

A person who was on a blood pressure reducing medication did not have it signed on the Medicines Administration Record (MAR) on four occasions. It was unclear whether the medicine had or had not been given. The same person was prescribed a medicine to slow their heart rate down. This medicine requires registered nurses to check the heart rate before it is administered, however this was not recorded every day, which is not in accordance to guidance.

As the registered provider had not complied with the proper and safe management of medicines this was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked people and their relatives if they thought there were enough staff on duty to meet their care and support needs. They told us staffing levels were generally insufficient and, although staff were very kind, they were 'under pressure'. We observed lunch service on both floors and spent periods of observation in individual bedrooms and communal areas. We saw four people made use of the downstairs lounge. We saw people in the lounge were left unattended for long periods (over an hour at a time) and lunchtime was difficult as a lot of people on the ground floor ate in their rooms and quite a lot needed support to eat. We saw there were five people whose family members were present to assist them and it appeared to us the service was reliant on that support at lunchtime.

Comments from people and their relatives included, "They are a bit short staffed but I think that's partly because the new manager has had a bit of a cull. She has weeded out staff who weren't very good or didn't have a good attitude and now she's trying to recruit people. It's better to be a bit short staffed and have the right people than have a lot of staff who aren't very good," "I don't really like showers. I like a bath but the last three times I've had a shower because it helps them[staff]. They are too busy to get me in the bath and the shower is quicker," "There are not enough [staff], especially at night" and "They could do with more at night, they can be late at turning me over."

We asked people and their relatives if they saw the same members of care staff all the time. They told us the level of regular staffing was good for the day shifts but there was a problem at night. One person said, "You see just about the same ones[staff] all the time, but the nights vary a lot" and "The only people I don't like are the ones[staff] who are on at night. I think they come from an agency and they can be a bit stropky."

Staff also told us there sometimes weren't enough staff. Comments included, "Sometimes we do have a shortage of staff. We usually have five and that is enough; but sometimes we fall below because of sickness. I think that when care worker who gives medicines [in the residential unit] is on they should not be counted in numbers so they can be free to manage medicines without it impacting on staffing" and "I don't think there is enough staff, buzzers can be going for a while."

We spoke to the manager about this. They told us they were in the process of recruiting new staff and had a permanent registered nurse starting next week.

As the service did not employ sufficient numbers of suitably qualified, competent, skilled and experienced persons this was a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing.

We checked five staff personnel files to see if the process of recruiting staff was safe. Four of the files were for staff who had been recruited in the last 12 months. Each file contained references to confirm suitability in previous relevant employment, proof of identity, including a photograph and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. We also saw evidence where applicable, that the nurse's Nursing and Midwifery Council (NMC) registration had been checked. This helped to ensure people employed were of good character. This confirmed recruitment procedures in the service helped to keep people safe.

Staff told us they had completed safeguarding training and were able to identify the signs of abuse. They told us they would report any concerns to the manager and they were confident it would be dealt with.

The manager kept a record of safeguarding concerns raised with the local authority. We saw 17 had been raised since the beginning of the year. From speaking with the manager and the local authority we were aware appropriate action was taken by the service in response to these concerns.

The registered provider was responsible for managing small amounts of money for some people living at Chapel Lodge. We saw the service kept financial records for each person who could access their funds from the safe. The records were signed and up to date. This showed procedures were followed to help protect people from financial abuse.

Staff told us they had sufficient equipment to meet people's needs and we did not see any delays in care provision due to people waiting for appropriate equipment to be found.

People and relatives told us staff took measures to prevent the spread of infections. One person told us, "They [staff] always wear gloves and aprons." Throughout the day of the inspection we saw this was the case. Domestic staff we spoke with told us they always had enough equipment to carry out their jobs effectively.

People and relatives told us the standards of cleanliness and hygiene were good. Comments included, "It [the home] looks clean to me, and it's pretty well aerated, no smells." "It's [the home] very clean, it gets mopped every day" and "It's clean, there has been a vast improvement with the new flooring downstairs, no smell now."

## Is the service effective?

### Our findings

We checked progress the registered provider had made following our inspection on 7 September 2016 when we found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing. This was because the registered provider had not ensured staff received appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they are employed to perform. We found improvements had been made in this area.

Some of the staff we spoke with had been employed by the service in the last 12 months. They told us they had an induction to their job. This included shadowing more experienced members of staff and completing mandatory online training.

The manager showed us the training matrix for the service. This listed all members of staff against the mandatory training they needed to complete and any other training they had completed. Staff told us training was a mixture of online learning and some classroom style training for more practical sessions. We saw mandatory training included fire safety, safeguarding vulnerable adults and infection control. We saw all staff had completed mandatory training in the previous 12 months. There were a small number of staff who required refresher training in some of the mandatory topics. The manager told us this was being arranged.

Supervision is regular, planned, and recorded sessions between a staff member and their manager to discuss their work objectives and wellbeing. An appraisal is an annual meeting a staff member has with their manager to review their performance and identify their work objectives for the next twelve months. We were told by the manager staff supervision should take place a minimum of four times a year as well as a yearly appraisal. The manager showed us they had a supervision schedule for this year and next which showed when staff had supervision and when it was next due. There were significant gaps in time between staff receiving supervision in the previous 12 months. However, we saw there was a plan in place for all staff to receive supervision in either November or December this year and throughout the following year.

Staff we spoke with told us they had supervision, however the frequency of this varied. Staff personnel files confirmed this to be the case with some staff having regular supervision and a recent appraisal recorded, and others not having had supervision in the previous six months or longer.

Although no longer in breach of regulation 18 improvements need to be sustained in the area to ensure continued compliance.

Feedback on the quality of food was generally positive with most people telling us they enjoyed their meals. Comments included, "On average they [meals] are OK, there is plenty of it [food], not a bad choice at all," "I like the food. It's very good," "There are always two options at lunchtime. I don't know what would happen if I didn't like either of them," "The food here is really good and the chef is brilliant. He is very dedicated and does an amazing job" and "There is not much variety, I don't like the sandwiches."

Throughout the inspection we saw people were regularly being offered tea and coffee, or fruit juices and water. We saw people had jugs of water or fruit juice in their rooms. The chef told us they also kept a stock of fizzy drinks because they found a lot of people preferred lemonade or similar when they took their tablets at lunchtime.

We spoke with the chef who told us they offer two meal options for lunch. However, if people didn't want either they would organise something else. They gave us the example of one person who had fish fingers every day as that was their choice. At breakfast time we were told people had a choice of a light breakfast of cereal or toast or porridge, or a full English breakfast. At teatime we were told people had a choice of Cornish pasties or sandwiches or soup.

Some people living at Chapel Lodge had specific dietary needs. We saw there was a board in the kitchen which listed who needed a soft diet, who was diabetic, any allergies and any strong dislikes people had.

On both floors we saw there was the daily menu on a blackboard and also a picture menu. Staff told us people selected their meal choices the day before from the picture menu but there was no problem if they changed their minds or wanted something different as this could be accommodated. We were also told the two small dining rooms on the ground floor were going to be relocated into one larger dining room. Staff told us this was a positive move as they thought it would be more sociable for people.

We observed lunch service on both floors. We saw the dining rooms were clean, bright, well decorated, and welcoming. The tables were nicely set with floral decorations, mats, condiments, napkins, glasses, and cups. The food was served from a heated trolley. The main courses looked palatable, the portion size was good, and the plates were hot. On the first floor we saw there were up to five members of staff in the room for fourteen people, four of whom needed support to eat and drink. We saw staff sitting next to people who needed support and gave them individual attention, smiling and talking to them. People weren't rushed.

On the ground floor more people chose to eat in their rooms and staff were busier on this floor as they were in and out of the dining rooms delivering meals to people in their rooms. One person in a wheelchair was supported into one of ground floor dining rooms at 1pm but was not served lunch until 1.40pm. However, when they were eventually served lunch and supported by a member of staff to eat it, we saw this was done well with the member of staff focussed on the person and gently talking to them.

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 so that they can 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 are called the Deprivation of Liberty Safeguards (DoLS).

We checked and found the service was working within the principles of the MCA. There was a key code required to open the front door, if anyone wanted to leave or enter the building. There was a different key code required to open the doors between floors within the building. This meant people's liberty at Chapel Lodge was potentially being restricted. There were some people residing at Chapel Lodge who were living with dementia and we saw 29 people had been referred for a DoLS. Six had been authorised at the time of the inspection. We saw the manager held records of these applications and was able to track which stage of

the process a person was currently at.

We were told all staff received training in the principles of the MCA and DoLS. Electronic training records confirmed this. From our conversations with care staff and the manager it was clear they had some working knowledge of the MCA and DoLS. They understood the importance of the MCA in protecting people and the importance of involving people in making decisions. Care staff were able to give us examples of what this meant in practice. For example, giving people options of what they wanted to wear for the day ahead and asking for permission before supporting people.

We saw care staff explaining what they were going to do to support people and the asking the person's consent to proceed. For example, when supporting a person to mobilise with the use of a hoist. People told us, "They [staff] are always asking me. Everything they do, they say is it okay?" and "They [staff] never take anything for granted."

This shows the manager and care staff understood their responsibilities under the MCA.

Care records showed people had access to a wide range of health and social care professionals as and when required. For examples GPs, tissue viability nurses and social workers. People told us that they were supported to see a doctor when necessary.

## Is the service caring?

### Our findings

People and their relatives told us staff respected their privacy and dignity. Comments included, "They [staff] close the curtains and we leave the room [when staff supporting their relative with personal care]," "They [staff] respect my privacy and dignity by closing the curtains and door," "They are good carers, I have no complaints, they treat me with respect" and "They are fine, kind, they treat me properly."

Staff we spoke with were able to tell us what it meant to treat people with dignity and respect. One member of staff told us, "I try my best to carry out care behind closed doors and cover the person up as much as possible [when supporting them with personal care]." Staff also gave us examples of supporting people to eat discreetly so as not to draw attention to what they were doing, and not talking down to people such as not assuming they always wanted the same drink.

We were told the service had a dignity champion. Their role was to recognise what good practice looks like in this area, continually challenge staff to provide the best support they can and to share examples of good practice.

However, during the inspection we saw most bedroom doors on the ground floor were kept open if the person was in bed and we saw a number of these people were only in their underwear and therefore quite exposed with the doors left open. We also saw one person being supported to dress by two members of staff with their bedroom door left open. The person was exposed in their under garments for anyone walking past to see. Improvements were required in this area.

People told us the staff were caring. Comments included, "They're [staff] all lovely with us. They are really super lasses," "They're [staff] all so nice to us. I tell it how it is and I would say the staff are marvellous. They're very nice staff," "They [staff] are very kind" and "They [staff] are lovely people."

Relatives spoke highly of the care and support provided by staff. Comments included, "All the staff who work here are lovely" and "The staff here are good. They [staff] do try their best and visitors are made welcome as well. I come every other day and can stay as long as I want."

The interactions we saw between people, their relatives and members of staff were professional, warm and affectionate. We saw staff were cheerful and friendly, and people appeared to be very comfortable with all the staff around them. We saw groups of people having their hair done by the activity coordinator (who we were told was also a qualified hairdresser) who was at the same time involving them in conversations and singing along to old tunes. People were clearly enjoying themselves.

We saw staff knew people well. They knew people's like and dislikes and their preferences. One person told us, "They know what things I like, I'm a bit awkward."

We saw people's independence was encouraged and promoted wherever possible. Comments from people and their relatives included, "I can undress myself when I'm ready," "[Name of relative] tries to manage

things on her own and staff let her do it but keep an eye on her. Simple things like putting her cardigan on. She can't really manage much more than that" and "They [staff] do support her to be independent, well as much as she can be."

Staff told us they enjoyed working at Chapel Lodge. They told us they were part of a good team and they spoke with compassion and warmth about the people they supported. Every member of staff we asked told us they would be happy with a relative living at Chapel Lodge if they needed this type of care and support.

## Is the service responsive?

### Our findings

We checked progress the registered provider had made following our inspection on 7 September 2016 when we found a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Person centred care. This was because there was a risk that people would not receive appropriate care and treatment to meet their needs as we found some people's care records had not been updated to reflect changes in their needs and we also found examples of conflicting information. We found some improvements had been made in this area.

We looked at care records in detail for three people and eight other in less detail. One person required pressure care. We saw appropriate medical advice was sought as soon as changes to their skin condition were noted and the advice given by the tissue viability nurse in response was being followed and recorded by staff. However, in spite of this change we saw associated care plans and risk assessments had not been updated since August 2017. The other two care records we looked at in detail contained up to date risk assessments and associated care plans. We saw these were evaluated monthly.

We asked people and their relatives if they were involved in reviewing their care records. Although some people we spoke with were not familiar with having a care record, the relatives we spoke with told us they felt involved in the care of their relative and were kept informed. Comments included, "They [staff] are good in that respect. They will always get in touch if she isn't well or they are worried about her at all. They do involve us all the time," "We sit down and discuss it [care record], so I am involved" and "We were involved in the care plan and they've [staff] now started having review meetings which is a good thing."

We found people's care records had improved since our last inspection and people were receiving person centred care. However, improvements with updating some care records following changes in people's needs are required.

The service had recently employed two part time activity coordinators. One worked two days and the other three days a week. They overlapped one day in order to facilitate larger group activities. People told us they enjoyed the activities but would like more of them. Comments included, "There are no 'in bed' activities at all, there are some concerts and shows," "They help me to go out on visits occasionally" and "There is not much, some bingo, some sing songs, it gets a bit boring."

We saw there was a standard timetable of activities displayed on both floors giving information on what was available each day of the week. A member of care staff told us this was flexible and gave an example of changing the activity to a sing a long when exercise was scheduled as this is what people had requested. In addition both floors displayed a 'What's On' poster for additional activities each month.

People were having their haircut on the day of our inspection and we did not see any additional activities taking place. A relative told us, "They had a ball game yesterday which was good. People had to catch the ball and then answer the question on it which was facing them like, what is your favourite sport."

We asked the manager if care staff had time to spend with people who weren't able to or didn't want partake in group activities. We were told there were some 1:1 sessions with the activity coordinators. We saw these sessions were recorded for each person with a summary of what was discussed and any action to be taken as a result of the discussion. On average a 1:1 session was recorded as taking two or three times a month.

We saw there was an up to date 'compliments, concerns and complaints' policy and procedure. This was clearly displayed in the main reception area for all to see when entering the building. In addition the manager told us she operated an 'open door' policy for people, their relatives and staff. During the day of inspection we saw this was the case, with relatives and staff popping into the manager's office. We saw she clearly knew people and their relatives and they felt comfortable approaching her. The manager was responsive to their needs.

We saw the manager kept a complaints log. There were 25 complaints recorded since the beginning of the year. We saw each of these had been investigated, responded to and were recorded as being resolved. In addition staff had recently received two thank you cards from relatives of people living at Chapel Lodge.

Nobody we spoke with said they had made a formal complaint to the manager, however they were happy they could raise issues and get positive responses. One person told us, "I haven't wanted to make one [complaint], I would just tell the nurse in charge."

## Is the service well-led?

### Our findings

We checked progress the registered provider had made following our inspection on 7 September 2016 when we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance. This was because the registered provider had not ensured that were effective processes in place to assess, monitor and improve the quality and safety of the services provided. We found some improvements had been made in this area.

We saw the manager had now introduced a supervision schedule ahead for the year ahead and there were significantly fewer gaps in the staff training matrix.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The manager told us she undertook a number of regular audits. These included monthly audits of key performance indicators such as weight loss/gain, pressure areas, infection control and medicines management. The findings were inputted into an electronic system so senior management could view them. It also enabled the manager to identify and address any trends and associated issues. The manager told us audits would continue to be undertaken at least monthly until they were satisfied improvements had been made across the service and good practice in all areas was the norm.

In addition the manager told us she undertook a daily walk around the premises to identify any issues. We saw records of the walk around regularly taking place and they included any actions to be undertaken. We also saw evidence of a monthly walk around taking place by the regional operations manager, which was a further level of compliance checking.

The manager told us she held a 'daily huddle' every morning and a senior representative from every department was expected to attend. We saw these meetings were recorded and they were an opportunity to discuss any current issues impacting on people living at Chapel Lodge. Staff told us they found these meetings useful.

We found the service to no longer be in breach of regulation 17. However, effective recording, auditing and quality assurance procedures had only been recently introduced and these need to be sustained to ensure continued compliance with this regulation.

The manager had been in post since June 2017 and told us she was in the process of registering with CQC. Our records confirmed this was the case.

People and their relatives were positive about the manager. They told us, "The current manager hasn't been here very long but she is making a real difference. She is trying her best to improve things" and "She [the manager] is nice and approachable."

All staff we spoke with also told us they found the manager approachable and supportive. Comments included, "I definitely feel supported by [name of manager]. She has increased staff morale" and "[Name of manager] has really supported me. She runs this place well. Residents are happy and kept safe."

We asked if people and staff were asked for their views on the service provided and given any opportunities to make suggestions for improvements. We saw detailed minutes of bi monthly meetings with staff and we were told minutes were displayed in the staff room and attached to payslips to ensure all staff were kept up to date. We saw recent meetings had included detailed discussions between staff about the current period of change they were experiencing with a new manager in post. From these minutes we saw there was an ongoing clear and open discussion between managers and all staff.

We saw regular 'residents' meetings had been introduced with a standard agenda covering food, activities, housekeeping, privacy and dignity, and any other business. These meetings were led by the activities coordinator and were bi monthly. On the alternate month a relatives meeting was held.

We checked maintenance records for the premises. Water safety and legionella testing, and electrical installation and equipment servicing records were up to date. Risks to people's safety in the event of a fire had been identified and managed. For example, there were records of regular fire drills taking place and we weekly tests of the fire alarms were undertaken.

We reviewed the service's policy and procedure file. The registered provider had created the policies and procedures for all its services. We saw they covered all areas of service provision relating to both the people who lived at Chapel Lodge and the staff. They were held both electronically, and a paper file in the manager's office was available to staff. Whenever significant updates were made to any policy and procedure the manager told us a copy was placed in the staff room and staff were expected to read it and sign to confirm they had understood it. We saw the policies and procedures were up to date and regularly reviewed. This meant they reflected current legislation and good practice guidance.

The manager was aware of her obligations for submitting notifications in line with the Health and Social Care Act 2008. The manager confirmed that all notifications required to be forwarded to CQC had been submitted. Evidence gathered prior to the inspection confirmed that a number of notifications had been received.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Diagnostic and screening procedures	The service did not employ sufficient numbers of suitably qualified, competent, skilled and experienced persons
Treatment of disease, disorder or injury	

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	The registered provider had not complied with the proper and safe management of medicines
Treatment of disease, disorder or injury	

**The enforcement action we took:**

Warning notice issued.