Homelea Care Services Ltd

The Old Chapel Care Home

Inspection report

Haigh Lane
Haigh
Barnsley
South Yorkshire
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Tel: 01924830984

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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?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 6 November 2018 and was unannounced. It is the first inspection.

The Old Chapel Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The Old Chapel Care Home can accommodate up to 15 people who require accommodation and personal care. The home is set over two floors; communal areas are on the ground floor and bedrooms on both floors. It is located in the village of Haigh, which is situated half in the district of Wakefield and half in the district of Barnsley. At the time of our inspection there were 15 people living in the home.

There was a registered manager employed at The Old Chapel Care Home. A registered manager is a person who has registered with the CQC 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.

People told us they felt safe. Staff understood how to safeguard people from abuse in the home which included reporting any concerns.

We observed staff interacting and supporting people who used the service to move around the home safely. Systems were in place to identify risk but there was a limited use of records to show risk was being appropriately managed. People had care plans but these did not always cover all aspects of their care needs. The registered manager acknowledged their recording and documentation systems needed to be further developed and said this was a priority area for improvement.

Staffing arrangements ensured people were safe. People told us staff were available to assist them when they needed support and we observed and call bells were answered promptly. Staff received training and day to day support to help them understand how to do their job well but formal supervision was not provided on a regular basis.

The provider had systems in place to manage people's medicines. Medicine administration records were well-completed and checks had been carried out to make sure that medicines were given and recorded correctly. Guidance was in place for administering most medicines but not for those medicines that were prescribed 'as and when required'. The registered manager agreed to ensure protocols were in place where required.

People lived in a clean, pleasant, safe and well-maintained environment, and were comfortable in their surroundings. Everyone had en-suite facilities and were encouraged to personalise their room.

People told us they liked living at The Old Chapel Care Home and said they were being looked after very well. They were complimentary about the staff. Staff were kind and caring in their approach; we observed they chatted to people and asked them how they were feeling. People were at ease with staff and the registered manager, and told us they were comfortable raising concerns. Visitors were made to feel welcome.

People nutritional and health needs were met, and they had opportunity to engage in a range of activities. 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.

The registered manager was visible and spent time working alongside people who used the service and staff. Everyone was encouraged to share their views and put forward suggestions. The provider had some audits in place but these did not effectively identify areas for improvement. The registered manager said in the first year they had focused on developing an environment that was caring and a culture of fairness and transparency, and were now focusing on the quality management systems.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Staff were aware of risks to people but there was a limited use of records to show risk was being appropriately managed.

Staffing arrangements ensured people were safe.

Systems were in place to manage people's medicines.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff were trained and received good day to day support although regular formal supervision was not yet established.

The legal requirements relating to the Mental Capacity Act 2005 (MCA) were met.

People's health needs and nutritional needs were met although important dietary information was not always shared with staff working in the kitchen.

Is the service caring?

Good

The service was caring.

People told us staff were kind and caring, and our observations confirmed this.

People looked clean and tidy in their appearance

Staff knew people well and were confident people were well cared for.

Is the service responsive?

Good

The service was responsive

People told us their needs were met and their views were taken

into account. Care plans were being further developed to improve consistency.

People engaged in a range of social activities.

People were comfortable raising concerns. A system was in place to deal with complaints.

Is the service well-led?

Requires Improvement

The service was not always well led.

Quality management systems needed to be developed further to make sure they drove improvements.

The registered manager engaged with people who used the service, visitors and staff.

People were encouraged to put forward suggestions and ideas to help improve the service.

The Old Chapel Care 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 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 6 November 2018 and was unannounced. Two inspectors and an expert by experience carried out the inspection. 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 the inspection we reviewed the information we held about the service, and contacted relevant agencies such as 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.

The provider had completed a Provider Information Return (PIR) in September 2018. 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.

During the visit we looked around the service and observed how people were being cared for. We spoke with nine people who used the service, four relatives/friends, five members of staff and the registered manager. We looked at documents and records that related to people's care and the management of the home. This included three people's care records.

Requires Improvement

Is the service safe?

Our findings

People were safeguarded from abuse. Everyone we spoke with said they felt safe living at the home. A visiting relative told us it was a great relief to know their relative was safe. We asked staff about what measures were in place to protect people from abuse in the home. Staff were able to tell us about signs of potential abuse and what they would do to report this. For example, one staff we spoke with told us they knew people very well as they had worked at the service since it opened in December 2017 and would be able to identify if a person acted differently to their usual self. The registered manager told us they had no open safeguarding cases at the time of the inspection.

People told us staff supported them with their mobility and personal care safely. We observed staff interacting and supporting people who used the service to move around the home safely. We noted that call bells (used by people if they needed assistance) were answered promptly.

Staff we spoke with were aware of risks to people but there was a limited use of records to show risk was being appropriately managed. Staff knew how to identify if a person may be at risk of harm and the action to take if they had concerns about a person's safety. People's care plans included risk assessments. However, some risk assessments required more detail to show the risk was being managed. For example, one person's care plan identified the person was at risk of developing pressure areas. The risk assessment stated the person should be repositioned every two to three hours when in bed. Staff told us they repositioned the person and followed the care plan but there were no charts to confirm this. Another person's care plan stated they had a nutritional risk assessment but this was not in the person's file and could not be located on the day of the inspection. The registered manager said they were confident risk was being managed but were aware their care recording and documentation systems needed to be further developed. They said this was a priority area for improvement.

The premises and equipment were serviced and well maintained. Certificates and records showed areas such as firefighting, gas appliance, electrical and hoisting equipment had been checked. The passenger lift service was overdue; the registered manager said they were waiting for the insurance company to provide details of recognised companies.

People lived in a clean environment and there were no malodours. One person told us, "It's very clean, always." We observed staff wearing personal protective equipment (PPE) such as gloves and aprons. Staff we spoke with told us PPE was available in each person's room where people required personal care.

Systems were in place to ensure people's safety in the event of a fire. We saw people had an emergency evacuation plan (PEEPS). People who used the service and staff told us they had recently practiced emergency evacuation procedures, and records confirmed this had been completed in October 2018. One person went through the procedure in detail. Fire safety equipment was located throughout the building, which included evacuation sledges. One person had a sledge that was situated under their bed. We asked staff how to use the equipment but they were unsure. The registered manager said this was included in their initial training but agreed to refresh this with all staff.

People told us there were enough staff to care for them. One person said, "Staff are always around." Another person said, "Oh, yes there are enough." Staff we spoke with told us that there were sufficient staff on duty to make sure people were safe and their needs were met. One staff member said, "It is a good team and we support each other. We get to know individuals and what is important to them, what they like and what makes them happy." We asked relatives about staffing levels. One relative said, "When I arrive to visit my [family member] there is always staff around and they are very welcoming." We looked at staff rotas and found they showed levels that matched the staff that were on duty.

Recruitment checks were carried out before staff began working at the service. These included two written references, (one being from their previous employer), and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Systems were in place to manage people's medicines. We observed staff administering medication to people who used the service. They did this in a safe way that reflected good practice guidance, such as using the medication administration records (MARs) to confirm when the person had taken their medication.

Checks had been carried out to make sure that medicines were given and recorded correctly, and the remaining medication tallied with the stock held. Some people were prescribed pain relief 'as and when required' (often referred to as PRN) to assess if the service had detailed protocols for when the medication was to be administered. We found these needed more detail to inform staff of the signs and symptoms displayed when the person required pain relief. Staff told us most people could verbally tell staff if they required pain relief so they received it as required. The registered manager told us they would introduce PRN protocols.

The treatment room was suitable for the safe storage of medication. The senior care worker told us regular checks were carried out to make sure storage met the recommended temperatures. However, these could not be found during the inspection.

We saw records were kept of medicines received and disposed of. Medication was securely stored with additional storage for controlled drugs (CD's), which the Misuse of Drugs Act 1971 states should be stored with additional security. We checked the CD's for three people who used the service and found they were accurately recorded and the medication tallied with the records.

Staff who was responsible for administering medication had received training to update their knowledge and skills in this area. The registered manager told us she had not undertaken any observed competencies on the staff since the service opened in December 2017 but would introduce these. The competency checks ensure staff are working to expected standards. Actions to improve medicine systems had been identified through audits and had been signed off when completed.

Requires Improvement

Is the service effective?

Our findings

The provider used standard care documentation which was completed when people's needs were assessed before they moved into the service. The assessment of need covered areas such as making choices and decisions, communication, personal care and keeping safe. The management team said they always discussed these areas with the person and others who represented them.

People's care records showed their day to day health needs were being met. People access their GP and other healthcare professionals such as speech and language therapists (SALT), district nurses, physiotherapists, chiropody and opticians. Staff communicated well to ensure they knew which health professionals visited and any treatment prescribed. For example, we saw one person's file had reference to contact with the GP regarding their diabetes as the person liked to eat food which could affect their condition.

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

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People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The registered manager told us one person had an authorised DoLS in place and others were awaiting decisions made by the supervisory body. We looked at care records for the person who had the authorised DoLS which contained relevant records such as a capacity assessment and best interest's meetings. The authorised DoLS had two conditions; both were being met.

The assessment of need emphasised that the MCA must be core to the assessment process. We saw the provider adhered to these principles and the person's capacity to make decisions and choices was discussed and documented during the assessment. They also recorded where people had 'Power of Attorney' (so that someone can make decisions on their behalf). We saw in one person's file there was a clear record of them consenting to an anti-inflammatory injection to treat a health condition.

Staff we spoke with had a good understanding of people's right to make decisions and gave examples of how they achieved this. For example, making sure people chose when to get up on a morning. Staff also understood when people did not have capacity to make decisions they had a responsibility to make sure any decisions made on their behalf were in the person's best interest.

The staff we spoke with told us about the training they had received which was specific to the service provided. One staff member said, "I have achieved NVQ level two and I am now working toward level five and have just completed the first unit. I have also completed all of the on-line training which covers the mandatory subjects." The registered manager showed us record which confirmed staff had completed on-line training which covered all aspects of supporting people to meet their personal needs. It was clear from our observations that the training staff received was fully integrated into the way people were supported. A relative told us, "The staff really understand how to treat people as an individual."

The registered manager was aware that all new staff employed (without previous care work) would be registered to complete the 'Care Certificate'. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

Staff we spoke with told us they were well supported by the registered manager and peers. However, the registered manager told us that supervision sessions for all staff had fallen behind. They said they worked alongside and supported staff on a daily basis so provided supervision but acknowledged this was not structured. They said they planned to introduce regular supervision and annual appraisals were due to take place from December 2018. Supervisions and annual appraisals are used to help develop staff and review their practice.

People had a good well-balanced diet with choices and people's individual needs were catered for, and their diet and weight monitored as necessary. We saw the menus were displayed and the cook showed us a note pad which confirmed the food cooked previously. The cook told us they were able to speak to people when they moved into the service to find out what they liked to eat. However, there were no record of this in the kitchen. We saw evidence on the care records we looked at that some people had been referred to the dietician and SALT. The cook was aware of people who were nutritionally at risk and they told us creams and milk supplements were put into food to boost people's calorific intake.

The cook told us they were not aware of any of the people who used the service that required any special diets. However, we found two people who were diabetic. We brought this to the attention of the registered manager who agreed to ensure important information was shared with staff working in the kitchen. The cook told us that one person was a vegetarian and the cook told us how specific food had been bought to meet the person's nutritional needs. They said, "I try to cook a variety of meat substitute meals so that their preferences are not identified to others who are dining." At lunch our observations confirmed this.

People had a pleasant dining experience. Breakfast was served from 8am and people were offered a choice which included a cooked breakfast. On the day of the inspection the main meal was roast pork with vegetables and a salad was offered as an alternative. One person had a Quorn steak which they said was "very nice". People received support to eat where appropriate and this was done in a friendly and relaxed way. The food was neatly presented with adequate but not excessive portions. At teatime people were offered a choice of sandwiches or macaroni cheese. People told us they enjoyed the food. One person said, "She's a good cook." Another person said, "It's very good food, especially the sweets." During the day we saw regular drinks and snacks were served.

People lived in a pleasant environment and were comfortable in their surroundings. Everyone had en-suite facilities and were encouraged to personalise their room. They freely accessed their room and communal areas which included two lounges; the registered manager said one was a quiet area and the other tended to be where people watched television and engaged in activities. We observed this on the day.

Good

Is the service caring?

Our findings

All the people we spoke with told us they liked living at The Old Chapel Care Home and were being looked after very well. Comments included, "I think this place is lovely", "I'm made to feel comfortable.", "I feel at home, that's the most important thing", "It's a lovely place" and "You are made to feel at home here. There is a kindness about the place". A relative told us they had been concerned about their relative when they moved in but had seen they had improved in "health, confidence and well-being". Visitors told us they were made to feel welcome whenever they visited. One relative said, "It's easy to visit."

People benefited from staff that had a caring approach to their work and were committed to providing high quality care. People told us the staff were extremely caring and well-informed about their needs. One person said, "The staff are really good." Another person said, "The staff are all nice and cheerful." Staff were enthusiastic about their work and were confident people received a very good standard of care. We observed staff supporting people in a positive encouraging way. People were asked what they wanted to do and where they wanted to spend their time. For example, after lunch staff asked people where they wanted to sit and offered to take them to their room to rest. We saw staff enabled them to be as independent as possible while providing support and assistance where required. One person told us staff were patient when they wanted to do things independently, such as hair washing. Staff routinely interacted with people, took time to listen and responded to their questions.

People were treated with dignity and respect. Personal care was delivered in a sensitive and competent manner, and people told us they thought staff were well trained in this. One person told us, "I never thought I would get to this stage [unable to manage personal care] but they laugh and joke and I feel quite all right." People told us they were supported to shower daily if they wished. Most used their en-suite facility but also knew they could have a bath in the main bathroom.

People looked well cared for which is achieved through good standards of care. Clothing was clean and pressed. Some people wore make-up and jewellery. People could choose to have their hair done by the visiting hairdresser or visit a local salon. The registered manager told us they had focused on developing an ethos and culture where people were valued and treated as individuals. Discussions with staff and our observations confirmed this.

In the PIR the provider told us about the arrangements in place to monitor and ensure the service was caring. They said, 'We allow residents to make informed choices about their care, regardless of our own personal beliefs. As we are a small home, we feel confident in saying that we know the personal histories, preferences, likes and dislikes of all our residents and are able to recognise quickly when they are distressed, upset or unwell and take the appropriate action to resolve these. We always aim to treat people with fairness, respect, equality, dignity and autonomy. They said staff completed equality and diversity training to help ensure they understand Human Rights principles.

People's daily records ensured their health and well-being could be monitored. The records we looked at were sufficiently detailed and informative. Staff described how people had been throughout the day

including their appetite, mood, and tasks or activities they had taken part in. One person had an 'introduction to my life' record. This provided details about their history and background, for example, childhood, working life, significant relationships, hobbies and interests. The registered manager agreed to look at introducing a similar record for everyone to help ensure all relevant information was gathered about people's background and preferences.

Good

Is the service responsive?

Our findings

People told us their needs were met and their views were taken into account. Some people told us they had care plans whereas others said they either did not have care plans or were unsure.

Care plans we looked at included assessments and plans to meet people's care and support needs. These gave information about the person's assessed and on-going needs. For example, about how the person needed to be supported. The assessments outlined what people could do on their own and when they needed assistance. We saw care plans were reviewed monthly and updated if required. Although we saw some aspects of care planning were effective we also identified gaps in the care planning process. For example, one person's care plan stated they were reluctant to drink and should be drinking at least two litres of fluid person day. However, there was no detail to show how this was being monitored. Another person's risk assessment identified them as a diabetic controlled with insulin injections (self-administered) however the care plan did not give adequate directions to staff what was deemed as normal range for the person's blood sugar level. This would enable staff to seek medical advice if the person became unwell due to high or low blood sugar level.

The registered manager said they were developing the care planning process and showed us a new format they were looking at introducing. They told us they were confident people's care needs were met but said were aware their care recording and documentation systems needed to be further developed. They said this was a priority area for improvement. One person had draft care plans in the new format. We looked at three areas, communication, mobility and elimination. These were person centred and provided guidance for staff to follow. For example, the elimination care plan stated that the person could use the toilet independently although needed support with continence products; information was specific. The communication plan stated the person could communicate their needs verbally and use the call bell system. They wore a hearing aid so staff were guided to ensure the person had heard and understood verbal information and re-word information if they had difficulty understanding.

In the PIR the provider told us they completed an accessible information assessment when people accessed the service and from this assessment they identified if people had communication or information needs. We saw people had communication care plans although some were not detailed. The registered manager said they would be looking at developing the communication care plans as they introduced the new care planning format.

In the PIR the provider also told us they had effectively worked in partnership with the 'end of life' team and district nurses which had benefited people because they had received good care at the end of life. They provided examples of how they had provided person centred support. For example, one person's wishes around having last rites administered were respected. The registered manager told us they always asked people about advanced care planning during the initial assessment process but some people chose not to discuss this, and there was no follow up. This meant care plans were not detailed or clear about people's end of life preferences. The registered manager said they would be looking at developing end of life care plans so people's preferences and choices were known.

Staff spent time with people, engaged in meaningful discussions and activities. For example, a staff member sat with people whilst doing manicures. They offered people a choice of nail colour. We heard staff and people chatting about family and friends, and about the previous night's bonfire and fireworks display where they had enjoyed a pie and pea supper. During the afternoon people joined in an exercise group followed by a quiz. One person said, "I knew lots of the answers I was top of the class." Some people had daily newspapers. People told us they also enjoyed other activities such as bingo, film sessions and bowling. A Christmas fayre was planned. The provider did not employ an activity worker but in the PIR they told us, 'In the next twelve months we plan to employ an activities coordinator in order that residents have more support to follow their interests and take part in social activities.'

People were at ease with staff and the registered manager. Staff were seen chatting to people and asking them how they were feeling. People told us they were comfortable raising concerns. The provider told us in the PIR that, 'All residents, relatives and visitors are made aware of our complaints procedure and have access to leaflets with the relevant information.' We saw a leaflet telling people how to make a complaint was available. The registered manager said they always responded promptly and took appropriate action to resolve any issues to help prevent escalation. They told us they had not received any formal complaints.

Requires Improvement

Is the service well-led?

Our findings

The service had a registered manager. They worked alongside people who used the service and staff so had good knowledge of the day to day running of the service as well as their overall responsibilities. 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. The registered manager was also the nominated individual. A nominated individual must be employed as a director, manager or secretary of the organisation with responsibility for supervising the management of the regulated activity.

People who used the service were complimentary about the registered manager. One person told us the registered manager was "hands on" and provided support with personal care when needed. Another person said, "She keeps a close eye." Another person said, "You couldn't find anybody better." One person said, "I would recommend anyone to come here." A visitor told us, "They go the extra mile and beyond."

Staff told us they enjoyed their work. They said the service was well led and the registered manager was approachable, and were encouraged to put forward suggestions and share any concerns. One member of staff said, "It's a lovely place to work. It's small, you get to know everyone well and everyone gets on." Another member of staff said, "It's a well-managed service." Staff understood their roles and responsibilities, and said good values and high standards of care were promoted. Staff communicated and supported people effectively and it was evident from our observations people enjoyed the company of staff and others they lived with.

Staff had attended a recent staff meeting which took place in September 2018. This enabled them to meet and discuss the welfare of people using the service and other topics such as activities, staff training and health and safety. The registered manager told us it also helped to make sure any relevant information was disseminated to all members of the team.

People told us they were encouraged to share their views about the service but had not attended any meetings. Some people had completed surveys and provided positive feedback about their experience. Comments included, 'excellent care, beautiful surroundings, five-star care home, spotlessly clean, wonderful, caring and happy staff'.

The registered manager said in the first year they had focused on developing an environment that was caring and a culture of fairness and transparency. They said they had been very involved in working alongside staff and people who used the service which had resulted in good outcomes for people but limited quality management systems. They said they had identified they needed to improve their recording systems and formal monitoring. Our inspection findings confirmed this. We identified the provider needed to improve some keys areas such as supervision of staff and care documentation, and introduce more robust auditing. The provider had some audits, for example, falls, pressure ulcer, catheter care and infection control outbreaks. However, these did not identify areas for improvement. We saw the provider had started

to address some of the shortfalls, for example, they were introducing a new care plan format. The registered manager said an independent organisation had completed a health and safety inspection just before the service commenced and were due to complete another inspection/audit shortly.

In the PIR the provider told us, 'The registered manager is involved in the registered network managers meetings and has links with the clinical commissioning groups to ensure the home is working in partnership with key organisations.'