

Panaceon Healthcare Ltd

# Chapel View Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

Chapel View is a care home. People in care homes receive accommodation and 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 View can accommodate up to 39 people in one adapted building. Accommodation is spread over two floors. On the ground floor there are communal areas including lounges and a dining room.

The inspection took place on 10 January 2019 and was unannounced. On the day of the inspection there were 28 people living in the home.

At the last inspection in October 2017 we rated the service requires improvement overall and in each domain area. We found five breaches of regulation relating to; failure to provide safe care and treatment, good governance, consent, failure to notify CQC of incidents and dignity and respect. Following the last inspection, the provider sent us an action plan to show what they would do to improve the service.

At this inspection we found the service had improved in a number of areas. However, there were further areas that needed further development before the service would consistently be providing good care and support. A new manager had come into post in September 2018 and we found they were committed to continuous improvement of the service and responded positively to addressing the shortfalls we found on this inspection.

A registered manager was not in place. The previous registered manager deregistered in March 2018. 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 new manager told us it was their intention to apply to become the registered manager for the service.

People and relatives provided good feedback about the service. They said that care needs were met, staff were friendly and the service was responsive to their individual needs.

People said they felt safe using the service. Safeguarding procedures were in place and followed to help keep people safe. However, some risks to people's health and safety were not appropriately assessed and mitigated. Some people were not provided with appropriate food in line with their assessed needs. This demonstrated the service had failed to provide safe care and treatment.

There were enough staff to ensure people received prompt care and support. Staff were visible and keen to attend to people's individual needs. Robust recruitment procedures were in place to help ensure staff were of suitable character to work with vulnerable people.

Staff received a range of training and support in order to undertake their role. People spoke positively about the skills and knowledge of the staff who supported them.

People had access to a choice and variety of food. We found some aspects of the mealtime experience could have been improved to ensure a consistently pleasant mealtime atmosphere.

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.

People's healthcare needs were assessed and the service worked with a range of professionals to help meet their needs.

Medicines were managed in a safe and appropriate way and people received their medicines as prescribed.

Staff treated people with kindness and compassion. People were listened to and their views used to help shape their care and support.

People's care needs were assessed. Some care plans required more detail adding to provide evidence their needs had been fully assessed, for example in the provision of end of life care. There was a good range of activities available to people based on their likes and preferences.

A system was in place to log complaints. However, it was not always clear that complaints had been responded to in a timely manner.

People, relatives and staff all provided positive feedback about the service and how it was managed. People's feedback was sought and influenced how the service run.

Systems were in place to assess, monitor and improve the service. However, these were not sufficiently robust in ensuring a consistently high performing service. However, we had confidence the new manager would continue to develop and improve the service.

We found two breaches of regulation. 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?

**Requires Improvement** ●

The service was not consistently safe.

Risks to people's health and safety were not consistently managed in a safe way.

Overall, medicines were safely managed.

There were sufficient quantities of staff deployed in the home.  
Safe recruitment procedures were in place.

### Is the service effective?

**Good** ●

The service was effective.

People praised the staff who supported them. Staff received a range of training and support to enable them to do their role effectively.

People praised the food on offer within the home. There was choice and variety of food.

The service worked well with a range of health professionals to help ensure needs were met.

### Is the service caring?

**Good** ●

The service was caring.

People and relatives provided consistently positive feedback about staff and said they were kind and caring. People had developed good relationships with staff.

The service treated people fairly and equally.

People were listened to and involved in the review of their plans of care.

### Is the service responsive?

**Requires Improvement** ●

The service was not consistently responsive.

People said they received appropriate care in line with their assessed needs.

Some improvements were needed to care planning for example ensuring end of life care plans were put in place.

People had access to a good range of activities.

People's said their complaints were listened to, however records did not always demonstrate that complaints were responded to in a timely manner.

**Is the service well-led?**

The service was not consistently well led.

Systems were in place to assess, monitor and improve the service but some of these needed to be made more robust.

People, relatives and staff praised the management team and said they had improved the service.

People's views and feedback was sought and used to make improvements to the service.

**Requires Improvement** 

# Chapel View 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 10 January 2019 and was unannounced. The inspection team consisted of two adult social care inspectors 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. The expert by experience had experience of older people's services.

Before the inspection we reviewed information available to us about this service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed safeguarding alerts; share your experience forms and notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law. We also spoke with the local authority commissioning and safeguarding teams to gain their feedback about the service.

During the inspection we spoke with nine people who used the service, six relatives and four care workers including senior carers. We also spoke with the registered manager, deputy manager, cook, domestic and activities co-ordinator. We also spoke with two visiting health and social care professionals. We reviewed three care plans, medicine records, and other records relating to the management of the service such as training records, audits and checks. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed the mealtime experiences, activities and how staff interacted with people throughout the day.

# Is the service safe?

## Our findings

Some risks to people's health and safety were assessed and mitigated but this was not consistently the case. For example, people had a range of risk assessment documents in place which covered areas such as skin integrity and behaviours that challenge. We saw the service had worked with health professionals to source equipment to reduce risks to people, for example to reduce the risk of pressure sores. Staff we spoke with knew people well and the care needed to reduce the risks they were exposed to. Whilst manual handling care plans were in place, some of these needed more detailed recording. For example, around which sling hoops to use for each individual and more detail on how staff should operate slide sheets.

We found some risks which had not been effectively mitigated. One person's care records did not make it clear whether they were on a liquidised or soft diet and their nutritional care plan did not contain enough detail to guide staff on safe choices. We looked at this person's food chart. It showed they had eaten a high-risk item which was not a soft or liquidised item. We raised this with the manager who took action to ensure this did not happen again.

We saw there were a number of people living within the home who had diabetes. However there was not always a provision of low sugar diets for these people. One person's care records recorded a decision whereby it had been agreed that it was in their best interest to have a low sugar diet. However, on the day of the inspection, the cook served a high sugar dessert to everyone living in the home. The cook told us that they had not prepared any low sugar options. We raised this with the manager who took action to provide low sugar options to ensure that people were no longer at risk.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and relatives said they felt people were consistently safe living at the home. One person said, "I feel really safe and secure here." Another person said, "The staff make sure everything is safe for us." A relative said, "[Relative's] safety means everything to us. I am confident she is living in a safe place." A visiting health professional said, "This is a lovely environment, all the staff are friendly, caring and respectful, it is clear that they are aware of safeguarding procedures."

Safeguarding policies and procedures were in place. Staff had received safeguarding training and understood what actions to take if they were concerned about people's safety. All staff told us they would report any concerns to their line manager and were aware of other bodies they could speak with, such as the local authority safeguarding team and CQC. When incidents had occurred, we saw appropriate referrals had been made to the local authority safeguarding team and thorough investigations undertaken to help keep people safe.

Medicines were stored and managed safely. People said they were supported appropriately with medicines. One person said, "My tablets always come on time." Medicines were administered by staff who were trained in the safe management of medicines and had their competency assessed. Medicines administration

records (MARs) were in place which included stock control processes. Protocols were in place for 'as required' medicines which included what the medicines were for and under what circumstances it should be given. MARs showed people had received medicines as prescribed or documented the reasons why medicines had been omitted. We observed part of the morning medicines round and saw the person administering medicines did so in a calm and patient manner, gently explaining what each medicine was for and waiting with people to ensure they took their required medicines. One person was receiving their medicine covertly (hidden). We saw clear processes in place to support this which included a best interests meeting held with the GP, manager, relative and pharmacist.

We checked a random selection of boxed medicines and found all apart from one tallied with the amount noted on the MAR. Our review concluded this was an isolated documentation discrepancy. We also noted some liquid medicines did not have opening dates on the labels to ensure these remained within their expiry period. The deputy manager assured us they would speak to the pharmacist to ensure opening date labels were applied to all bottled medicines in future.

There were enough staff to ensure safe care and support. People, relatives and staff said there were enough staff and they were responded to promptly. One person said, "I've always thought there's enough staff to care for me." Another person said, "All these places could do with more staff, but it's not a problem here I don't think." A third person said, "must say, whenever I use the buzzer, the staff come straight away, even during the night." Staff also told us there were sufficient staff deployed to keep people safe although one staff member told us they thought the teatime period needed more cover. Many staff had been working at the service for a number of years. This meant people were mostly supported by consistent staff that knew people's individual needs. We observed there to be enough staff. Staff were visible throughout the day supervising communal areas to helping to ensure people's needs were responded to. We saw call buzzers were responded to within 30 to 90 seconds. Staffing levels were responsive to the changing needs and occupancy levels of people who used the service.

Safe recruitment procedures were in place. We saw the required checks took place on new employees to help ensure they were of suitable character to work with vulnerable people.

Staff had access to, and utilised gloves and aprons appropriately to prevent the risk of cross infection. We saw hand sanitiser units located throughout the building. The service had been awarded a five-star rating for food hygiene by the Foods Standards Agency. This is the highest award that can be made and demonstrated food was prepared and stored hygienically.

Whilst many areas of the building were clean, we identified odours in three upstairs bedrooms and some surfaces such as bed tables needed more attention when it came to cleaning. Whilst most people said the home was kept clean and hygienic, one person said, "I have complained about the smell in my room since I came to live here, they have cleaned the carpet twice. I'm not sure its sorted yet." We raised this with the manager to ensure it was addressed.

At the last inspection we identified some areas of the building posed a risk to people. At this inspection improvements had been made and the premises was managed in a safe way. One person said, "The maintenance men do all they can to make sure the place is safe." The layout of the building was suitable for its intended purpose with adequate amounts of communal areas where people could spend time. The building was maintained to an adequate standard. Recent refurbishment had been completed on the ground floor which had been made a pleasant and dementia friendly environment. Upstairs the décor was tired in places and the environment was less dementia friendly. A refurbishment plan was in place to address this.



Incidents were recorded and subject to analysis to look for trends. Significant incidents were subject to thorough investigation by the manager to establish root causes and help prevent a re-occurrence. Some individual incident forms needed more information recording about the preventative measures put in place following more minor incidents. We raised this with the manager to ensure it was addressed.

# Is the service effective?

## Our findings

The manager completed needs assessments before people moved into the home. The assessment considered people's needs and choices and the support they required from staff, as well as any equipment which might be needed.

People and relatives said effective care was provided. A relative said "The staff have given [relative] so much confidence, she is more of the woman she used to be." A person said, "The staff really know what they doing" and another said "The staff know me really well. They know when I am having an off day. I really appreciate that."

Staff received a range of training which consisted of both face to face and computer based training. Records showed this was kept up-to-date. Staff praised the training and support they received. New staff received a full induction to the service. Staff new to care completed the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. This helped ensure new staff adhered to good care practice after completing their induction.

The service had introduced staff champions in areas such as dementia care, challenging behaviour and end of life care. These staff had received enhanced training in these subjects and disseminated their knowledge to others within the home to help improve the quality of care.

Staff were provided with regular supervision sessions which gave them the opportunity to discuss their work role, any issues and their professional development. Staff told us they felt supported and said they could go to the management team at any time for advice or support. Annual appraisals were also completed which looked at staff performance and development over the year.

People provided good feedback about the food in the home. One person said, "All the meals suit me." Another person said, "My dinner today was lovely." A third person said, "There is plenty to eat and drink we have fresh fruit brought to us every day." A relative said "I regularly have a meal here - the food is very good and there is always a good choice". People were given choices at each mealtime and there was variety in the menu day to day. Staff fed back to the cook if people had enjoyed the food and if any changes were required. People were consulted about the menus and some choices, such as curry, lasagne and sweet and sour chicken had been incorporated into the menu as a result.

We saw a list was kept in the kitchen of people's required diets and any particular likes and dislikes. Foods were supplemented with fresh cream, full fat milk and butter. We tasted a sample of the lunchtime meal and found it to be very tasty.

We observed the dining experience. Whilst many aspects were positive there were a few areas where practice could be improved. There was a lot of noise in the dining room and staff were shouting over the noise when delivering meals. One relative said "it does get very noisy in the dining room, people get a bit disturbed by it at times." Although the vast majority of people were offered a drink with their meal, two

people were not offered a drink and did not receive one during or after their meal. We raised these issues with the management team so they could be addressed.

People's weights were recorded monthly and weekly when concerns raised about any weight loss. People assessed 'at risk' nutritionally were referred to the GP or dietician and supplements were prescribed where required. One relative said "My relative has started to put weight on recently, this can only be good for her."

At the last inspection we identified that the service was not acting within the legal framework of the MCA and DoLS. At this inspection, we found improvements had been made.

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 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 manager had made appropriate referrals for those who they believed were being deprived of their liberty. Some people had DoLS in place and others were waiting assessment from the local authority. There were no conditions attached. Staff had received training in MCA/DoLS and knew what this meant for the person.

We saw decisions were made in people's best interests where they no longer had the capacity to make their own decisions. Care records contained information about people's LPAs (Lasting Power of Attorney). A LPA is a legal document that allows you to make decisions for you, or act on your behalf, if you're no longer able to, or if you no longer want to make your own decisions. However we saw one person's LPA was for finance, rather than for health and welfare, although their LPA had signed consent for their relative's care and support. The manager told us they would review this immediately.

We saw staff sought people's consent before providing care and support. For example, the staff member administering medicines asked people if it was okay for them to do this and requested peoples' consent before entering their rooms.

We saw some of the environment on the ground floor had been decorated in a dementia friendly style including people's bedroom doors and surrounds which were brightly painted to resemble front doors. Dementia friendly signage showed the location of toilets and bathrooms and the communal areas. One person's relative had sent in the following compliment; 'Over the last couple of months, the home has become much cleaner, brighter and the changes they are really making a difference to the look of the home.' Other areas of the building were due to be refurbished over the coming months to bring them up to the same standard.

People's health care needs were supported. One person said, "They are really good at making appointments with the doctor if you're not well, or they make arrangements for the nurse to come and see me." A relative

said "If [relative] needs to see the specialist, they take care of everything." Care records evidenced people had access to a range of health care professionals including GPs, district nurses, opticians and chiropodists. The service worked with health care professionals to ensure appropriate plans of care were in place in relation to people's health and welfare. We spoke with two health professionals who said they felt the service provided appropriate care, contacted them appropriately and followed their advice.

# Is the service caring?

## Our findings

At the last inspection we found people were not always treated with dignity and respect by staff. At this inspection, improvements had been made.

People and relatives provided positive feedback about staff. Comments included: "The staff are kindness itself," "All the staff here are great, they have become my friends really," "The staff are fantastic I love them all," "They not only offer good care to [relative], they support our whole family, that means so much," "I cannot thank the team enough for all the love and dedication that they show," "All the staff make me feel welcome, they make me feel a part of my mother's care" and "I get excellent support, managers and staff always have a friendly attitude and always act in a professional manner." A healthcare professional said, "There is excellent staff interaction with service users, they show genuine compassion and care to all, including visitors, its brilliant care."

We observed care for several hours in the communal areas of the home. We saw staff were patient and caring with people, sitting to talk with them, holding some people's hands and chatting gently and exchanging banter and jokes with others. People looked well cared for, relaxed and comfortable in the presence of staff. Staff complimented people on how they looked. For example, when one person returned from a visit to the hairdresser, staff commented, "Don't you look beautiful with your hair done."

Staff had developed good relationships with people and knew them well. Staff and residents looked comfortable together, there was a lot of laughter and friendly 'banter' between people.

Detailed information on people's past lives had been obtained by the home to help staff better understand the people they were supporting.

We saw staff treated people with dignity and respect. Staff respected people's privacy by knocking on doors and calling out before they entered their bedroom or toilet areas. Overall, we found people looked clean and well dressed and staff made an effort to ensure people looked good.

People and relatives said staff encouraged them to be as independent as possible. One relative said, "The staff always encourage people to be independent." Care planning emphasised the importance of staff encouraging people to do as much as possible for themselves. Some people had access to their own room keys to promote independence. One person said, "I come and go as I please, I have a lock for my room to keep all my things safe and private." A visiting professional said, "Staff are always helpful with us, they encourage people to be independent."

We looked at whether the service complied with the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our observations of care, review of records and discussion with the assistant manager, staff, people and relatives showed us the service was pro-active in promoting people's rights. One person's relative had complimented the service, saying, [Person's name] had been really excited to find that 'Happy

Easter' signs had been put up written in Hungarian, that was really thoughtful.'

People said they felt listened to and involved in their plans of care. We saw staff asking people choices on a daily basis, such as what they wanted to do and where they wanted to sit. We could see that staff were good at listening to people and meeting their needs because staff were using a smiling face and open arm gestures to encourage people into toilets or comfortable seats. One relative said "I am always invited to be involved in reviewing [relatives] care plan and we were fully involved in the assessment before she came to stay here." Another person said ""[Relative] has not been here long, I think it's too early for a review, but we were certainly involved in writing her care plan."

Relatives and visitors were also welcomed to visit the home when they wanted. We saw they were welcomed in a caring and friendly manner.

## Is the service responsive?

### Our findings

People and relatives said the home provided good care that met their individual needs. One relative said "[Relative] has gone from strength to strength since she came to live here, I am certainly coming to live here if I ever need to."

People's needs were assessed prior to admission at Chapel View to ensure the service could offer the support they needed. On admission a range of care plans were developed. Care records were mainly detailed and contained good information about the person, their care and support needs and how staff should support them. However, some care plans required more information recording. For example, there was a lack of information recorded about the settings which air mattresses should be on to help guide staff. There was also a lack of end of life care plans in place for people. It is important that people's future wishes are sought and recorded to ensure the provision of appropriate end of life care. We raised this with the manager who said they would take action to address.

Daily records of care were maintained. People said they received good care. We saw pressure relieving equipment was in place and people at risk were subject to regular position changes. A health professional told us the service was very responsive and proactive in sourcing any equipment that was needed to ensure people's needs were met.

A suitable range of social activities were available to people. Activities co-coordinators were employed who worked in the home five days a week. People and their relatives said that activities staff were highly committed to activities being enjoyable and beneficial. Without exception, people said that they took part in, and enjoyed, a wide range of activities and outings. One person said, "It is great when the entertainers come in, I love to see the staff dancing and I join in too, it's such fun." A relative said, "The level of activities on offer is really good. It's so important."

Recently there had been trips to local pubs for Christmas and New Year meals. People were talking about how much they had enjoyed the busy Christmas programme of concerts, parties, and entertainers. We saw care workers also helped to meet people's social needs, sitting and chatting with them as well as carrying out care and support.

We looked at what the service was doing to meet the Accessible Information Standard (2016). The Accessible Information Standard requires staff to identify record, flag and share information about people's communication needs and take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it. The provider had policies and procedures in place. We saw people's communication needs were assessed and support plans put in place to help staff meet their needs. For example, picture cards and pictorial menu cards were available to assist people who were having difficulty with communication.

People said the management team was approachable and complaints were dealt with appropriately, although some improvements were needed to the complaints system. One relative said "I can see the

manager if I have a problem, the owner is also available during the week." A complaints procedure was in place and displayed within the service. Our review of the complaints file showed eight complaints had been recorded over the last year. However, there was no record of what actions had been taken as a result of the complaint and if these had been resolved. We spoke with the manager who agreed a more robust system needed to be implemented to record and monitor people's concerns. From our discussions, we felt confident this would take place.

We saw a large number of compliments had been received about the care and support provided by staff. Comments received included; 'The staff were amazing with residents, always comforting them in times of confusion or just in general with making sure they have what they need. It is beautiful to see staff put so much of themselves into their job with so much passion,' 'The care and compassion (relative) has received has always been second to none' and 'You have become like extended family to my (relative). (Person) thinks the world of you all and I know that's mutual. You are all a breath of fresh air.'



## Is the service well-led?

### Our findings

A registered manager was not in post. The last manager deregistered with the Commission in March 2018. In September 2018 a new manager began working at the home. They told us they were to begin the process of becoming the registered manager of the service. Whilst the manager had not worked at the home long, we saw they had a positive effect on the service, had made a number of improvements and were committed to continuous improvement of the service.

Everyone we spoke with praised the management team and the provider at Chapel View and said they were approachable and listened to any concerns. One person said, "This home is very well run, it's like a first-class hotel." Another person said, "The manager is great, there is nothing that she will not do for you." One person's relative had sent in the following comment; '[Manager] is an incredibly passionate, caring, unique individual...I can see she will take the team and the care home forward to achieve great things.' A relative said, "Things are clearly better since [manager] came to be manager."

Staff told us morale was good and had improved since the new manager had come into post. They said they felt supported and able to raise issues with the management team. Staff comments included, "Morale is ok. Everyone gets on now – not as much arguments – you're here for the residents" and "I think (the service) is well run by (manager and deputy manager)." The manager had been challenging poor staff practice to help improve the home. One relative said, "There have been some staff changes, but I think it's for the better, I'm naming no names."

At our last inspection in December 2017, we found audits had not been an effective means of driving improvements and had failed to identify concerns we found at inspection. At this inspection, we found some improvements had been made but further areas of development were required. A range of audits were in place to regularly review areas such as care plans, medicines, the dining experience, infection control, equipment and the environment. Safeguarding incidents and accidents/incidents were analysed to look for trends and ways to mitigate the risk of reoccurrence. A recent independent audit had been completed by the local pharmacist with some improvement actions identified. However, the manager was aware checks needed to be fully embedded in all areas with evidence of the actions taken recorded to demonstrate these were effective. The manager told us they received good support from the provider who attended the service two or three times per month. Actions arising through the visits were discussed at the provider's management meetings to help drive improvement. We saw the last provider's service audit was completed in October 2018 which included required actions, although no progress or completion dates for these had been documented by the manager to show they had been addressed.

However audits had not identified all the issues we found during inspection such as the lack of appropriate diets for people with diabetes, high risk food items provided to one person or the lack of end of life care plans.

This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities 2014) Regulations.

People's views were taken into account and used to improve the service. One relative said "I am regularly invited to meetings and complete questionnaires about the service" Another relative said "[manager] is constantly asking us what we think about the service."

Annual surveys were sent to people, relatives, staff and visiting health professionals with the responses analysed to identify any themes or trends. People said there were regular resident meetings and their views were used to make changes to the service. One person said, "The resident's meetings are vital, the manager keeps us all well informed about all what's happening and about plans for the future." Another person said, "The activities programme is on the agenda of every residents meeting, it's the biggest item to be honest, they always do their best to make sure our ideas are used." Meeting minutes confirmed this to be the case.

We saw there was a strong emphasis on working in partnership with other agencies such as district nurses and the local authority to achieve best practice and optimum care for people living at Chapel View. For example, the deputy manager had worked with the local authority to increase dementia services in the local area, such as a dementia café, that people living at the service and the wider community could attend for support and social contact. The management team attended provider meetings with other providers to share best practice.

The service had appropriately notified us of events which occurred within the service which included serious injury, allegation of abuse and any deaths of service users.

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 12 HSCA RA Regulations 2014 Safe care and treatment  Safe care and treatment was not consistently provided as risks to people's health and safety were not consistently assessed and mitigated.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  (1) (2a) Systems and processes had not been operated to ensure compliance with the regulations. Systems to assess, monitor and improve the service were not sufficiently robust.