

Best Care UK Limited

Chapel Garth EMI Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Overall summary

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, and to provide a rating for the service under the Care Act 2014.

The inspection was unannounced. During the visit we spoke with seven people who used the service, five relatives, four care workers and the manager.

Chapel Garth provides residential care for up to 33 older people living with dementia. People are accommodated on the ground floor and there is an upper floor used exclusively as office space and by staff. The home is located in Bentley on the outskirts of Doncaster.

Summary of findings

The service had a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

We saw there were systems in place to protect people from the risk of harm. We observed staff that responded well to people and understood their individual needs.

We found that people were supported by sufficient numbers of qualified, skilled and experienced staff. Staff had a programme of training which they found useful. Staff did not always feel supported by the manager and staff were not supervised on a regular basis. Procedures were in place for the recruitment and selection of staff and appropriate checks had been carried out prior to the staff starting work.

Suitable arrangements were in place to support people to maintain a healthy variety of food and drink. Snacks and drinks were offered throughout the day.

People's needs were assessed but care and support was not always planned and delivered in line with their individual care needs. Care plans contained some information which explained how to meet the person's

needs. However some people had been assessed as being at risk from developing pressure ulcers and were also at risk of malnutrition and no care plans were put in place to address these needs.

We observed staff supporting people who had developed good relationships with people and knew what their preferences were. However, one person did not eat their lunch and the staff knew it was possibly because the person had been given potatoes with skins on them and this was not the person's preference. Nothing was done to ensure an alternative was offered.

The manager told us they were confident that all staff had a good understanding of the Mental Capacity Act 2005 and had completed training in this area.

People who used the service and their relatives said they felt comfortable to raise concerns with the manager or staff. The complaints procedure was on display in the main entrance area. The manager told us no complaints had been received over the past 12 months.

The provider had a system to monitor and assess the quality of service provision. This feedback gave the people chance to have their say and an opportunity for the provider to improve.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

We found that safeguarding procedures were in place and staff knew how to recognise, respond and report abuse. They had a clear understanding of how to safeguard people they supported. Staff had completed training in the Mental Capacity Act and Deprivation of Liberty Safeguards. The manager knew what action to take if this was required.

Care plans contained risk assessment associated with people's care and support and staff were knowledgeable about risk and how to work with people to limit risk occurring.

Recruitment processes were safe and thorough and included pre-employment checks prior to the person starting work.

Good



Is the service effective?

The service was not always effective.

People were supported by staff who were trained to deliver care and support which was safe and of a good standard. We looked at supervision records and found that supervision did not take place on a regular basis.

People told us they felt comfortable discussing their health needs with the staff. Care plans showed where people had seen medical professionals such as the G.P and dietician.

People who used the service were supported to have sufficient to eat and drink and to maintain a balanced diet. We saw care plans were in place to identify choice and preferences. This identified what people liked and disliked and their individual choices. However, we saw one occasion where someone's choice was not respected.

Requires Improvement



Is the service caring?

The service was caring.

We saw that people were supported to make their own decisions and staff respected them. We spoke with staff and observed some staff working with people and we saw they had a good understanding of their needs and how best to support people.

The people we spoke with told us that staff were friendly and caring.

Good



Summary of findings

Staff we spoke with gave good examples of how they respected people and ensured privacy and dignity was maintained.

Is the service responsive?

The service was not always responsive.

People who used the service had their needs assessed but care was not always planned and delivered in line with their individual care plan. Some people had been assessed as being at risk of developing pressure areas and at risk of malnutrition. We looked at one person's records and found no care plans in place to address these needs.

People who used the service, their relatives and staff told us that social activities were provided by an activity co-ordinator. Unfortunately the activity co-ordinator was off on the day of our inspection and no meaningful activities took place.

The service had a complaints procedure which was displayed in the entrance of the home. People we spoke with said they would raise concerns with the manager of staff.

Requires Improvement



Is the service well-led?

The service was well-led.

We saw the service had systems in place to monitor the quality of service provision. The manager worked with the regional manager to work on areas of concern.

We saw two staff meetings had taken place over the past six months, however staff felt they were able to raise concerns, but felt they were not always actioned.

Accidents and incidents were monitored and the manager and regional manager ensured that any trends were monitored.

Requires Improvement



Chapel Garth EMI Residential Home

Detailed findings

Background to this inspection

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

'The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

We last inspected Chapel Garth on the 27 November 2013 and found the service was not in breach of any regulations at that time.

We inspected the service on the 15 July 2014. At the time of our inspection there were 31 people using the service. We spoke with seven people who used the service and five relatives. We spoke with four care workers and the manager. We also looked at documentation relating to people who used the service, staff and the management of the service. We looked at four care plans.

We spent time observing care in the dining room, and lounge. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people using the service, who could not express their views to us.

Before our inspection we reviewed all the information we held about the service and the provider had completed a provider information return.

Is the service safe?

Our findings

We spoke with people who used the service and they told us they felt safe. One person said, "You can enjoy yourself here, there's nothing to be afraid of." Another person said, "The staff are easy going and they take care of you." We spoke with relatives who felt the home was safe. One relative said, "I would not leave my relative here if I thought it was not safe." Another relative said, "I can go home with a quiet mind knowing that my relative will be looked after."

We spoke with four care workers and the manager about their understanding of protecting vulnerable adults. We found they had a good knowledge of safeguarding and could identify the types of abuse, signs of abuse and they knew what to do if they witnessed any incidents. Staff we spoke with told us that they had received training in safeguarding and this was repeated on an annual basis.

The service had policies and procedures for safeguarding vulnerable adults. Staff told us they had access to these policies and felt they were used as a working document. Staff knew where the policy was located and would use it if required to do so.

We saw evidence the manager had referred safeguarding incidents to the local authority safeguarding team and to the Care Quality Commission (CQC). We saw the manager kept a log of these incidents and the outcome.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. We saw policies and procedures were in place and the manager was able to explain the procedure for submitting an application to the local authority.

The manager told us in response to the recent Supreme Court judgement in respect of DoLS, they would be making DoLS applications for people who lived at Chapel Garth because the front door was kept locked. The manager told us where necessary best interest meetings would be arranged. At the time of our inspection one person living at the home was subject to a DoLS authorisation.

Staff had an awareness of the Mental Capacity Act and had received training in this area. Staff were clear that when people had the mental capacity to make their own decisions, this would be respected. We saw where people lacked capacity, decisions were made in the person's best interest and took into account what the person liked and disliked. Information contained in individual care plans showed the service had assessed people in relation to their capacity.

Care and support was planned and delivered in a way that ensured people's safety and welfare. The care plans we looked at included risk assessments which identified any risk associated with their care. Risks identified included moving and handling, malnutrition, falls and supporting people who displayed behaviour which may challenge others. We saw that most of these were reviewed regularly and updated accordingly.

Through discussions with staff, people who used the service and their relatives, we found there were enough staff with the right skills, knowledge and experience to meet people's needs. We spoke with people who used the service, one person said, "Staff are always around." A relative we spoke with said, "The staff know my relative very well and they understand what they need." On the day of our inspection there were four care workers and one senior care worker on duty. Staff were responsive to people's needs and were able to keep people safe. We saw people had a dependency tool within their care records. This showed the level of dependency for each person, for example, low, medium or high. The manager told us this information was used to ascertain how many staff were required each shift.

There were effective and safe recruitment and selection processes in place. Pre-employment checks were obtained prior to people commencing employment. These included two references, (one being from their previous employer), and a satisfactory Disclosure and barring service check. We saw staff files and found that appropriate checks had been carried out in line with the provider's recruitment policy.

Is the service effective?

Our findings

We spoke with staff and found they had received appropriate training. Staff told us the training they received was informative. Staff also told us when they started work at the service they were given an induction. This included training and shadowing experienced staff. We saw certificates and a training matrix which confirmed training had taken place. Some training listed on the matrix was highlighted in red meaning this required updating. The manager explained that some courses had been arranged recently. The manager informed us that all care staff and other staff who had expressed an interest, had been registered to complete a level 2 Certificate in the Principles of Dementia Care. The company had their own trainer but also benefit from the use of training provided by the local council. Staff felt the training was good and gave them the knowledge to do their job.

During our inspection we spoke with four care workers and looked at four staff files to assess how staff were supported to fulfil their roles and responsibilities. The care workers we spoke with said they did not receive supervision sessions regularly. Supervision sessions are meetings held with the manager to discuss issues related to work and performance. Some care workers told us they had recently had an appraisal with the manager. We looked at staff files and found supervision sessions had been recorded. On three out of the four files viewed we saw that the last supervision session took place in October 2013. This meant that it had been nine months since these staff had received supervision sessions. The manager said that group supervisions take place but this was not recorded in individual files. We saw evidence of one group supervision session. This was about giving instruction on how to carry out a specific task, rather than staff support. The manager also informed us that some staff had recently received an appraisal, although staff had not received regular appraisals the manager said she was in the process of ensuring this and we saw examples of recent appraisals that had taken place.

People who used the service were supported to have sufficient to eat and drink and to maintain a balanced diet. We saw that care plans were in place to identify assistance required in this area. There was a diet notification form which identified what people liked and disliked and their individual choices. We saw the menu was displayed in picture format which helped people decide what meal they would like.

We spoke with the cook who had a good knowledge about people's dietary requirements. The menu took account of people's likes and favourite foods.

We observed lunch being served and found that most people enjoyed what they ate. One person said, "I really enjoy the meals." Another person said, "You get lovely meals here and plenty of it and you can always ask for something else." However, we saw one person who did not eat any of the main course. We mentioned this to two different members of staff on two separate occasions. One care worker said to the person, "Oh you don't like skin on your potatoes, do you." But no effort was made to serve the food differently. This meant that the person's preferences were not considered.

We spoke with staff about what they would do if they identified any concerns associated with a person's diet. Staff were knowledgeable about when they should raise issues with the senior care worker and contact the GP or other professionals such as the dietician and the speech and language therapist.

People were supported to maintain good health and have access to healthcare services where required. We saw care records contained evidence that other professionals had been involved where required. We spoke with relatives who felt medical support would be sought when required. One relative said, "I am sure that if my relative needed to see a doctor or someone like that, the staff would make sure this happened."

We looked at care records and saw they contained a section for recording professional visits, such as dietician, chiropody, GP and nurse. These were documented well and people were assisted to attend appointments.

Is the service caring?

Our findings

People expressed their views and were involved in making decisions about their care. We looked at four care records of people who used the service and saw that people had signed an agreement and consent form to say they agreed and understood their care plans. Where people were unable to sign, relatives had been involved. This meant that people were involved in their care.

We spoke with the manager and care workers who told us they carried out an assessment prior to admission to make sure they could meet the persons care needs. The staff then involved the person and their relatives in devising care plans to meet their individual needs. These plans considered people's choices and preferences.

Staff had the skills to develop relationships with people who used the service. During our inspection we observed positive interaction between staff and people. Staff were respectful and treated people in a caring way. Staff told us about the importance of assisting people in making their own choices and preserving their dignity.

We saw staff were able to communicate with people in an effective way. Some people responded well to pictures and in these cases pictures were used. Some people had non-verbal communication and we observed staff reading body language of the person to identify what they required. This was done in an individualised way which enabled staff to build positive relationships with the people they were supporting.

The home had six dignity champions who were involved in creating a dignity information display in the home. They also ensured that staff respected people and they looked at different ways they could promote dignity within the home.

We spoke with people who used the service and they told us the staff supported them well. People described staff as being friendly and kind. One person said, "The staff are second to none." Another person said, "The staff are very caring and understanding."

Each person had a key worker, a member of staff allocated to work closely with the person and their families and involve other professionals when required. This ensured the person received effective support which was tailored to their individual needs and preferences.

Some people who used the service were unable to speak with us due to their complex needs. Therefore we spent time observing the interactions between staff and people. We saw that staff explained care interventions and people responded well to staff. People we spoke with felt their privacy and dignity was respected. One person said, "My room is personal and private. It is kept locked so people don't just walk straight in." We spoke with some relatives and they told us the care provided was very good. One relative said, "I can come and visit my relative anytime."

We spoke with staff who gave clear examples of how they would preserve dignity. One person said, "When delivering personal care I ensure curtains and doors are closed so that nobody can see in." Another person said, "It's about finding out what people's preferences are and ensuring that choices are respected."

Is the service responsive?

Our findings

This is a breach of Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The planning of care did not always meet the persons individually assessed needs.

People received personal care which was responsive to their needs. People's needs were assessed prior to them using the service and care plans were devised involving the person and their relatives. Likes and dislikes and individual preferences were recorded in their care plans. Staff had a good awareness of people's choices and they were able to respond to people in accordance with their individual needs and wishes. Relatives had been involved in a life history called, 'this is my life.' This included where the person was born, family involvement, special friends, holidays and preferences. This helped staff to understand the person.

We looked at another person's care records and found they were having their weight monitored due to weight loss issues. We saw from the weight charts that the person had lost 5.3kg in three months. There was no care plan in place to address this issue and the

Malnutrition Universal Screening Tool (MUST) had not been updated since October 2013. 'MUST' is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition, or obese. It also includes management guidelines which can be used to develop a care plan.

This meant that the person's well-being was not being monitored.

We asked to see the food and fluid intake chart for this person and found that it did not contain specific information. It stated the meal eaten as breakfast, lunch, dinner, tea and just gave options to circle, indicating what had been eaten. For example, lunch stated 'hot option' but did not explain what this was. The amount was recorded as, eaten none, less than half, more than half or all. We spoke with the staff and the manager about this and the manager said that they would introduce a better form which would capture what the person had eaten.

We looked at another person's care records and found that a pressure area risk assessment had been completed in June 2014 and a score of 14 was identified. This meant the person was at risk of developing pressure areas. There was also a nutritional risk assessment completed in June 2014 and scored 13 which meant the person was at risk of malnutrition and a care plan should be in place. This would provide direction to staff in providing care that would help reduce the risk. We found that there were no care plans to reflect these needs. We spoke with staff and they told us that care plans should be in place. Some action was taken on the day of our inspection by the senior care worker.

On the day of our inspection there were no activities taking place for people who used the service. Staff and relatives told us that the home had an activity co-ordinator, but they were not on duty that day. The relatives we spoke with told us that the activities provided were usually very good. One relative said, "The activity co-ordinator does a fantastic job in keeping people interested and alert." Another relative said, "They do all sorts of things such as baking. Last week they had a beach day in the garden and people really enjoyed it." Unfortunately, on the day of our inspection the activity co-ordinator was off work and we did not see any meaningful activities taking place.

The service had a complaints procedure which was displayed in the main entrance of the home. The procedure informed people to raise concerns with the senior care worker on duty or the manager. The manager had a complaints log, which was a form the manager would use to log any complaints. The manager informed us that they had not received any complaints over the past 12 months. We asked the manager if they knew why no complaints had been received, they said, "People usually approach us if they have a concern and it is dealt with before it becomes a complaint."

We asked relatives if they felt comfortable to raise concerns. One person said, "I feel I can talk to the manager or any other staff member about any worries I have. I find them approachable and friendly." Another relative said, "I have had to raise a concern, but this had been addressed."

Is the service well-led?

Our findings

This is a breach of Regulation 10 (1) (b) Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Risks relating to the safety of people who used the service were not always managed effectively.

There was a system in place to monitor accidents and incidents. The registered manager and the regional manager monitored this to ensure any trends were identified. However, this was not clearly recorded.

We noticed that the paving slabs to the rear of the building were uneven. We spoke with the manager who said these had been damaged when the home was subject to flooding a few years ago. There was no risk assessment in place to show how risk of harm could be limited to people wish to use the garden area. The manager told us that work was planned to repair the damage but no timeframe was given for completion.

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

People who used the service and their relatives, were asked about their views about the care and support they received. A recent quality assurance survey had been sent out to people at the beginning of July 2014 and some responses had been received. Some comments were, "There has been a noticeable improvement in my relatives' emotional well-being, since living at the home" and "The

staff are lovely towards my relative." Another comment was, "The activity co-ordinator is really motivated." The last survey was completed last year and results were displayed in the entrance area of the home.

The manager told us that resident and relative meetings took place but not very often. This was due to poor attendance. Relatives visited regularly and felt able to speak with staff and the manager.

We saw that staff meetings took place in January 2014 and July 2014. Staff we spoke with said they found them useful to meet with other staff and discuss issues relating to their work. They also said that while they felt able to raise concerns and issues, they did not always feel they were acted on.

Staff told us the vacuum cleaner had broken five weeks ago and they had been without one. We saw staff using a sweeping brush and dustpan and brush to clean the carpets. We spoke with the manager about this and she told us the vacuum cleaner was being repaired. We asked what was happening in the meantime and she told us she was going to purchase one.

The manager completed a monthly manager's report which included audits on areas such as, accidents and incidents, care plans, health and safety, medication, complaints, safeguarding referrals and staffing issues. We saw the company's quality assurance manager also completed a monthly audit covering similar areas. We saw that action plans were used to address any issues which required improvement.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services

The planning of care did not always meet the persons individually assessed needs. Regulation 9 (1) (b)(i).

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers

Risks relating to the safety of people who used the service were not always managed effectively. Regulation 10 (1) (b).