

Mrs Imelda Moore

The Chapel House Nursing Home

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

The Chapel House Nursing Home is registered to provide accommodation with personal care for up to a maximum of 35 older people. There were 29 people living at the home at the time of our inspection, some of whom were living with dementia.

There was a registered manager in post who was present during the inspection. 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.

At our last inspection on 26 and 27 August 2015 the service was rated as Good. At this inspection we found that the provider had further developed the service and was now Outstanding.

The service was extremely well-led. The provider and the registered manager were very passionate about their work and were committed to providing an excellent service for people and their relatives.

The provider used innovative ideas and demonstrated how they achieved outstanding practice to enhance people's quality of life. They were proactive in their approach and always looked at ways they could improve the care and support they provided. They were keen to share their knowledge and experience with partner agencies to achieve better dementia care in the wider community and care sector. The introduction of the Namaste Programme had clearly had a positive impact on people's lives.

The registered manager demonstrated a strong and supportive leadership style and had effective systems in place to monitor the quality and safety of the service. They actively sought and welcomed feedback from people, their relatives and staff alike to drive improvements in the service. Staff were impressed with the quality and variety of training available to them and felt very well supported. There was a real sense of teamwork that made the home an enjoyable place to work. Staff were proud to work at the home and felt valued.

There was an open and inclusive culture at the service. People, their relatives and healthcare professionals were consistently positive about how the home was run. They found the registered manager to be approachable and easy to talk with. Everyone without exception was very impressed with the warm and welcoming atmosphere created by the staff and management.

The provider proactively sought ways of engaging with the local community. They had recently opened a café within the grounds of the home much to the delight of people and their relatives. The provider worked in partnership with other organisations to ensure current practice and to share their experience and knowledge with the wider community.

People received individualised care that was tailored to their needs and preferences. Staff knew people very well and were able to recognise and respond to changes in their needs in a prompt and effective manner. Staff knew about people's past lives, what was important to them and what they liked doing. They arranged activities that were meaningful and based on people's past history, interests or hobbies. People's care plans were detailed and promoted person centred care.

People were cared for by staff who were kind, compassionate and highly motivated. Staff had formed positive working relationships with people and their relatives and contributed to the continuous improvements in their care and support. People and their relatives were actively involved in decisions about their care and felt listened to. Staff consistently respected people's privacy and dignity. People receiving end of life care, their relatives and people who were important to them were treated with exceptional care and compassion both prior to and following the person's death,

People continued to receive care and support that protected them from ill treatment and abuse. People were supported safely by staff who were aware of the risks associated with their needs and knew how to minimise these. The provider followed safe recruitment procedures to ensure that staff they employed were suitable to work with people who lived at the home.

People received support to take their medicine as prescribed. Only staff who had received training in the safe management of medicines were able to administer them. The provider looked at ways of supporting people to reduce the use of medicine to manage their behaviours. People were supported to see other health care professional when needed to maintain good health.

There were enough staff available to meet people's needs in a safe and person centred manner. The registered manager kept staff levels under review to ensure consistent and effective care.

Staff sought people's consent before supporting them. Staff provided information to people in a way they could understand to enable them to make their own decisions. Where people were unable to make decisions these were made in their best interest by people who knew them well to protect their rights.

People were offered a choice of what they wanted to eat and drink. Where required people received support to eat their meals independently in a calm and dignified manner.

Further information is in the detailed findings below.

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The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

People were supported by staff who were trained to protect people from harm and abuse

There were enough staff to meet people's needs in a safe and person centred manner.

Staff were aware of the risks associated with people's needs and how to minimise these.

People received their medicine as prescribed to maintain good health.

Is the service effective?

Good 

The service was effective.

People were supported by staff that had the knowledge and skills to meet their needs effectively.

Staff sought people's consent before supporting them and enabled them to make decisions about their care.

People were satisfied with the quality and choice of food and drink available to them.

People were supported to access healthcare as necessary.

Is the service caring?

Good 

The service was caring.

People and their relatives were supported by staff who were exceptionally kind and caring.

Staff had formed positive working relationships with people and their relatives.

Staff worked closely with people and their relatives to ensure they were actively involved in decisions about their care.

People were treated with the utmost dignity and respect.

Is the service responsive?

The service was very responsive.

People received care and support that was tailored to their individual needs.

Staff knew people well and were able to respond to changes in their need in a prompt and effective manner.

The provider used innovative ways to enhance people's quality of life.

Staff supported people to maintain their interests and enabled them to do things they enjoyed doing.

People and their relatives were actively encouraged to voice their opinions and these were listened to and acted upon.

Outstanding 

Is the service well-led?

The service was very well-led.

People, their relatives and healthcare professionals were consistently complimentary about the leadership of the service.

The provider and registered manager were passionate and committed to providing excellent care. Staff were inspired by the strong leadership and were highly motivated to deliver the aims of the service.

The provider sought continual improvement. They had comprehensive systems in place to monitor the quality and safety of the service and to drive improvement.

There was an open and inclusive culture at the service. The provider forged positive links with the local community and partner organisations. They were keen to share their expertise of best practice in dementia care with partner agencies and wider care sector.

Outstanding 

The Chapel House Nursing 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 4 and 5 October 2017 and was unannounced. The inspection was conducted by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of the inspection we reviewed the information we held about the service, such as statutory notifications we had received from the provider. Statutory notifications are about important events which the provider is required to send us by law. We reviewed the Provider Information Record (PIR). The PIR is a form where we ask the provider to give some key information about the service, what the service does well and what improvements they plan to make. We also asked the local authority and Healthwatch if they had information to share about the service provided. We used this information to plan the inspection.

During the inspection we spoke with three people who used the service and seven relatives. We spoke with eight staff which included the provider, the registered and deputy managers, a nurse three care staff and the activities worker. We also spoke with three healthcare professionals. We viewed three records which related to assessment of needs and risk. We also viewed other records which related to management of the service such as medicine records, accidents reports and two recruitment records.

We observed care and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who were unable to talk with us.

Is the service safe?

Our findings

People and their relatives felt staff provided safe and effective care. One person told us, "I feel safe at all times. I have been here 23 years and trust everyone." A relative we spoke with said, "[family member] is very safe. They have seizures and I feel happier they are somewhere they (staff) can deal with them." A visitor told us, "It is the first Nursing Home (out of three) that I feel my friend is truly safe. [Person] has got a really nice rapport with the staff."

People were supported by staff who had received training on how to keep them safe from the risk of harm or abuse. Staff were able to tell us about the different forms of abuse and how they would recognise if people were being abused. They knew how and who to report concerns of abuse or poor practice. One staff member told us, "I would report it immediately to the nurse or the manager." Staff were confident that the registered manager would deal with any concerns appropriately. They told us there were policies and procedures in place for them to refer to should the need arise. The registered manager was aware of their responsibility to report any allegations of abuse to the local authority and Care Quality Commission. They told us they shared outcomes of any safeguarding issues with the staff to increase their knowledge and reduce the risks to people they supported.

There were enough staff to meet people's needs in a safe manner. One person told us they rarely used their call bell but when they did staff responded promptly. A relative we spoke with told us, "There are always staff about, there are always more than enough." Another relative said "Staffing levels are adequate day and night." Staff felt that staffing levels allowed them to support people safely. The registered manager told us they monitored people's needs and adapted staffing levels to suit any changes in their needs. We saw that there enough staff on duty to assist people safely and in a person centred manner.

Safe recruitment and selection processes were in place to ensure staff were suitable to work with people living at the home. Staff told us that the provider obtained references and clearance of Disclosure and Barring Service (DBS) checks before they started work. DBS checks enable employers to ensure that potential new staff are suitable to work with people.

Risk associated with people's needs were routinely assessed monitored and reviewed. Risk assessments included skin integrity, moving and handling and falls. Documentation completed by staff encouraged them to look at people holistically and covered areas such as, skin care, nutrition and fluid intake. A nurse we spoke with told us at the end of every shift they checked staff had filled everything in as they should. Staff demonstrated they were aware of the risks associated with people's needs and how to minimise these. We saw that people were supported to move around the home safely. For example, we saw staff use lifting equipment to transfer a person from their wheelchair into an armchair. Staff talked with the person throughout the procedure to alleviate any anxiety.

Staff were aware of their responsibility to report any accidents, incidents or near misses. They completed the relevant forms which detailed the circumstances. The registered manager used this information to establish if there was a change in the person's needs and to look at ways of reducing the risk of reoccurrence.

The registered manager showed us they completed a range of checks to ensure the environment and equipment used were safe for people. These included fire checks and servicing of lifting equipment. They also told us about their contingency plans should the home need to be evacuated in the event of a fire or any other reason.

People were supported to take their medicine as prescribed. Only staff who had received training in the safe management of medicines were able to administer them. Staff were supported to keep their training and knowledge up to date and regular competency assessments were completed. We saw that the provider had a recent medicine audit completed by the Primary Care Trust and actions identified had been completed.

Is the service effective?

Our findings

People and their relatives were confident that staff had the skills and knowledge to meet people's individual needs. One relative told us, "The staff are all amazing from the cleaners to the manager." This was a view shared by a healthcare professional we spoke with who said, "They (staff) are on top of their learning, [Registered manager's name] in particular, the other nurses and staff are skilled too."

Staff we spoke with were positive about the variety and quality of training available to them. One staff member told us, "There is lots of training available and the quality is good." Another staff member said, "[Registered manager's and provider's names] encourage me to undertake further training and they offer their assistance if I want any help in completing it." The registered manager told us they were keen to develop their staff. They told us, "I ask staff what they want to do in 10 years' time and encourage them to develop themselves." They had recently implemented different champion's roles such as, infection control and fall champions. The aim was that the champions would attend training and meetings with partner agencies that related to their role. The champions would then disseminate any new information to the staff team. For example, one staff member was a champion for 'react to red'. React to red is a campaign which is aimed at reducing the risk of avoidable pressure ulcers. The 'react to red' champion had attended training in how to identify those who at risk and how they could avoid pressure areas developing. Their role was to ensure all staff attended the 'react to red' training and that new starters received this as part of their induction.

New staff received a structured induction into their roles. They received training the provider considered essential to support people's safety and wellbeing. This included training in health and safety, infection control and dementia. They then worked alongside experienced staff members until they felt confident and were deemed competent to work alone. New staff were supported to undertake the Care Certificate. The Care Certificate is a nationally recognised training programme which trains staff about the standards of care required of them.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People and their relatives told us staff always checked they were happy to be supported before they continued. This was confirmed by a staff we spoke with. One staff member told us, "I always ask their [people's] consent and explain things so they know what we are doing." Another staff member explained that people could choose when they wanted to do things, they said, "It is their [people's] choice, we can always go back. We explain the reason why they need personal care. Sometimes a fresh face can help." During our visit we observed staff explain to people what they wanted them to do and gained their consent prior to supporting them. For example we heard one staff member say, "[Person's name] I'm just going to move you over is that okay?" Where people were unable to make their own decisions in specific areas staff explained that decisions would be made in their best interest. We saw that nurses reviewed people's capacity on weekly basis and made any necessary changes to people's care plans.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that the registered manager had assessed people's mental capacity to make decisions and made appropriate DoLS applications. They had clear system in place for reviewing DoLS. Where people were subject to a DoLS the registered manager confirmed that the person's named representative maintained contact with them. Staff we spoke with had a clear understanding of DoLS and what this meant for people and their practice.

People and their relatives told us they were happy with the variety and quality of food available to them. One person told us, "The food is very nice. There is always plenty of choice." A relative we spoke with said, "[family member] always gets a good choice. The meals are nutritional and always look tasty." Another relative told us, "The food is excellent. Anything we have asked for is sourced if they do not have it. Nothing is too much trouble." Staff were aware of people's dietary needs and the support they required to eat and drink. One staff member told us they had arranged for some people to have plate guards to enable them to eat independently. We saw that staff supported people in a patient and dignified manner. The provider commissioned an independent company who provided ready meals to the home. We saw that the company catered for people's different dietary needs. These included moulded puree meals which looked like normal meals. The provider also offered a café menu which gave people additional meal options. The registered manager confirmed that if people wanted something out of the ordinary to eat and drink they tried their best to arrange this for them.

People were supported to see health care professionals as required. One person told us they were happy with the medical attention they received. Relatives told us they were kept well informed about any changes in their family member's needs. One relative said, "Liaison is really good. They are on the phone immediately if they feel anything happens that we need to know about." Healthcare professionals we spoke with were impressed with the support people received with their health needs and were confident any advice they gave was followed. One healthcare professional told us, "Whenever I share guidance or similar with [registered manager's name] I know they will share it with their staff and I am as confident as I can be that they will follow guidance given." We saw that people were referred to other healthcare professionals as and when needed. Each week the local GP visited the home and dealt with people's routine health needs. Staff maintained a list of people who needed to be seen by the GP together with the reason. Outcomes of GP and other healthcare visits were clearly recorded in people's care records.

Is the service caring?

Our findings

People and their relatives spoke very highly of the support provided by staff and the management team. They described staff and management as kind and considerate. One person told us, "They (staff) are extremely kind and caring and I feel like they are part of my family." One relative told us, "They are very kind and caring to [family member] and always use their name when addressing them." Another relative said, "This is like our home. When it was our anniversary the staff laid a table in the conservatory just for us two. It was lovely and meant a lot to us. The atmosphere is calm and loving." A healthcare professional we spoke with told us, "They (staff) are lovely and are really considerate with everyone."

Relatives found the care and support extended to both them and their family members when people were approaching end-of-life was exceptional. A relative of a person who was receiving end of life care told us, "I have slept at the home for the last five nights. They (staff) have given me a bedroom near my [family member's] room and they are providing my meals and drinks continuously. I could not have wanted a kinder, caring environment for my [family member's] last few days." We looked at compliments received from relatives whose family members had been cared for and had passed away at the home. One relative wrote, "Words cannot express my thanks and gratitude to you and the wonderful staff at Chapel House. From the moment [family member] entered to the moment they died they were treated with dignity and kindness." They went on to say "[family member] could not have been looked after better or ended their life in a better place." A healthcare professional told us, "The end of life care is exceptionally good when the time comes. I have full trust and confidence in the team and can reassure the families that this will be done well and their loved ones are in good hands." The provider prided itself in their end-of-life care and was accredited with the 'six steps programme' to end of life.

People and their relatives told us they were involved in decisions about their care. One person told us, "I choose to get up at 7:30am and the staff always come in and help me get washed and dressed. They always treat me well and never hurry me." All the staff we spoke with told us they encouraged people to have as much choice as possible. This included choices about when they wanted to get up and go to bed. What, where and when they would like to eat and drink. One staff member told us, "It relaxes them (people) giving them choices. Knowing they have got different options." Where staff had difficulty communicating with people verbally they wrote things down or used picture cards to give them choice. They observed people's body language to gauge their reaction and choice. One staff member told us, "Once you get to know people you get to know the look." Another staff member said, "It's about helping them to make choices. We help them understand by using person centred care. If they are unable to communicate verbally we use pictures." Throughout our inspection we saw that staff promoted effective communication when talking with people they sat or knelt by the person to establish eye contact. They gave people choices and ample time to respond to ensure they had heard and understood what was being said.

Staff had formed positive working relations with people and their relatives. One relative told us, "I know the staff very well because I visit often. They also know me very well and we always have good banter." Staff we spoke with spoke warmly of people living at the home. One staff member said, "I see these ladies and gents 12 hours a day, they are like family." Another staff member told us, "Throughout the day we make sure we

make time to talk with people, I think it is really important". Throughout our visit we saw that staff took every available opportunity to stop and chat with people, there was excellent rapport between people and staff. For example, we observed various staff members encouraging people to take part in activities. This was done in an empowering and friendly way.

Everyone we spoke with told us staff treated people with dignity and respect. One relative told us, "My [family member] is on end of life care and the staff allow them as much dignity as possible. Whilst they are washing and changing [family member] they speak to them all the time and let them know what they are going to do next." A healthcare professional we spoke with said, "Whenever I have visited the Chapel House. I have never witnessed a resident being treated with anything other than respect and dignity." Staff were mindful of people's dignity. They ensured they protected people's modesty when delivering personal care. One staff member told us they took care to ensure people were dressed as they liked to be. If they found people's clothes had become worn they would take action to get them new ones. Another staff member said, "I think encouraging their (people's) independence helps their dignity." We saw that staff supported people in a discreet and patient manner.

Is the service responsive?

Our findings

Relatives we spoke with told us that the provider was always looking at ways that they could improve the service. One relative said, "I attend the meetings every quarter, they are very informative because there are always lots of new initiatives taking place in the home such as Namaste. My [family member] can't take part but it sounds wonderful."

The provider was working with the University of Worcester and Cheshire End of Life Partnership who were auditing the effectiveness of their Namaste programme. Namaste is a care programme which is based on bringing the principles of best practice in the areas of dementia and end-of-life care together. The provider and registered manager recognised that some people living with dementia could no longer participate in regular activities. The Namaste programme was a way of enhancing people's experience of care through gentle communication. Namaste incorporated the five senses of touch, vision, sound, smell and taste to aid effective communication. Every day of the week staff facilitated two Namaste sessions one in the morning and one in the afternoon.

We observed a morning session of Namaste which was focussed on sounds and tastes of the exotic. There was calming music playing in the background, the activity worker chatted with people as they massaged their hands. They offered people drinks and snacks that supported the exotic taste theme, such as pineapple and mango. People were visibly relaxed by this experienced. Later on that same day we observed a "Remember the seaside" Namaste session. In the background we could hear sounds of crashing waves and seagulls. There was lots of interaction between staff and people. People were seen throwing and catching a beach ball. Some people dipped their feet in bowls of water used to represent paddling their feet in the sea. Everyone had an ice cream and thoroughly enjoyed the session.

Staff we spoke with embraced the Namaste programme as they felt it had a positive effect on the people that participated. One staff member told us, "Namaste gives us that one-to-one connection with people. You see things you would not see otherwise. It is very hands on." They went on to explain one person was very anxious and when they started taking part in Namaste they changed very quickly. They said the person was less anxious, more alert and was eating and drinking more.

The introduction of the Namaste Programme had clearly had a positive impact on people's lives. The registered manager told and showed us that people involved in the project had gained weight and there was an increase in their quality of life scores. This was confirmed by a healthcare professional we spoke with who said, "They (staff) have shown 100% commitment and have achieved very positive results." They went on to explain that since starting the Namaste programme some people had started communicating again.

People and their relatives told us people's quality of life had been enhanced by the care and support received at Chapel House. One person told us, "Its good quality of life here because I am well looked after." A relative we spoke with said, "My [family member's] quality of life is fantastic here. 10 times better than I could ever care for them." Another relative said, "My friend is really settled here. Their health has improved and they've put weight on." Staff and management alike were committed to enhancing people's quality of

life during their time at the home. One staff member said, "It is all led by people's needs and how we can improve their quality of life." A healthcare professional we spoke with said, "I think the staff do an amazing job and are so dedicated to the people."

People received care and support that was tailored to their individual needs. All the relatives we spoke with told us they and their family members had been involved in developing and reviewing people's care plans. One relative told us, "Reviews are just on-going; I can speak with anyone, anytime." Another relative said, "We have had a review in August with the manager and Social Services. This happens every year." All the staff we spoke with told us they were led by the needs and wishes of people living at the home. For example, one staff member said, "If they (people) need a rest. We don't get them up until they are ready." Another staff member told us, "It's about listening to them and finding out what they want."

The provider was working with Dementia UK to provide Admiral Nurses in the care home. Admiral Nurses are specialist nurses who give expert practical, clinical and emotional support to families living with dementia. Both the registered manager and provider were Admiral Nurses and another one of the provider's nurses had recently completed their Admiral Nurse training. This nurse was responsible for pre-admissions of people who were looking to move into the home. Their role included supporting people, their relatives and staff prior to and during the person's transition into home.

The registered manager told us either they or one of their Admiral Nurses completed assessments of people's needs prior to admission. They met with the person and where appropriate their relatives to establish if they could meet the person's needs and expectations. They also consulted with any healthcare professionals involved in the person's care. The care plan was developed prior to people moving in and was kept under regular review. We found people's care plans were personalised and gave staff detailed information about people's needs and their preference for care delivery. The care plans clearly reflected people's needs and we saw that the support provided by staff was consistent with the guidance provided. Staff told us they referred to people's care plans and risk assessment for details of people's needs. One staff member told us, "I read their care plans but, the best way to get to know them is to sit and chat with them and talking with their family and friends." Staff had handovers each day where they discussed each person, any changes that had occurred, any concerns and actions required. Staff felt their views were listened to. For example, one staff member told us, "We are always asked about changes in people's needs. We're the ones who are dealing with them on a daily basis." Staff handovers provided staff with the opportunity to evaluate what had worked well and what had not on each shift. Where required an action plan was developed to achieve improvement. The provider also operated a 'resident of the day' system where each day staff reviewed a different person's care plan and risk assessment and made any necessary updates. In addition environmental checks were completed and the person's room was deep cleaned. During our inspection we saw that staff effectively shared information about people's needs to ensure consistent and responsive support.

Staff knew people well and were quickly able to respond to changes in their health and wellbeing. One relative said, "It's amazing, far better than anywhere else [family member] has been. They know how to calm them immediately when they become agitated." This was confirmed by another relative who told us, staff were quick to intervene and distract a people if they got into each other's personal space. During our visit one person became unwell. We saw that staff assisted the person in a prompt yet calm manner. They also took time to reassure the person's relative who was visibly shaken by the incident. We later spoke with the person's relative who praised the staff highly for their actions.

People had many opportunities to take part in different activities. One person told us, "I take part in the exercise classes and really enjoy them. I love it when the entertainers come and sing. There are always

things going on if you want to take part." We saw a variety of activities taking place on an individual and group level. For example, on the first day of our inspection we saw people enjoyed taking part in a card game. There was lots of fun and laughter. On the second day we saw staff facilitated a name game which stimulated people's memories. Staff were seen to be supportive and enabling providing gentle prompts to people to ensure they felt included. We also observed that people enjoyed one-to-one time with staff chatting about things that mattered to them.

Staff we spoke with told us they talked to people and their relatives about their past lives and interests. They used this information to explore and plan activities to suit. One staff member told us some of the ladies who lived at the home liked to carry dolls around with them. Over time these dolls would become 'grubby'. When this occurred staff supported some people to bath the dolls while they washed the doll's clothes. A staff member told us they had arranged a 'men's' group for the following week and were planning to bring in an old chair that the men could sand down and then paint. The staff member told us they encouraged people to follow their interests and supported them to do things they wanted to do in a safe way. For example, one person was a little unsteady on their feet but liked walking. Therefore, staff ensured the environment was clutter free and redirected the person if they put themselves at risk. Another person liked to keep their hands busy. When the staff member spoke with the person's relatives they found that the person was a crane driver and used to carry out repairs to the crane. This helped them understand why the person acted as they did. As a result they had ordered an activity board with screws and bolts on to support the person's interests.

The provider had their own salon and a hairdresser attended on a weekly basis. The salon was also used by a visiting holistic therapist who offered hand, head and calf massage for people who lived in the home. In addition to these services, several staff members were trained in reflexology and were able to support people with this activity.

The registered manager told us they asked people about their religion when they moved into the home and members of different religious orders visited the home on a monthly basis. We saw that these visits were displayed on notice boards in the home. If people wished to access other faiths the registered manager said they would facilitate this.

All the people and relatives we spoke with were happy with the care and support received and had not found the need to complain. They all felt comfortable in raising any concerns with staff and management as they arose and were confident that prompt action would be taken. One relative told us, "I have raised a concern about my [family member] not wearing the correct clothing and it was addressed straight away." One staff member explained that they helped people raise concerns, they said, "We really have close relationships with people's relatives if we can't fix things ourselves we report them to [Registered manager's name]." The registered manager told us they had an open door policy and encouraged people and their relatives to voice their concerns. They kept a record of both written and verbal concerns and the action taken to address them.

Is the service well-led?

Our findings

People, their relatives and healthcare professionals we spoke with were consistently complimentary about the care and support provided by the staff and management at Chapel House. They felt the home was well run and found the registered manager very approachable and easy to talk with. One relative told us, "I speak with [registered manager's name] every time I come into the home. They come to me straight away and let me know what [family member] has been up to. They know all the people really well and the visitors." A healthcare professional we spoke with said, "There is strong leadership. The manager on site is fantastic and I am so proud to see how they have developed the home to be as homely as possible and provide care to meet all needs. The introduction of the Namaste room has been a great example."

Relatives were impressed by the warm and friendly approach of both staff and management. One relative told us, "It is always a pleasant atmosphere. They are not just carers, they are friends." Another relative said, "Generally the home is peaceful and very happy. The staff make the home." Healthcare professionals we spoke with were equally positive about the quality of care provided at the home. One healthcare professional told us, "I have and will continue to recommend the home to friends, colleagues and patients alike as an excellent care home for dementia care requiring nursing input." Another healthcare professional said, "My overall experience of this provider is positive. The manager and owner are very open and transparent with our service." Staff we spoke with were proud to work at the home. One staff member told us, "We have got a good reputation. It's great to work in a place like this." During our visit we saw that people responded warmly to the registered manager who had worked at the service for many years and knew each person and their relatives well.

The provider and the registered manager were very passionate about their work and were committed to providing an excellent service for people and their relatives. They had a clear vision for the service which was to enhance people's quality of life and to ensure people were safe and happy living at the home. This was a vision shared with and worked towards by both staff and management. Staff were enthusiastic and very motivated to deliver good quality care. One staff member told us, "We want to go above and beyond. We all work to the same goal, to be the best that we can be." Another staff member said, "I wouldn't want to see anyone not getting the level of care you would want for one of your own family."

Staff described an open and inclusive working culture. There was a real sense of teamwork that made the home an enjoyable place to work. One staff member told us, "I absolutely love it here." Another staff member said, "It's just a lovely place to work. Honestly hand on heart it is a good place to work." They explained that both the registered manager and provider were friendly and approachable and they could talk with them at any time. They had yearly appraisals and regular one-to-one meetings where they could discuss their training and development and any issues that were important to them. Staff said they were asked their views on how the service could be improved and felt their opinions mattered. One staff member told us, "We don't have to ask twice for equipment." This was echoed by a second staff member who said, "They're [management team] really good here, if you needs things, you get them."

Staff were inspired by the registered manager who they considered as an excellent role model who led by example. One staff member told us, "They [registered manager] are very forward thinking and dedicated to the home. They are very hands on and always looking at the next things they can do to make things better for people." Another staff member said, "I love [Registered manager's name]. They are so easy to get along with. If they want something done they will tell you. I think it's nice to have the balance between a friend and boss." The registered manager told us the success of the home was achieved through teamwork. "I think we are very good at team work. If something needs doing, it gets done." In appreciation of staff efforts they had entered their staff in the Skills for Care Accolades. Likewise the provider had recently celebrated 30 years of providing specialist dementia care at Chapel House and staff were invited to attend.

The provider and registered manager recognised that the traditional nursing model had to change in line with people's changing needs. They kept abreast of best practice through nursing journals, CQC's website, working with partner agencies, various universities and attendance at health and social care conferences. They were keen to look at new initiatives that would enhance people's quality of life. They were part of the Getting Evidence into Admiral Nursing Services (GEANS) project. This was a programme aimed at building Admiral Nursing teams skills and capacity to evaluate services and drive improvement. We saw that the registered manager as an Admiral Nurse had undertaken a study at Chapel House. The study allowed them the time to complete audits of why people presented as they did. They were able to look at environment and any changes that were needed. They used their knowledge and experience to develop bespoke dementia training. They supported clinical reflective practice with the other registered nurses evaluating what worked well and where changes were required. They promoted and facilitated best practice within the care home. We saw that the study delivered positive outcomes; these included an increase in people's general wellbeing and a reduction in the use of medicine to manage people's behaviours.

The provider worked in partnership with other organisations to ensure current and evidenced based practice. For example, staff accessed palliative care training at a local hospice. The provider had recently signed up to the Gold Standards Framework (GSF) for end of life care. GSF is a model of care that helps health and social care professionals to provide coordinated high quality care to people who are in their final years of life.

The service was renowned for its' innovative and effective practice in dementia care. The provider prided themselves on their achievements and told us they were keen to share their expertise with the wider community and care sector to improve people's life experiences. They had recently agreed to provide training on dementia in GP surgeries. Such was their success the provider had been asked to provide a case study for the Nursing Times. They had also been approached by Lancaster University to assist in writing a Namaste guide for other care providers.

The registered manager and provider had a comprehensive range of quality assurance tools to monitor the quality and safety of the service. These included medicine and falls audits. The registered manager told and showed us how they analysed falls to identify any trends or patterns. They said they constantly looked at ways how they further develop their practice. They attended monthly clinical network meetings with the Clinical Commissioning Group (CCG) and had been involved with developing the policy for falls guidance for Cheshire West. Likewise they attended Infection Prevention and Control (IPC) meetings to ensure that IPC measures were firmly embedded in policy and practice. In doing so they had achieved 99% in their most recent IPC audit completed by the CCG. The provider also completed audits and developed action plans for the registered manager to complete as necessary. As well as completing audits both the registered manager and provider observed staff practice on a day-to-day basis which included spot checks during the night. On occasions they covered shifts and worked alongside staff. The registered manager told us, "It's my job to make sure everyone else has done their job."

Relatives told us they and their family members were given ample opportunities to express their views on the quality of the service and offer ideas for improvements. They told us there were regular meetings held at the home and they had completed questionnaires. One relative told us, "I attend meetings every quarter and also get a newsletter to keep us informed of things that are going on." Some relatives told us they did not feel the need to attend the meetings as there was effective communication between them and staff and management. They went on to explain that if they had any questions they asked staff and were given the information they needed at that time. We saw that issues raised were acted upon. For example, relatives had raised concerns about the quality of food. In response the provider had arranged a supplementary café menu to increase people's choice. They had also arranged a taster session where relatives were invited in to taste the food people were offered. The provider had also arranged the introduction of fish and chips nights on the request of people and their relatives. The registered manager confirmed they used the meetings for gathering people and their relative's views but also to share information and learning. They told and showed us they had provided information sessions on topics such as, dementia and the rules and regulations they worked to. The provider also produced a quarterly newsletter that kept people, their relatives, visitors and staff informed about events and developments at the home.

The provider had been asked to take part in the Dementia Engagement and Empowerment Project (DEEP) for the North West of England. Deep brings together groups of people with dementia from across the UK. DEEP supports these groups to try to change services and policies that affect the lives of people with dementia. The provider had also put their name on the waiting list to be part of a new initiative that the older persons Mental Health Service had piloted across other homes. This would enable them to access services and advice quicker.

The provider recognised the diverse needs of the people living at the home and ensured their care plans were individualised and supported their wishes and rights. They placed a strong emphasis on equality and diversity and worked in partnership with other agencies to provide safe, inclusive quality care for all. As well as implementing an equality and diversity champion, they were working in partnership with Silver Rainbows Older People Lesbian Gay Bisexual and Transgender (LGBT) Network, in developing their inclusive LGBT policies and procedures.

The provider proactively sought ways of engaging with the local community. They provided community lunches where they invited older isolated members of the village to the home for a meal and a chat. They had recently opened a café within the grounds of the home much to the delight of people and their relatives. One relative told us, "The new café is really good. When my [family member] gets agitated the staff walk them down to the café for a drink and it calms their agitation. When I take [family member] for a walk in their wheelchair we always stop at the café before returning them to the Home. I feel it's a normal thing to do as we did this before [family member] had to go into the Home." This was a view echoed by another relative we spoke with who said, "The new café at the end of the drive is a great asset and involves the local community to become involved with the Nursing Home. It is a place to move away from the Home and experience normality." Staff we spoke with felt the café was a positive addition to the service. It was a place they could take people out to if they wanted to have a walk or just a change of environment. One staff member told us that people's relatives 'loved' the café as they could take their family member's out themselves knowing that they could contact the home for help should the need arise.

The registered manager was aware of their statutory responsibilities and ensured that they submitted statutory notifications to us in a timely manner. They had also ensured their rating from their previous inspection was conspicuously displayed at the home and on the provider's website.