

Panaceon Healthcare Ltd

Chapel View Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Chapel View is a care home providing accommodation and personal care to older people, some of whom are living with dementia. The service can accommodate up to 39 people in one adapted building. Accommodation is spread over two floors. At the time of this inspection there were 32 people living at Chapel View.

People's experience of using this service and what we found

People and their relatives spoke positively about all the staff. A relative told us, "The best thing [about Chapel View] is I have the confidence [my relative] is well looked after and cared for."

There were systems in place to recognise and respond to any allegations of abuse. Staff had received training and understood what it meant to protect people from abuse. Safe recruitment procedures made sure staff were of suitable character and background. There were enough staff deployed to meet people's care and support needs in a timely way. Medicines were stored safely and securely. There were effective systems in place to ensure people received their medicines as prescribed.

Staff were provided with an effective induction and relevant training to make sure they had the right skills and knowledge for their role. Staff were supported in their jobs through regular supervisions and an annual appraisal.

People enjoyed the food served at Chapel View. People were supported to eat and drink to maintain a balanced diet. People were supported to maintain good health and have access to health and social care services as required. There was a range of activities and social opportunities available to people living at Chapel View. Strong links had been developed with the local community.

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

People were supported by kind and caring staff who knew them well. People's right to privacy was respected and staff ensured people's dignity was maintained. Care records provided person-centred information to enable staff to meet people's needs and wishes.

The service was well-led. Comments about the registered manager were positive. People, their relatives and staff were asked for their opinion of the quality of the service via regular meetings and annual surveys. The service had up to date policies and procedures which reflected current legislation and good practice guidance. There were effective systems in place to monitor and improve the quality of the service provided.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 13 February 2019) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Chapel View Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team was made up of 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.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch Sheffield. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who lived at Chapel View and five of their relatives about their experience of the care provided. We met with the registered manager. We spoke with seven members of staff.

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 looked around the building to check environmental safety and cleanliness. We looked at written records, which included four people's care records and five staff files. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to consistently assess risks to people's health and safety. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people were managed. Where risks to a person had been identified there was an associated risk care plan with clear guidance for staff.
- Risks to people in the event of a fire had been addressed. There were regular checks of firefighting equipment. Staff took part in fire drills.
- Any accidents, incidents or safeguarding concerns were logged, tracked and outcomes recorded. Since the last inspection the registered manager had introduced an initial report sheet to be completed by staff after every incident. This included reminders for staff, such as contacting relatives to inform them of what had happened.
- The registered manager completed an 'analysis investigation tool' for every accident, incident and safeguarding concern. This considered possible causes, if it could have been prevented and the action taken to reduce the risk of repeat events. Where staff required specific supervision or re-training we saw evidence of this taking place.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to help keep people safe. People told us they felt safe living at Chapel View. Comments included, "I feel safe because of the care here" and "I have no worries about the staff or anything." A relative told us, "I feel my [relative] is safe because they are well looked after, and there are always plenty of staff and visitors around."
- Staff were aware of how to report any unsafe practice. Staff were familiar with the provider's safeguarding and whistleblowing procedures.
- Staff knew how to protect people from the risk of abuse. Staff confirmed they had received training in safeguarding adults. Staff were confident any concerns they raised would be taken seriously by the registered manager and acted upon appropriately.

Staffing and recruitment

- The process of recruiting staff was safe. Staff personnel files contained enough information to help ensure

people employed were of good character.

- There were enough staff deployed to help keep people safe. People told us, "They [staff] come quickly to your buzzer [call system], but there are busy times when they can take a bit longer", "If you press your buzzer they [staff] come immediately, they will bring me a drink. If I am worried they will sit and chat with me" and "When I ring my buzzer they come quickly."
- The registered manager used an effective staffing dependency tool. They told us there were enough staff employed and the numbers were adjusted to reflect any changes in occupancy or dependency levels.

Using medicines safely

- Medicines were stored securely and within safe temperature ranges. However, not all bottles of liquid medicines were dated when they were opened. The senior care worker was aware of the need to do this and agreed to remind staff.
- Senior care staff took responsibility for administering medicines. These staff had received training in medicines management and we saw their competency in this area was checked.
- People received their medicines as prescribed. We saw senior care staff were patient with people while supporting them with their medicines. They then signed the person's medicines administration record (MAR) to confirm the person had taken their medicines. We checked people's MARs and found they had been completed appropriately in line with the provider's own policies and procedures.
- Some people were prescribed medicines on an 'as required' basis (PRN). In these cases we saw there was clear guidance for staff on when the person may require a PRN medicine.

Preventing and controlling infection

- The premises were clean and well maintained. We saw hand sanitisers, plastic gloves and aprons were available and used by staff at appropriate times.
- There were systems in place to reduce the risk of the spread of infections. The provider had produced infection control guidelines for staff to follow as part of their infection control policy.
- The registered manager undertook spot checks of infection control practices. For example, they checked staff washed their hands thoroughly as per the guidance.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received the support they required to undertake their jobs effectively.
- New staff completed an induction. This included completing mandatory training and shadowing more experienced members of staff. Those new to the caring profession were supported to complete The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff received regular training. This was via a mix of eLearning and face to face classroom style training. Staff told us they found the training relevant and useful.
- Ongoing support was provided to staff through supervision and appraisals. Staff we spoke with told us they had regular supervisions and felt supported by the registered manager. A member of staff told us, "We have a good manager with [name of registered manager]. She is brilliant, approachable and her door is always open."

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were met. Relatives told us people were encouraged to eat and drink. Comments included, "They [staff] will make him anything he wants as he needs encouragement" and "They [staff] encourage her to drink as she does not drink enough."
- People told us they enjoyed the food served at Chapel View. Comments included, "The best thing about this place [Chapel View] is the staff and the breakfast", "The food is very good. There is enough to drink and a glass of wine now and then" and "The food is brilliant and there is plenty of choice."
- The lunchtime dining service was a positive experience. The tables were laid well, with tablecloths, serviettes and condiments. The food looked good and smelt appetizing. Staff were attentive to people's need. Support and encouragement were discreetly given to people where required.
- Some people were on specific diets for health reasons. The kitchen staff were knowledgeable about people's dietary needs and were able to cater for them.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- A relative told us, "The staff seem to assess and understand the needs of all the residents from what I have observed. Whenever [relative] needs a doctor they get one for them."
- Staff had developed strong links with local health and social care services who visited people at the home regularly, such as district nurses and chiropodists. Staff encouraged people to use these services and any outcomes were recorded in people's care records.
- Any changes to a person's care and treatment needs were shared with staff during their handover meeting

between shifts.

Adapting service, design, decoration to meet people's needs

- The premises were suitable for people living with dementia. There was clear signage of communal areas, such as bathrooms and dining rooms. People's bedroom doors were numbered and painted different colours. Some people had memory boxes in their bedrooms.
- On the walls there was a range of dementia friendly pictures to aid reminiscence. There were tactile displays and rummage boxes to promote people's well-being.

Ensuring consent to care and treatment in line with law and guidance; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

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 when this is in their best interests and legally authorised under the MCA. 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found the service was working within the principles of the MCA. People's care records contained consent to care documents. It was clear where people did not have capacity and would require support with making some decisions. Where people did not have capacity to consent to care we saw their relatives or advocate were consulted, as appropriate.
- The registered manager understood their responsibilities under the MCA and kept a record of all DoLS applications. Best interest meetings took place when significant decisions needed to be made for a person lacking capacity. For example, where there was a need for potentially restrictive interventions, such as bed rails.
- Care staff understood the principles of the MCA. We saw staff ask for consent and explain what they planned to do before proceeding with supporting a person.
- The registered manager told us they assessed people's care and support needs before they moved to Chapel View to ensure they could provide an appropriate service.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were caring. Comments from people included, "The staff are smashing, no grumbles at all, their caring is above and beyond", "The nicest thing is the kindness they [staff] show you. They are always kind", "The staff bend over backwards, they are fab" and "They [staff] are caring and respect my privacy."
- Visitors were welcomed into the home. Staff knew people's family and friends. One relative told us, "The staff are friendly and welcoming, my [relative] likes all the staff."
- People were treated well by all the staff. We saw positive and caring interactions between people and staff throughout the day of the inspection. Staff were patient and encouraging when they were supporting people.
- Staff told us they enjoyed working at Chapel View. Every member of staff we spoke with told us they would be happy for a loved one to live at Chapel View if they needed the type of care and support provided. Some of their loved ones had stayed at Chapel View in the past. A member of staff told us, "The care assistants are absolutely amazing. I would recommend this place to anyone."
- All the staff we spoke with, including the registered manager talked about the people they supported with kindness and compassion. It was clear they knew people well. We saw people and staff were comfortable and relaxed with each other. We heard lots of friendly conversations and laughter throughout the day of the inspection.
- The provider complied with the Equality Act 2010. This meant people were not treated unfairly because of any characteristics that are protected under the legislation, such as age and gender. Our discussions with the registered manager and staff showed us people's rights were central to the care and support they provided.

Supporting people to express their views and be involved in making decisions about their care

- People told us they were involved in planning their care. One person told us, "They [staff] listen to me and act on things."
- Where appropriate relatives were involved in decision making and care planning. A relative said, "They [staff] discuss my [relative's] care plan with me and I was amazed how much information was in it."
- People's care records were regularly evaluated. Relatives were invited to contribute to these reviews.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and their privacy respected. People told us, "They [staff] respect my privacy and dignity" and "I am treated with respect."
- Staff encouraged people to be as independent as possible. Comments from people included, "I can have a

bath or shower whenever I want. I am independent here" and "They are good staff, so kind. They encourage me."

- Staff were able to tell us what is meant in practice to treat people with dignity and promote their independence. Comments from staff included, "Always close doors, lock doors when people are on the toilet, shut curtains, always ask people what they want to eat, what they want to wear. Knock on doors before entering rooms, you wouldn't just walk into someone's home" and "Give people choice by asking them, it is the little things like what colour shirt to wear, meal options, what do they want to do."
- People's personal information was respected. Staff we spoke with understood the need to respect people's confidentiality and we saw confidential information was locked away when not in use.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care records were person centred and contained information about the person's social history, likes and dislikes. This enabled staff to provide personalised care.
- Care records held information on the person's current health and support needs, such as nutrition and hydration, and personal care. This included guidance for staff on how best to support the person to meet these needs.
- The care records we looked at contained a lot of detailed information, however they did not have a summary of the person's needs and preferences at the front. This can help new staff as they get to know people. The registered manager told us they had started to implement this on some people's care records and planned to roll it out for everyone.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to take part in a variety of activities. People told us, "I join in the activities, there is plenty to do in here", "I do like the entertainment and to walk in the garden" and "Yes there is nice entertainment."
- The service employed an activity coordinator. On the day of this inspection the activity coordinator was supporting people to attend hairdressing appointments. They were also giving people manicures while talking and singing with them. During the afternoon some people were taking part in a game of armchair skittles with staff.
- People were supported to maintain relationships and avoid social isolation. Friends and family were welcome to visit any time. Staff used the local Dial a Ride taxi service to accompany people on trips out, including to the shops and local pubs. People who needed to be cared for in bed had one to one time allocated to spend with the activity coordinator.

Improving care quality in response to complaints or concerns

- The registered manager was responsive to any complaints or concerns raised. They kept a record of all complaints raised, the investigation and outcome.
- The provider had an up to date 'Complaints, Suggestions and Compliments Policy and Procedure.' Details on how to complain were displayed in the home.
- People and their relatives knew who the registered manager was and told us she was approachable and responsive. A relative told us, "This place is well run. I know who the manager is and oh yes she is approachable."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were met. People's communication needs were assessed and support plans put in place to help staff meet any identified needs.
- The registered manager told us information could be made available to people in different formats. For example, picture cards and pictorial menus were available to assist people communicate their needs and wishes.

End of life care and support

- People were provided with appropriate care and support at the end of their life. The registered manager was working with people and their relatives to complete a separate 'planning my care' folder. These were specifically about people's wishes for their care and support at the last stage of their life.
- Some staff had received specialist training in this area provided by a local hospice. Staff told us they had found this useful and it had increased their confidence in caring for people at the end of their life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider's audits had failed to identify all the issues we had found during the inspection. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager had been appointed since the last inspection. They and the provider had effective audits and quality assurance systems in place. These had been developed since the last inspection and covered all aspects of service delivery.
- The registered manager took a daily walk around the premises. These were recorded and included checking each person's basic daily care needs had been met, such as whether spectacles were clean. This meant the registered manager had a visible presence most days. People and staff told us they welcomed this.
- The registered manager was committed to continually improving the service with the provider. They had a weekly conference call to discuss any action required as a result of the audits. They also met every month to sign off completed actions and discuss ongoing issues and improvements.
- The provider had a comprehensive set of policies and procedures covering all aspects of service delivery. We saw these were up to date and therefore reflected current legislation and good practice guidance. These were available to staff on line. Staff were expected to read and sign they had understood them as part of their induction and again when there were any significant changes.
- Maintenance checks of the premises were regularly undertaken with satisfactory outcomes.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service was well-led. Feedback about the registered manager was positive. One person told us, "She [registered manager] is good to me." The registered manager had an 'open door' policy which meant anyone could talk with them any time. People popped in and out the office all the time during the day of this inspection and relatives stopped the registered manager to speak with her when she was walking round. It

was clear to us the registered manager knew everyone living and working at Chapel View very well. Everyone was made to feel welcome and everyone was listened to.

- There was an open and positive culture. Staff told us they felt part of a team and were valued by management, whatever their role was. Comments from staff included, "It is like one big family here" and "She [registered manager] leads by example, it means the world to be thanked [for doing our job]." Another member of staff told us the registered manager worked on Christmas Day morning washing the dishes. They thought this was a great thing for a manager to do and something they had not seen before.
- The registered manager undertook shifts where they were part of the team directly providing care and support to people. People and staff told us they appreciated this. The registered manager told us it gave them an opportunity to get to know people better and to support staff to develop and improve their care skills.
- The registered manager understood their role in terms of regulatory requirements. They were aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008.
- The provider continued to ensure the ratings from their last inspection were clearly displayed in the home and on their website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were systems in place to regularly ask people and staff for their views on the service so they could continually improve. The registered manager had regular meetings with people, their relatives and staff. We saw minutes of these meetings taking place.
- The provider sent out an annual resident satisfaction survey to people, their relatives, staff and visiting professionals. The results of the most recent surveys were positive.
- There were staff champions whose role was to ensure staff were supported and engaged in different aspects of service delivery. For example, the registered manager and the maintenance person were the health and safety champions. They were currently working with staff to continually improve response times in the event of a fire.

Working in partnership with others

- The registered manager worked in close partnership with Barnsley Metropolitan Borough Council.
- The registered manager had set up the 'Barnsley Joint Registered Managers' meeting to share learning and best practice with other local care providers.
- Local community groups, such as the church and primary school visited people living at Chapel View. Strong links had also been forged with a number of local services, such as the supermarket and football club. They provided social opportunities and activities for people.
- The registered manager had recently started working with the local NHS to develop and improve connections between the community and local care homes. This was partly about enabling activity coordinators to think further afield and share innovative ideas.