Bestcare UK Limited

Chapel Garth EMI Residential Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
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 Garth provides residential care for up to 33 older people with dementia. People are accommodated on the ground floor and there is an upper floor used exclusively as office space and by staff. The communal areas of the home are accessible to people who use wheelchairs. The home is in Bentley on the outskirts of Doncaster. At the time of our inspection 31 people were using the service.

People's experience of using this service:

At the last inspection, we rated the questions of is the service; safe, effective, caring, responsive and well-led as 'good'. At this inspection, we found the question, is the service effective had deteriorated to 'requires improvement.' This was because although in practice care staff knew how to care for people in the right way, some of them had not received all the training that the registered person considered to be necessary. Also, staff had not received supervision and appraisal as per the providers policy.

The home needed refurbishment and redecoration to improve the environment. There was an action plan in place which included areas of the home such as communal dining and sitting areas, flooring and lights, which remained in need of decorating. The provider had given the 'go ahead' for work to commence

People and relatives told us they felt the service was safe and there were enough staff to support people. New staff members had completed their induction training and had shadowed experienced staff until they felt confident to work alone.

People received their medicines on time and systems used to manage and store medicines were safe. Suitable arrangements been made to promote good standards of hygiene. This included a staff member having the role of 'infection control champion'.

The provider had introduced newly formatted care plans which the registered manager said would be fully completed for people within the next three months. Risk assessments and care plans seen were up to date and reflective of people's current support needs.

Systems in place ensured the needs of people were identified and respected. People, and those who were important to them, were at the heart of the service and were encouraged to be involved in decisions and developing their support.

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

People were provided with a varied diet that met their needs and preferences. They told us they liked the food offered at the home. We saw meals, drinks and snacks were provided throughout the day and these

took into consideration people's individual likes and dislikes.

There was access to medical services if needed and nursing care was delivered by visiting district nurses. Other health professionals provided services to the home and they gave us positive feedback about the standard of care provided by staff at the home.

There was generally a very kind and friendly atmosphere in the home between staff, people who used the service, relatives and visiting healthcare professionals. People told us, "They [staff] are very kind. I don't have any problems, but I could talk to any of them. They are all so nice," and "They [staff] are lovely people."

People were able to choose how they spent their day and were supported to access the local community. Activities organised within the home were regularly reviewed to ensure the programme was what people wanted to do.

All complaints were treated seriously and were investigated by the registered manager. There were no open complaints and the home had received many compliments about the care they provided.

There was a registered manager who had established a positive culture in the service that was focused upon achieving good outcomes for people. Staff had been helped to understand their responsibilities to develop good team work and to speak out if they had any concerns. Furthermore, the registered manager and staff were actively working in partnership with other agencies to support the development of joined-up care.

Quality assurance systems were in place to monitor and continually improve the quality of the service provided.

Rating at last inspection: Good (report published on 13 December 2016).

Why we inspected: This was a planned comprehensive inspection based on the rating awarded at the last inspection.

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 Details are in our Safe findings below.	**Good**
Is the service effective? The service was not always effective Details are in our Effective findings below.	**Requires Improvement**
Is the service caring? The service was caring Details are in our Caring findings below.	**Good**
Is the service responsive? The service was responsive Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was well-led Details are in our Well-Led findings below.	**Good**

Chapel Garth EMI Residential 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection team consisted of one inspector, one assistant 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. The expert by experience had experience of supporting and caring for older people and people living with dementia.

Service and service type:
Chapel Garth EMI Residential Home is a care home. People in care homes receive accommodation and nursing or personal care. 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, which meant no one at the service knew we were going on that day.

What we did:
The provider was not asked to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service

does well and improvements they plan to make.
Prior to the inspection visit we gathered information from many sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also spoke with the local authority commissioners, contracts officers and safeguarding and Healthwatch (Doncaster). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

On the day of the inspection we spoke with eight people who used the service and seven relatives. We spent time observing staff interacting with people. We also 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 spoke with staff including the registered manager, the deputy manager, three care workers, two activities coordinators and the cook. We looked at documentation relating to four people who used the service, three staff files and information relating to the management of the service.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse
• People spoken with who were able to comment told us they felt safe and all family members told us they were satisfied their relatives were safe. Their comments included, "I feel very safe as the staff look after me really well. There was an incident two weeks ago and staff were really concerned and made sure none of us got hurt," "This is a very safe place," and "My relative is very safe here and the staff are brilliant. [Family member] has been here for about two years and I know they are well looked after."
• Staff were trained to recognise the signs of potential abuse and knew what action to take. One staff member told us, "Safeguarding training is covered on induction and I would speak to a senior or the manager if I had concerns about a person, straight away."

Assessing risk, safety monitoring and management
• Risks to people were identified and assessments drawn up so that staff knew how to care for people safely and mitigate any risks. One person told us, "I had a few falls when I was at home on my own but not since I've been here. They [staff] are careful not to let me fall."
• Risk assessments seen covered areas such as, moving and handling, medication, nutrition and skin integrity. We found risk assessments were detailed and clear and provided staff with the necessary guidance to support people sensitively.
• Accidents and incidents were reported appropriately, and documents showed the action taken afterwards by the staff team and the registered manager, which helped to prevent any reoccurrence.
• There were plans in place in the event of an emergency, such as a fire, so staff had the necessary guidance on how they should support people to evacuate the building safely.

Staffing and recruitment
• People spoken with told us they felt there was enough staff during the day and said they didn't have to wait long if they requested assistance. Their comments included, "I don't think they are short staffed. The staff are really good, excellent, but I suppose everyone could do with an extra pair of hands," "They [staff] come quite quickly. They don't keep me waiting," and "During the day, they are always around so if you want anything you can just tell them. At night I don't often need any help, but they come quickly if I do."
• Background checks had been completed before new staff were appointed. References were obtained from previous employers and checks with the Disclosure and Barring Service (DBS) were made regarding the suitability of individual staff to work with people in a care setting.

Using medicines safely
• People's medicines were managed safely. Medicines were kept in a locked medicine room which contained sufficient storage space. This included a refrigerator available for medicines which were required to be kept at a cooler temperature and a controlled drug cabinet.

• People told us they were supported to take their medicines at the correct time and frequency. People told us, "They [staff] bring my tablets and a drink of water and wait until I've taken them," and "I don't know what the tablets are, but they [staff] bring them in the morning, at lunchtime and at night." One relative said, "My [relative] has not been very consistent in taking tablets before they came in here so it's a relief to know it's being dealt with by the staff."
• We observed a staff member administer medicines to people sensitively and with confidence during breakfast. They were knowledgeable as to why people were prescribed certain medicines and the various side effects and potential impact to people if they did not receive them. We observed the member of staff checked each person's MAR (medication administration record) then dispensed the tablets from blister packs into a disposable medicine pot. They waited until the person had taken their medicine before signing the MAR.
• Guidance was also provided for staff when administering 'when required' (PRN) medicines. This included medicines for pain relief.

Preventing and controlling infection□
• We found an infection control audit was regularly completed so that potential risks to the prevention and control of infection could quickly be addressed.
• A staff member was the designated infection control (IC) champion. This staff member met regularly with the local authorities lead IC nurse, when they were provided with updated guidance and information. This was then disseminated to all other staff.
• We found a good standard of cleanliness in communal areas, bedrooms, toilets and baths. We saw staff using personal protective equipment (PPE), such as gloves and aprons when necessary. Hand washing facilities and hand sanitizers were also available throughout the home.

Learning lessons when things go wrong
• We found lessons had been learned when things had gone wrong so people were suitably protected from the risk of avoidable accidents and other untoward events. This included people being referred to healthcare professionals when it appeared they would benefit from being provided with equipment such as walking frames and wheelchairs.

Requires Improvement

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.

Systems operated by the provider did not always promote effective care, treatment and support. Regulations have been met.

Staff support: induction, training, skills and experience
• Staff told us they had been taken through an induction process and attended training with regular updates. However, when we looked at the training matrix we found some staff had not completed refresher training in line with the providers policy. For example, six staff were not recorded as completing their moving and handling yearly practical refresher training and seven staff had not completed their yearly refresher in safeguarding vulnerable adults.
• We saw the issue of staff falling behind with their training had been picked up on the area managers action plan. This showed compliance for completion of training had dropped to 67%. The registered manager told us they were working with staff to ensure all training was completed and up to date by the end of June 2019.

• People who used the service and their relatives told us they were confident the care staff knew what they were doing and had their and their relatives' best interests at heart. Their comments included, "They [care staff] are very good. They help me to get dressed and they are very gentle. They definitely know what they are doing," and "They [care staff] are kind."
• The registered manager told us the providers policy for staff supervision stated they would be provided with four supervision sessions each year, of which one would be their yearly appraisal. We found staff had not received supervision and appraisal as per the policy. The registered manager told us she was aware these had fallen behind and this was due to a senior staff vacancy. We saw this had been picked up on the area managers action plan and there was a plan in place to complete all the necessary supervisions and appraisals over the next few months.
• Staff spoken with told us they felt well supported by the registered manager and senior staff and could go to them at any time for support and advice. Their comments included, "Yes I do feel supported, if we have a problem will talk it through with the manager and seniors or colleagues. Things do get solved, sometimes in more of a roundabout way than others but we do get there," and "Very much supported, very good team, very supportive. All work as a team and help each other, everyone is friendly. The seniors are very good, there's always someone to go too."

Adapting service, design, decoration to meet people's needs
• The home needed refurbishment and redecoration to improve the environment. There was an action plan in place which included areas of the home such as communal dining and sitting areas, flooring and lights, which remained in need of decorating. The registered manager showed us evidence that the provider had given the 'go ahead' for work to commence. Some areas of the home, including people's bedrooms had been decorated, were personalised, single occupancy and some had en-suite facilities.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• The pre-assessment process ensured people were suitably placed and that staff knew about people's needs, wishes and goals. The registered manager had assessed people's needs and choices before they moved in. This was so people received care which achieved effective outcomes in line with national guidance.
• The pre- assessment information also established what provision needed to be made to respect people's protected characteristics under the Equality Act 2010. This was so that people received care that met their personal preferences.

Supporting people to eat and drink enough to maintain a balanced diet
• People told us they enjoyed the food provided. One person said, "I think they have a few different things at lunchtime. They ask what you want. I don't mind what it is because it is always very nice".
• We observed lunch being served. Most people were seated at dining tables with others having lunch in the lounge or in their own rooms. Tables were nicely set with clean linen, place settings and cutlery. There was a choice of cold drinks and refills were constantly being offered to people. Lunch was overall a relaxed and sociable event. Radios and televisions were turned off and staff were chatting to people as they served meals. Food looked and smelled very good and people were seen really enjoying their meals. We saw a staff member assisting one person to eat. The staff member was focused on the person, sitting at their level and chatting quietly to them to encourage them to eat. Lunch was not hurried, and people could take as much time as they wanted.
• Information in care plans showed people were being supported to maintain a good diet. Some people were on special diets for health reasons, for example, diabetic diets. Other people were receiving fortified diets due to concerns of low body weight.
• We spoke with the cook who was well informed and up to date with the personal preferences, likes and dislikes of people. Where special diets were required thought and consideration had been given to maximise the choices available to people.

Staff working with other agencies to provide consistent, effective, timely care
• The service had built up relationships and worked in partnership with health and social care professionals to make sure people received seamless person-centred care. Healthcare professionals spoken with told us they had positive relationships and good communication with all levels of staff at the home.

Supporting people to live healthier lives, access healthcare services and support
• People who used the service had access to healthcare services and received on-going healthcare support. On the day of the inspection we saw healthcare professionals visiting people for assessment and treatment. We also saw a staff member escort a person to hospital for an out patients' appointment.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
• Records showed people had been consulted about the care they received and had consented to this.

People told us, "They [staff] are always asking me. I'd soon tell them if I didn't like anything," and "They [staff] ask me everything."

• The registered manager had completed assessments when a person lacked the necessary mental capacity to make decisions about important things that affected them. Where necessary key people in a person's life had been involved to ensure decisions were taken in the person's best interests.

• The registered manager had made the necessary applications for DoLS authorisations and checked to make sure any conditions placed on the authorisations were being met. This helped to ensure people only received care that was the least restrictive.

Good

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity
• In March 2019 Healthwatch (Doncaster) had carried out a 'enter and view' visit. Their summary of findings was; "People looked happy and well cared for, the authorised representatives felt they would be happy for a family member to reside at Chapel Garth and interactions between staff and people were excellent."
• People's faiths were respected. There were fortnightly church services in the home delivered by various denominations. One person told us, "I have been a church goer all my life and now the priest visits me here to give me communion." This was important to them.
• People told us they had felt they were treated fairly and were free from discrimination. They were able to discuss any needs that were associated with their culture, religion or sexuality.

Supporting people to express their views and be involved in making decisions about their care
• People told us they could decide where to sit or spend the day. We observed some people had their preferred chair in the lounge and became upset if someone else sat there. Staff were observant and diffused any arguments quickly. Some people were able to go out and others told us they were escorted in their wheelchairs by staff members when available. Relatives told us they were free to take their family member out for an outing if they wanted to go.
• People told us, "I go to the shops if one of the staff comes with me or sometimes I just find a quiet spot where I can read my book in peace," "I please myself where I want to be. I don't like to watch television and sometimes I come into my own quiet room," and "I please myself where I want to be. It's up to me."

Respecting and promoting people's privacy, dignity and independence
• People told us staff respected their privacy and dignity and we saw staff knocked on bedroom doors before entering and they were careful to close doors when
assisting people with personal care.
• People told us staff were very kind, caring and friendly and we saw interactions were warm. Staff knew people extremely well and were able to tell us about people's life histories and their interests. People told, "They [staff] are marvellous. Nothing is too much trouble for them," "The staff are all very nice with us," and "It's their [staff] job to look after us but they are smashing." Relatives told us, "The staff are fantastic. I come every other day and I've seen nothing but kindness towards people here," "I would recommend this home to anyone. In fact, I have done. The staff are amazing, and nothing is too much trouble for them. They make us very welcome when we come. It's a real home from home," and "The staff here are really good. They try their best and visitors are made welcome as well. It's a lovely atmosphere and everybody seems happy. The manager is always available. It's very relaxed here."

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
• Each person had a care plan. These confirmed people were receiving the care they needed as described in their individual care plan. This included help with managing several on-going medical conditions, washing and dressing, keeping their skin healthy and promoting their continence.
• People spoken with were familiar with their care plan and said they were actively involved. Family members spoken with told us they felt involved in the care of their relative and were kept informed about care needs. One person told us, "I don't know about a care plan, but I tell them exactly what I want or don't want." A relative said, "I never wanted [family member] to come into a home at all, and I felt so guilty, but the manager here has been great. She is really kind and reassuring and has made sure that I have been involved from the word go in the care plan."
• We saw staff knew people well and were able to tell us about people's individual needs, preferences and nuances. One staff member told us, "We work as keyworkers, which means we're responsible for making sure people have all they need. We get to know people well and find out what would improve their quality of life."
• Staff understood the 'Accessible Information Standard'. People's communication needs were identified, recorded and highlighted in support plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals.
• People had access to a wide range of activities both in the home and in the wider community. One person told us, "It's very nice here. You can please yourself what you do. If you want to do the singing when one of the entertainers comes, then you can, but nobody forces you to join in."
• There were two activity coordinators who worked flexibly over five days and offered people the opportunity to pursue their hobbies and interests. There was a variety of activities advertised on notice boards around the home. The activity workers told us, 'We do 'household' type of activities. We get people involved in sweeping the floor, laying tables, doing a bit of washing up. All sorts of normal day to day activities that they would have done at home. We have entertainers who visit, and do things for special events, for example, for the royal wedding, we had a wedding reception and we dressed up as bridesmaids and had a wedding cake. We try to take different people out every week, so people get a fair turn. We take people shopping and other things depending on their interests. Recently we took two people to watch a Tom Jones tribute afternoon. We've recently bought an iPad and it's great for people whose families are not local because we can 'Skype' with them. We have ladies that like the makeup tutorials on YouTube, so they watch them. We find out what residents' interests and hobbies have been, and we always ask what they want to do so our programme is flexible. We feel fortunate because we have a budget for activities, and we top it up by fund raising. The management are very supportive and open to ideas."

Improving care quality in response to complaints or concerns
• There was an accessible complaints policy in place and people and their relatives were encouraged to

approach staff with any concerns they had. People told us they knew who to go to with any concerns or complaints and named staff and the registered manager.
• None of the people spoken with could recall having had a need to raise a complaint. At the time of our inspection there were no outstanding complaints logged and people were complimentary about the care provided.

End of life care and support
• People had discussed their end of life wishes which were all documented. One person told us, "I went through everything with them. They know all my preferences and they know what I want when I come to the end."
• Records showed senior staff had consulted with people about how they wanted to be supported at the end of their life. This included establishing their wishes about what medical care they wanted to receive and whether they wanted to be admitted to hospital or stay at home.

Good

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility
• The home was well run. The registered manager and staff were committed to providing good quality, person-centred care. People and relatives spoken with told us they would recommend this home to others. One person told us, "Both the manager and the deputy are just brilliant. You know what the saying is that a fish rots from the head. Well it works both ways. Get good managers and you'll have a good staff and they are definitely good." Relatives told us, "Communication is really good with us and they [staff] tell us straight away if [family member] is off colour or anything," and "The staff will always get in touch if [family member] isn't well or they are worried about them. They involve us all the time."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• We found several systems were in place to help staff to be clear about their responsibilities. This included there being a named member of care staff who oversaw each shift. In addition, staff had specialist 'champion roles' for which they had completed training, these included the nutrition champion, moving and handling champion and continence champion.
• Staff were invited to attend staff meetings that were intended to develop their ability to work together as a team and ensure staff were suitably supported to care for people in the right way.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• People and their relatives had the opportunity to suggest how the service could be improved. There were regular relative meetings with variable attendance and visiting relatives told us they felt very involved with the home.
• The registered manager also invited people who used the service and their relatives to complete an annual 'opinion survey' to comment on their experience of using the service. These had recently been sent out and some were returned. We looked at a sample of these and found the feedback was very positive. Comments included, "I think all the staff are great," and "I am very happy with the 24/7 care my [family member] receives." The registered manager told us when all surveys were returned they would collate the responses and provide a feedback report. We saw the last report detailed what we asked, what you said and what we will do.

Continuous learning and improving care
• We found quality checks had been completed in the right way to quickly put problems right. A range of

audit processes were in place overseen by the registered manager to measure the quality of the care delivered in areas such as medicines, care plans, fire safety, accidents and incidents and the cleaning of the home. During our inspection we were able to see what the audits had highlighted, what needed to be done to make improvements and the planned dates for completion.
• The registered manager spoke openly throughout the inspection and responded immediately to any areas which required attention particularly with reference to the shortfalls in the completion of staff training, supervisions and appraisals. However systems should have been operated more effectively to prevent training, supervisions and appraisals becoming out of date.

Working in partnership with others
• We found the service worked in partnership with other agencies. There were several examples to confirm the registered persons recognised the importance of ensuring people received 'joined-up' care. For example, we spoke with a visiting healthcare professional who visited the home at least three times per week. They told us Chapel Garth was one of their favourite homes to visit because they had a good working relationship with all the staff. They said if staff were given any instructions they would carry these out. They told us people were appropriately referred to them for such things as dressings and insulin administration. They said they had never had any worries or concerns about the standard of care provided at the home and had never needed to report anything of concern to the safeguarding authority.