

# Methodist Homes Chapelfields

## Inspection report

Chapelfields  
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Date of inspection visit:  
13 November 2023  
14 November 2023

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Chapelfields is a residential care home providing personal and nursing care to 51 people at the time of the inspection. The service can support up to 70 people. Chapelfields is a detached, adapted building spread over 2 floors.

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

There were a range of meetings taking place, which included people, their relatives and the staff team. However, the frequency of these meetings was sporadic at times. We made a recommendation about this. People were invited to complete satisfaction surveys on the service they received, and people spoke positively of the registered manager. Quality monitoring was effective and robust, and the service evidenced continuous improvement.

People felt safe and the registered manager ensured people were safeguarded from abuse. Safeguarding referrals were made where appropriate and staff understood how to identify the potential signs and indicators of abuse. Staff understood the concept of whistleblowing and felt confident in raising concerns should they need to.

Medicines were managed safely, and people received their medicines as prescribed. Records relating to medicines were completed accurately, and people's needs were met. Infection prevention and control was managed well, and risks relating to people and the environment were assessed and monitored.

Staff were recruited to the service safely, and there were enough staff to support people. People and their relatives praised the staff approach which was described as "Very good" and "Fantastic."

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.

There was a positive culture in the home and the management team and staff understood the importance of effective team work. People and staff spoke positively of the registered manager who was described as "Approachable" and "Empathetic." Staff told us they felt supported and valued by the management team.

The registered manager understood and evidenced the importance of continuous learning and development, through quality monitoring, audits and effective partnership working. Visiting professionals spoke highly of the positive culture and staff team at the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was good (published 12 November 2018)

#### Why we inspected

This inspection was prompted by a review of the information we held about this service. We undertook a focused inspection to review the key questions of Safe and Well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Chapelfields on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Recommendations

We made a recommendation regarding the frequency of meetings at the service.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

# The five questions we ask about services and what we found

We always ask the following five questions of services.

<p><b>Is the service safe?</b></p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service well-led?</b></p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p><b>Good</b> ●</p>

# Chapelfields

## 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was undertaken by 1 inspector and 1 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

Chapelfields is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us.

Chapelfields is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### 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 professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We sought feedback from Healthwatch. 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 all this information to plan our inspection.

### During the inspection

We spoke with 5 people living at the service and 3 of their relatives about the service they received. We spoke with 10 members of staff including the registered manager, deputy manager, a nurse, a senior carer, 4 care assistants, the activities coordinator and a domestic assistant. We obtained feedback from 4 visiting professionals. We reviewed 3 staff files in relation to recruitment. We reviewed 4 care plans and 15 people's medicines records. We reviewed a variety of records relating to the management of the service, including audits, meetings and policies and procedures.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes to safeguard people from the risk of abuse. There was a safeguarding and whistleblowing policy in place to guide staff. Staff understood the concept of whistleblowing well. A staff member told us, "I would speak to the nurse, deputy manager and then manager. If I still didn't see an improvement, then I would call the CQC."
- Staff completed safeguarding training and knew how to identify the different types of abuse, as well as their signs and indicators. A staff member told us, "Obviously you have to be quite observant, watching for the behavioural and physical changes. Knowing the residents and their behaviour is important."
- The registered manager had made safeguarding referrals to the local authority where required. These were detailed and control measures were put in place following incidents to safeguard people from the risk of further abuse.
- People, their relatives and visiting professionals told us they thought the service was safe. A person said, "I feel as safe as I'm ever going to be." A relative said, "'I've been really impressed with the care. I have peace of mind. I feel confident that my loved one is safe.'" A visiting professional told us, "People appear safe and well cared for."

Assessing risk, safety monitoring and management

- Risks relating to people and the environment were assessed and monitored to keep people safe. Regular checks were made on the premises to ensure people's safety. All required health and safety checks had been completed and appropriate certificates were available. Equipment such as moving and handling aids had been serviced frequently.
- Where people had specific health needs, risk assessments were completed and reviewed monthly. This included detailed information and control measures to guide staff in supporting people safely.
- Fire safety was managed well. There was a comprehensive fire risk assessment, and mock evacuations were taking place regularly. People had emergency evacuation plans to guide staff in supporting them to evacuate safely. Fire fighting equipment had been serviced and the fire alarm system and fire doors were tested weekly.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Where people did not have capacity to make a decision, they were supported to undertake a mental capacity assessment. The service supported people to access advocates, and best interest's decisions were made safely.
- Staff had received training in the mental capacity act and DoLS, and understood the concept well. A staff member told us, "DoLS is the deprivation of liberty safeguards. Someone may not be allowed to go out by themselves as they would be at risk. It's about doing things in their best interests."
- Where people had capacity to understand a decision, we saw they had signed consent forms to agree to their care and support. Staff understood the importance of obtaining consent before providing care, and we observed this during the inspection.

### Staffing and recruitment

- Staff were recruited to the service safely. Disclosure and Barring Service and right to work checks were sought, as well as references and a full employment history. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to support people. Rotas evidenced the deployment of suitable staffing numbers, and this was supported by a dependency tool, implemented by the registered manager. During the inspection, we observed staff responding to call bells promptly, and people's needs were met in a timely way.
- People told us there were enough staff to meet their needs. They said, "The staff are very good and they're all nice. There seems to be a lot of them around" and, "There's more staff here than in my last home. Whenever you need them, they respond."
- Relatives and professionals spoke positively of the staff approach at the service. A relative said, "I am confident with staff intent. Some staff are fantastic and treat my loved one as if they were their own family." A visiting professional said, "The care staff have always been friendly and approachable. They have a kind and caring manner with people."

### Using medicines safely

- Medicines were managed safely, and people received their medicines as prescribed. None of the people we spoke with raised any concerns with the administering their medicines.
- Controlled drugs were administered safely and this was supported by a controlled drugs register which had been completed accurately.
- People's medicines administration records (MARs) contained all the required information and were completed in full. Where people had allergies, this was clearly displayed and measures taken to keep people safe.
- There were person centred protocols in place to guide staff on when to administer 'as and when required' medicines. The timings of administration were recorded clearly, so staff could adhere to dosage frequencies safely. Topical medicines were managed well and people received medicines reviews frequently.

### Preventing and controlling infection

- Infection prevention and control was managed well. The home appeared clean and well maintained, and the domestic staff completed detailed cleaning schedules. A visiting professional told us, "The home always



appears clean and tidy."

- Staff had access to personal protective equipment (PPE) and understood the importance of effective infection prevention and control. We observed staff using the correct PPE for different episodes of care.
- There were several infection and prevention policies in place to guide staff on how to support people safely, as well as manage infectious outbreaks.

#### Visiting in care homes

- There were no restrictions on visitation as outlined in the most recent government guidance.
- During the inspection, we observed friends and relatives visiting their loved ones without restriction.

#### Learning lessons when things go wrong

- The registered manager understood the importance of improving care by completing a lessons learned process when things went wrong.
- Lessons learned processes were completed at both service and provider level, so services within the organisation could share learning and best practice.
- A lessons learned process followed accidents and incidents, as well as safeguarding referrals and medicines administration errors. Action plans were made and completed to drive improvement.

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

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

- There were a range of meetings taking place, including whole staff meetings, management team meetings and meetings with the activities team and relatives. The meeting minutes had action plans identifying improvements, and we saw evidence these were being completed. However, these meetings were not always scheduled and were at times, completed on an 'ad hoc' basis.

We recommend the provider ensures meetings are scheduled robustly, and are completed in a timely manner.

- People were engaged in the running of the service. 'Residents meetings' were taking place and attendance figures for the meetings were high. People's views were captured, and improvements were made as a result of people's feedback.
- People and their relatives were invited to complete an annual satisfaction survey regarding the service they received. This was presented in a dementia friendly format to ensure everyone's views could be captured. The results were analysed, and key trends and patterns identified to drive improvement.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had worked to instil a culture of positivity and collaboration within the home. Staff felt valued and listened to by the management team. They told us, "The team is a great team. I just think we gel together. The residents like us, there's not one person who doesn't pull their weight" and, "We all get on well across all the suites."
- People and visiting professionals spoke positively of the registered manager and the management team. A relative said, "I'm very impressed, and Chapelfields felt right when I first visited. My loved one is in a much better place." A visiting professional said, "Staff and management have always shown honesty and transparency towards our staff and the patients and families."
- During the inspection, we observed staff working professionally and collaboratively with one another. Staff appeared to know the people they were supporting well, and interactions were compassionate and inclusive. A visiting professional told us, "The home has a good culture, everyone is treated with kindness and respect."

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

- The registered manager understood the importance of the duty of candour. The CQC had been notified of all notifiable events, and the service had close links with the local authority and safeguarding team.
- The registered manager completed several audits within the home, including audits of medicines management, infection prevention and control and health and safety. This was further supported by provider level audits to ensure governance was effective and robust.
- There was a quality governance framework in place, which outlined key improvements to be made as a result of findings from the audits. This included improving oral care, staff wellbeing, improving the dementia strategy, working with the local authority, and further engagement with staff and people who use the service.
- Staff understood their individual responsibilities well, and knew how to provide care and support according to their individual role. A staff member told us, "Everyone gets on with their own responsibilities, people know what's expected of you."

Continuous learning and improving care; Working in partnership with others

- The registered manager recognised the importance of continuous learning and improving care. There was a provider level 'governance quality framework' in place, and this was supported by the services own 'quality improvements initiative'. This outlined key improvements in management of falls, management of care records and working with key stakeholders.
- The service was beginning to introduce an electronic care management system to enable effective and robust oversight of all areas of care delivery.
- The service had two local chaplains who visited frequently and supported people and staff with counselling and music therapy sessions.
- Visiting professionals spoke positively about the services partnership working. A professional said, "We work well in partnership with the service. The staff are exceptionally helpful." People's care records evidenced the involvement of a range of health and social care professionals, including speech and language therapists, occupational therapists, district nurses and dietitians.