

Homelea Care Services Ltd

The Old Chapel Care Home

Inspection report

Haigh Lane
Haigh
Barnsley
South Yorkshire
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Tel: 01924830984

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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

The Old Chapel is a residential care home providing personal and nursing care to 15 people aged 65 and over at the time of the inspection. The service can support up to 15 people. The Old Chapel provides modern accessible accommodation in a converted old chapel. Bedrooms are en-suite with fully accessible facilities to maximise the independence of people with disabilities associated with getting older. The home is set over two floors; communal areas are on the ground floor and bedrooms on both floors.

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

People and their relatives spoke very highly about the care they received at the home describing the service as outstanding and excellent. They told us the staffing ratio to people was good and they did not have to wait for care to be provided.

People were supported by staff who received appropriate training and support to carry out their roles and responsibilities. Staff were knowledgeable about people, and how best to support them and there was a really positive atmosphere in the home.

Staff told us they were supported by a registered manager who was approachable and encouraged them to provide excellent care by working with them and sharing their knowledge. People and their relatives repeatedly told us how well-led the service was which meant they had total confidence their relations were safe living at the home.

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.

Meals were freshly prepared and to people's preferences and they had input into the menus to ensure they were to their liking. People were regularly offered a drink at a time of their choosing to ensure they remained hydrated.

Staff had been recruited safely and all the necessary checks had been carried out. The registered manager was working hard to continuously improve the service by completing checks and audits. They had a vision for the service "to provide high quality care and make sure everyone is happy and live a fulfilling life." This was shared by all staff who strived to ensure people received personalised care and were happy at the home.

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 16 January 2019)

Enforcement

Since the last inspection we recognised that the provider had failed to display their ratings. This was a breach of regulation and we issued a fixed penalty notice. The provider accepted a fixed penalty and paid this in full.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our effective findings below.

Good ●

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 ●

The Old Chapel 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 was carried out by one inspector.

Service and service type

The Old Chapel is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority commissioners and safeguarding, the fire service, infection control and 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 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 four people who used the service and two relatives about their experience of the care

provided. We spoke with four members of staff including the registered manager, deputy manager, senior care worker, and the cook. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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.

Systems and processes to safeguard people from the risk of abuse

- Staff had been trained to safeguard people from abuse and were able to spot the signs of abuse. They were aware of who to contact if they thought a person was at risk of harm.
- The registered manager had a good understanding of their responsibilities and appropriate policies and procedures were in place. All the people and relatives we spoke with said they were confident the service was safe.

Assessing risk, safety monitoring and management

- At our previous inspection we found risk assessments had not underpinned care plans. Significant improvements were found at this inspection; risks had been assessed and care plans contained information to mitigate the risks to people to keep them as safe as was practically possible.
- The environment had been purposely renovated to provide accommodation to meet the needs of people with care needs and met all the required safety standards. Regular checks were undertaken on the environment and certificates were in place to ensure legal requirements were met.
- Personal emergency evacuation plans (PEEP's) were in place to ensure people could be safely evacuated in the event of an emergency. There was a grab bag with all the information required to support people outside of the building including emergency telephone numbers.
- Regular fire simulation exercises had taken place and the fire service had visited the home to give advice, which the registered manager had acted upon.

Staffing and recruitment

- Staff were recruited safely, and all the appropriate checks were carried out to protect people from the employment of unsuitable staff. People living at the service got the final say on staff and whether they wanted to be cared for by them. The registered manager said, "When people come for interview I get them to chat with the residents. They always give me the feedback of what they think."
- There were sufficient staff to meet people's needs, which was confirmed by people using the service, and staff. The registered manager told us they always considered people's dependency when assessing people to come and live at the home. This ensured they could meet their needs but also to ensure any new admissions did not negatively impact on the lives of the people already living there.

Using medicines safely

- Medicines systems were organised, and people were receiving their medicines when they should. The registered manager was following safe protocols for the receipt, storage, administration and disposal of medicines. A random check during the inspection showed stocks tallied with their medicine counts.

- Staff had completed training in medicines administration and had their competency assessed by the registered manager or deputy manager to ensure they were safe to administer.
- Staff were not recording when they had added thickener to a person's drink to reduce the risk of choking. The registered manager agreed to look at a way to ensure this was recorded in line with the person's prescribed needs and by the second day of inspection records were in place.

Preventing and controlling infection

- Effective measures had been taken to help prevent and control infection, including staff training and the ongoing provision of personal protective equipment (PPE). A member of staff was designated as the infection control champion and the registered manager attended meetings and workshops with the infection control team to ensure they worked to up to date best practice.

Learning lessons when things go wrong

- Accidents or incidents were logged and investigated. The registered manager took appropriate actions in response reviewing the information to identify any patterns or lessons that could be learned to inform future practice.
- The registered manager had noted a high number of falls the previous August. They looked into this further, so they could be assured they were doing all they could to prevent people from falling including updating risk assessments, referring to specialist fall teams and providing falls prevention technology.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care and support needs were assessed thoroughly before they came to stay at the home. Their needs were reviewed monthly or when people's needs changed to ensure information reflected their needs and choices.
- The registered manager kept up to date with the most recent guidance to ensure care was delivered in line with best practice. For example, recent national guidance on oral health in care homes had been implemented and each person had their oral health assessed.

Staff support: induction, training, skills and experience

- At our previous inspection we were concerned staff were not supported through regular supervision. There had been some improvement made at this inspection. The registered manager said, "We try to do four times a year plus an annual appraisal. A lot of them are due this month." They sent us the matrix, which showed, staff were receiving regular supervision.
- People received effective care from staff who received the induction and training they required to meet individual needs. The registered manager used the Care Certificate for staff who were new to care or did not have the necessary evidence of care qualifications.
- The registered manager used an external provider for online training. There had been an issue with their old provider and some data had been lost. Because of this, staff were in the process of refreshing all their training. The registered manager had identified they needed to improve the way they recorded staff training to ensure they kept their own record of staff training dates.

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

- The home employed a cook and they had access to modern kitchen facilities. All food was prepared at the home and people were asked for their choice of menu each morning by the cook with the option of changing this at mealtime. One person said, "The food is great. Home cooked from scratch." People told us they could influence the menus and had done so at the resident meeting.
- At lunchtime we observed most people came to the dining room to eat although they could choose to eat in their bedrooms. The food was made from fresh ingredients and was nutritious. People were offered a choice of drinks and were offered a top up when required.

Some people had equipment to assist independence such as plate guards and were offered support if required. People who needed to be on food and fluid charts had these in place.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Staff worked with external professionals to ensure people were supported to access health services and had their health care needs met. Relatives told us staff had spotted signs of ill-health early which meant prompt actions could be taken to ensure their health did not deteriorate.
- People were supported to remain active, and the registered manager employed an organisation to support people with chair exercise classes and staff carried these out in between sessions.
- People were weighed regularly, to ensure prompt action was taken when this showed people were losing weight. People told us how much weight they had put on since arriving at the service and they said this was down to the quality of the meals offered.

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

- The property had been renovated to a high standard to meet the needs of the people living there and was fully accessible. There were two communal lounges and access to outdoor space and lovely views for those people who liked to see the countryside. All bedrooms were en-suite and people had personalised their bedrooms.

Ensuring consent to care and treatment in line with law and guidance

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.

- Where people were deprived of their liberty, DoLS applications had been made. There were two authorised DoLS in place and a further application had been made.
- Most people were able to consent to their care and treatment and had done so. They were frequently asked for their consent throughout the day. The registered manager was aware that people's capacity could fluctuate, and this was a regular occurrence for one person. They ensured at the time of reduced mental capacity, all decisions were made in the person's best interests.

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 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

- People and their relatives spoke positively about the staff and the care provided and were very complimentary about the registered manager. One person said, "I am very, very happy. I couldn't be in a happier place. My son went to four homes to look at and he picked this." Another said, "The staff make time, if you want to talk about something. You have a good banter with them."
- We spent time observing staff interacting with people who used the service. We found staff were very kind and caring and there was a really happy atmosphere in the home. It was clear the registered manager led this positive culture.
- Staff had been trained to understand equality legislation and ensured people were not treated unfairly because of any characteristics that are protected under the legislation, such as gender and disability.

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

- People told us they were involved in making decisions about their care, although they had not seen their care plans.
- Residents meeting were held every three months and were used to discuss aspects of the service provided. The registered manager said, "Things like activities and food both seem to be big issues." Minutes of the meetings were kept, and people told us their views were acted upon which had led to changes in both the menus and the activities on offer.

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted. There was a range of equipment in place to support people to remain independent. Information was recorded in people's care plans such as what toilet frame they needed, and we observed assistive equipment in use at mealtimes to promote independence.
- People's privacy and dignity was maintained by staff who were discreet when offering care. The registered manager said, "Its ingrained in everything they do. Close the doors. Cover up the person with towels during personal care. Ask before they start washing someone. If a GP comes go to the bedroom, behind closed doors."
- One member of staff confirmed the importance of promoting dignified care. They said, "I always imagine it was my own parent and treat people how I expect someone to treat my mum."

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 good. At this inspection this key question has remained the same. 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

- Staff had a clear knowledge of the people they supported and were familiar with people's likes and preferences. We observed people having choice and control throughout the day in how they wanted to spend their time. One relative we spoke with said, "The care staff are excellent. The little attention to detail. They know everyone's likes and dislikes. They know the clients really well."
- Care records had improved since our previous inspection and were detailed. This helped to make sure they received well-planned and co-ordinated person-centred care.

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.

- The service met the AIS. People's communication needs were recorded in care plans and Information was provided in alternative formats if required. The registered manager told us people's communication needs were assessed at their initial assessment. They assess to see if they need any software. They had provided information in large print for one person and upgraded their WIFI to cater for another person on short term care who used a voice activated device

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

- The home did not have a dedicated activities coordinator but commissioned people providing services such as chair exercise and reminiscence to come into the service. The registered manager said, "We do arts and crafts. We ask at the meetings what they want to do. A lot just like to rest in the afternoon on their beds. They do like the exercises and quizzes." They also said, "Everyone seems keen to go on a day trip. We decided on the Yorkshire wild life park, but it will be the summer."
- People we spoke with told us there was enough to do. We observed people taking part in a quiz whilst we were at the service. People were given the option of taking part.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy which outlined the process to be followed in the event of a complaint. We asked both people and their relatives if they had any complaints and who they would go to. One relative said, "I would go to any of the staff if I had any concerns. There is no one you can't talk to."
- People were confident their concerns would be acted upon. One person said, "Any problem you tell her,

and it is settled within a few minutes." There had only been once complaint raised which had been in relation to another service user. The registered manager explained how this had been dealt with to the satisfaction of the person realising the concern.

End of life care and support

- The home supported people at the end of life. Support plans were in place, which contained information about people's end of life wishes.
- Anticipatory medicines were prescribed for one person to ensure a pain free, comfortable death. Community nursing staff were to administer this type of medication when required.

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.

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

- People, relatives and staff told us the service was exceptionally well led and they had confidence in the registered manager. Comments included, "This home is outstanding. Nothing better. [Manager] runs it with a caring, compassionate family focus"; "[Manager's name] is approachable and works with you. Her leadership is good. She is willing to share her knowledge as well."
- Staff morale at the home was good and they worked well together as a team to ensure care was delivered around the needs of the people living there. One member of staff said, "I think we have a good team. If there is any problem, they know anyone can approach seniors and the manager."

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

- Following the last inspection, the provider had failed to display their ratings. This was a breach of regulation and we issued a fixed penalty notice. The provider accepted a fixed penalty and paid this in full. At this inspection we checked and found the ratings from CQC's previous inspection were clearly displayed in the reception area and on the registered provider's website.

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

- Since the last inspection the registered manager had focussed on the areas of care that required improvements and these had been made. Individual audits were undertaken and analysed by the registered manager who was also the provider of this service.
- The registered manager had not undertaken an audit against the key lines of enquiry or benchmarked themselves against the characteristics of ratings. We discussed this with the registered manager to ensure they used this as a tool to continuously improve their service by benchmarking against best practice but also evidencing the good care observed at inspection.
- The registered manager and staff shared the same vision for the home which was all about providing individualised care. The registered manager said they wanted people to, "Live the best life they possibly can within the confines of the environment we have. That is what we want to achieve."

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

- A variety of meetings were held at the service with staff, people and their relatives. Minutes were kept

which described actions taken from previous meeting and showed people were provided with the opportunity to make suggestions for improvements at the service.

- People's views were captured in an annual questionnaire. The registered manager showed us she was responsive to people's needs by making changes when required. They had improved the outdoor space and family members commented on the lovely outdoor area.

Working in partnership with others

- Strong partnerships were in place with community healthcare professionals, with the registered manager and other staff previously working in community healthcare services.