

Chapel House Care Ltd

Plessington Court

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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection was carried out on 25 and 26 February 2018. The inspection was unannounced on the first day and announced on the second day.

Plessington Court 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.

Plessington Court is a purpose built care home that accommodates up to 20 people and is located on the outskirts of the village of Puddington. The home is surrounded by open countryside and is not accessible by public transport. At the time of our inspection 19 people were living at the home.

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We last inspected the service in October 2015 and rated the service as 'Good.' At this inspection we found the service had improved to 'Outstanding' in one domain and met all the fundamental standards we inspected against.

Without exception everyone we spoke to was positive about the staff and management team. People and their relatives described staff as knowledgeable, kind, caring and patient. Relatives described staff as welcoming and stated the management team were visible within the home.

Staff had developed excellent relationships with the people they supported and were very attentive to each person's needs. People's privacy and dignity was consistently respected. We observed many positive interactions between staff and the people living at the home.

People's care plans were very person centred and reflected their individual wishes, preferences and choices. Their needs that related to age, disability, religion or other protected characteristics were considered throughout the assessment and care planning process. Risks to people's health, safety and well-being were assessed and plans were put in place to mitigate risks and ensure people received an appropriate level of support to meet their individual need.

People participated in a wide range of interesting activities of their choice to reduce the risk of social isolation. People's individual needs were met by a knowledgeable and skilled staff team that knew people really well. People engaged with their local community and were supported to continually expand their horizons. The registered provider had introduced a programme called Namaste which had enhanced a person's life. There was a creative approach that supported people to positively engage in activity.

People's individual dietary needs were assessed prior to them living at the home and were regularly reviewed. People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs. Care records demonstrated people were supported to access external health care professionals.

Recruitment procedures were robust and only staff of suitable character were employed. There were enough staff to meet the needs of the people living at the home. Staff had the skills and knowledge to support people and were offered opportunities for development.

All staff had received safeguarding training, were familiar with the policies and procedures and understood how to report any concerns they had.

People's medicines were ordered, stored and administered in accordance with good practice guidelines. Staff had received training and regularly had their competency assessed. Medication administration records were fully completed.

The registered provider acted in accordance with the principles of the Mental Capacity Act 2005 (MCA). Records showed and people told us consent was always sought in relation to care and treatment.

Accidents and incidents were fully documented and analysed to identify any trends or patterns. Interventions were sought to minimise future incidents.

The registered provider undertook a range of quality audits to identify areas for development and improvement. Action plans were prepared and completed in a timely manner. The staff team participated in the audits undertaken at the home.

People and their relatives were confident that the registered provider would take any concerns they had seriously and respond promptly. A complaints policy and procedure was in place and accessible to everyone at the home.

The home was spacious, clean and suitable for the people living there. Personal emergency evacuations plans were in place for each person living at the home. All required health, safety and equipment checks were undertaken.

The registered provider had a comprehensive range of policies and procedures available for staff to offer them guidance. These were regularly reviewed and updated.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Outstanding ☆

The service was extremely responsive.

People received personalised care that was responsive to their needs.

People were supported and encouraged to remain active and have a quality of life through activities.

People and their relatives were fully supported by trained and knowledgeable staff when people reached the end of their life.

People and their relatives were aware of the complaints procedures and felt confident that any concerns would be promptly addressed.

Is the service well-led?

Good ●

The service remains Good.

Plessington Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care

This was comprehensive inspection carried out by an adult social care inspector. The inspection was unannounced on 25 February 2018 and announced on 26 February 2018.

Prior to the inspection the registered provider had completed a provider information return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and any improvements they plan to make. We used this information to form part of our inspection planning and throughout the inspection process.

We checked the information that we held about the home and the registered provider. This included statutory notification is sent to us by the registered manager about incidents and events that occurred at the home. A notification is information about important events which the registered provider is required to send us by law.

During the inspection we spoke with three people living at the home, four people's relatives, a senior support worker, two support workers, the registered manager and the care home manager. We also spent time looking at records, including two care plan files, three staff recruitment and training files, medication administration records (MAR), complaints and other records relating to the management of the service.

We contacted the local authority quality monitoring in safeguarding teams who told us they did not have any concerns about the home.

Is the service safe?

Our findings

Relatives all spoke positively about the home and their comments included "We've got total peace of mind", "they've put in all measures to keep [Relative] safe as she is exceptionally frail" and "[Relative] has pressure sensors in place which we find really reassuring".

The home continued to have effective systems in place to safeguard people from abuse. Staff had all received training and were able to demonstrate their knowledge in this area and actions they would take should they have any concerns. Clear reporting procedures were in place that staff fully understood. Staff were familiar with the registered providers safeguarding and whistleblowing procedures.

Robust recruitment practices were in place and sufficient numbers of staff were available to fully meet the needs of the people living at the home. Recruitment records included fully completed application forms, interview records, verified references from up-to-date employers and disclosure and barring checks (DBS). This meant the registered provider ensured that only applicants of good character were employed to support the vulnerable people living at the home.

Thorough risk assessments were in place to reduce the risks that people faced in their activities of daily living that included mobility, communication, falls and swallowing. Documents included a full description of the area of risk identified and gave clear guidance for staff to support people. People and their relatives were included in the development of the risk assessments wherever possible. This meant staff offered the correct level of intervention relevant to each person to mitigate any risk.

The registered provider had a policy and procedure in place to protect people from the risk of cross contamination and infection. All staff had completed infection control training and hand hygiene training. They were able to describe the importance of following best practice guidelines, such as wearing personal protective equipment and the importance of hand washing between tasks. A member of staff was an infection control champion. Records showed that monthly infection control checks were undertaken and twice yearly audits were completed.

An effective medicines management system was in place. Medicines were ordered, stored and administered in accordance with best practice guidelines. All staff that administered medicines had received a thorough training and regularly had their competency checked. Medication administration records (MAR) were fully completed and regular audits were undertaken. Detailed PRN protocols for 'as required' medicines were in place.

Plessington Court was well maintained and attractively decorated. All equipment was well maintained and regularly serviced. Health and safety checks were in place and fire safety procedures were followed. Everyone living at the home had a personal emergency evacuation plan (PEEP) in place for staff to follow in the event of an emergency.

Accidents and incident records were fully completed and regularly reviewed by the registered manager to

identify steps that could be taken to minimise future risks. One person had been identified as experiencing a high level of falls. The provider arranged for a physiotherapist to assess this person along with the frailty team to introduce new technology that included multiple sensor alarms. The audit process identified patterns and trends to mitigate future risks.

Is the service effective?

Our findings

People received care from staff that were knowledgeable and had received the training and support they needed for their roles. Relatives comments included "The staff talk knowledgeably about [Relative], "All the staff are competent and clearly know what they are doing" and "We feel [Relative] is really well cared for, is settled and content and this is due to well trained staff that know her well."

Staff had all undertaken a five-day induction at the start of their employment. Staff had all completed mandatory training that included health and safety, fire safety, first-aid, food and nutrition and moving and handling. Staff had also completed dementia awareness training. Some staff had volunteered to be champions in particular areas that included equality and diversity, safeguarding, health and safety, mobility and falls prevention and hydration and nutrition. Each staff member undertook additional training for these roles and completed regular audits for quality monitoring purposes. Records showed that staff received regular supervision and an annual appraisal was completed.

People were supported to eat and drink in accordance with their assessed needs. Staff worked closely with relatives and healthcare professionals to ensure that people's nutrition and hydration needs were met. Staff had a good understanding of people's individual dietary requirements, preference and choices. Our observations at lunchtime on the first day of inspection indicated that mealtimes were a positive and enjoyable occasion. Staff were attentive to people's individual needs. People that were at risk of malnutrition or dehydration were closely monitored and records were fully completed. People's weights were recorded regularly.

People were supported to maintain their health and well-being. Staff liaised with a wide range of community healthcare services to ensure people's individual needs were met. Relatives told us the registered provider had developed good relationships with healthcare professionals that included GP, district nurses, physiotherapists and occupational therapists. Comments from relatives included "Staff get the doctor promptly and never leave anything", "The care manager was very responsive to ensure [Relative] had an urgent hospital appointment" and "They promptly respond to any concerns and keep us informed".

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DOLS).

The service operated in accordance with the principles of the Mental Capacity Act 2005 (MCA). People confirmed that their consent was sought in relation to care and treatment and records supported this. People's comments included "I always choose when I get up and when I go to bed staff fully respect this" and "I'm involved in everything, I choose what I do or don't do". Care plans held information about people's capacity and best interest decisions were evidenced.

Is the service caring?

Our findings

Staff were observed to be kind, caring and patient throughout our inspection visit. They used humour and empathy and demonstrated they had developed positive relationships with all the people they supported. Relative's comments included "Staff are very kind hearted", "The staff really care for the people living here", "People are treated as if they are family" and "I commend the staff at every level, they all do an amazing job".

Relatives spoke positively about the emotional support they received from staff and the management team. They described the home as 'homely' and 'welcoming'. They told us there were not any restrictions on visiting and were made welcome at anytime.

Staff demonstrated that they had an excellent understanding of the people they supported. Staff knew relatives names, were able to describe people's detailed life histories and knew their likes, dislikes and preferences. Staff described having the time to develop positive relationships with people and that they could spend quality time with them. They told us that they wanted to support people to live happy lives. This meant people were supported by staff that knew them really well.

People's care plans included a 'This is me' document that included a biography, information about each person's cognition, spirituality, personality, community, friends and family as well as a doing and being section. For example 'I like the company of others' and 'I love beauty treatments'. This information supported staff to engage in meaningful conversation and develop positive relationships.

Staff described the importance of understanding people's individual communication needs. Documentation included details about sensory loss that included hearing and sight. Clear guidance was available for staff to ensure each person's individual needs were met. For example; supporting a person to put on their glasses when showing them the menu, for them to make their own meal choices.

People told us their privacy and dignity was respected. They described staff keeping them covered with a towel during their personal care routine. Staff consistently knocked on people's bedroom doors and waited for an answer before entering.

Is the service responsive?

Our findings

People and their relatives without exception all spoke positively about the home. People's comments included "It is all just wonderful, I am looked after so well", "This is a home from home and I love it". Relatives comments included "It doesn't matter what time you visit the support people receive is exceptional", "When I have visited during the late evening and overnight people are offered sandwiches, snack or drinks just as you would have at home" and "Mum is in the best possible place, I cannot fault it."

The registered provider was working with Dementia UK to provide Admiral nurses in the care home. Admiral nurses are specialist nurses who give expert practical, clinical and emotional support to families and people living with dementia. People and their relatives were supported to more fully understand dementia and the impact that it had on each of their lives. Relatives were supported to continue to engage in positive relationships with people. Relatives told us this had been extremely beneficial and they felt fully supported.

People's needs were assessed prior to them living at the home. The registered manager would visit the person at home with their chosen relatives to collate information specific to them. This information was used to prepare person centred care plans that comprehensively described each person in their words wherever possible. Relatives told us the registered manager focused on the individual and had fully included them in the development of the care plans. They stated this had supported their successful transition in to the home and helped them to feel included in the process.

Care plans described in detail people's individual daily routines, any spiritual needs, their preferences of male or female support staff and other information specific to each person. Examples within care plans included 'I have a full body wash every morning and evening', 'I have my own teeth and prefer a soft toothbrush', 'I have no specific spiritual needs but would like to be treated with dignity and respect'. Care plans also described people's communication needs, health needs, mobility, how my rights are maintained, medication, skin integrity and thoughts regarding mortality. This section included clear guidance to staff to ensure people's individual needs and preferences were met. Staff told us they had ample opportunity to read people's care plans and any changes were shared through the daily handovers. Care plans were reviewed regularly and updated when any changes occurred. This meant people's individual needs and preferences were met by staff that had clear and personalised guidance to support them.

The service provided end of life care to ensure people's end of life was as comfortable, pain free and dignified as possible. Staff had undertaken end of life training to ensure they had the required knowledge and skills for the role. Care and support plans were in place for people that included information about their individual wishes to ensure their final wishes were respected. For example, one person's care plan to support the end of their life included their preference to be nursed in their home, Plessington Court. The care plan stated they would like to be kept as pain free and comfortable as possible. They would like their relatives to visit whenever they wanted and would like the priest to be called at a time of their choosing. People who had made the decision to not be resuscitated had a butterfly symbol on their care plan and also their bedroom door. This was a discreet method used to inform both staff and healthcare professionals of people's choice in this area.

The registered provider focused positively on activity and well-being. They used a wheel of well-being which described staying connected, being active, to keep learning, give to others and be mindful as positive qualities to live life by. All the care plan files reviewed included details of activities undertaken by people. There were many photographs around the service and within the care plan files of people participating in many different activities of choice. People had tossed pancakes on Shrove Tuesday, danced, sung, completed exercise to movement or read a large print book.

The registered provider produced a monthly 'What's On' guide. Activities included daily newspapers of choice, hairdressing, movement to music, pet therapy, pub quiz, cheese and wine evenings, hand/calf-/arm massages, chocolate tasting, wine tasting, flower arranging, arts and crafts, fish and chip supper, card games. They also held film matinees with entry tickets, drinks and popcorn. People told us there was always an activity available if they chose to participate. People described their enjoyment of baking cakes and biscuits using easy to follow recipes with pictures and large print writing.

On the first day of our visit people enjoyed a Hawaiian themed day. People had made posters, chosen the food and drink that was served, they had decorated the lounge and participated in music, dancing and a quiz. People made coconut and fruit flavoured drinks and ate fruit cocktail. Many of the people living at the home participated fully and spoke positively about the day. Staff and people living at the home dressed up for the day. They wore brightly coloured clothing and garlands around their necks. There was lots of singing, laughing and a jovial atmosphere throughout the afternoon of this activity.

People told us they enjoyed visiting the café which was in the grounds of the home. The café was open to people living in the local community. One person told us they felt uplifted after visiting the café and it brightened their day. Each week the registered manager who is also an Admiral nurse held 'out and about' sessions at the café for people to attend. People chose a drink and cake and engaged in different topics of conversation. A recent meeting had involved discussions about famous faces of the century, skipping rope songs, war songs and ice cream flavours. People reflected on different facts and remembered different times of their lives. One person told us they enjoyed reminiscing as these memories were clear to them.

Members of the local community including children from the local nursery visited the café to sing nursery rhymes with the people living at Plessington Court. A playgroup visited the café once a month for the children to undertake activities that included arts and crafts with people. This session was facilitated by the Admiral nurse.

People told us that they had written and recorded their own song at Christmas with the support of a visiting entertainer. They had enjoyed the experience so much that the person visited again in January. People described their sense of achievement at doing this and how much fun they had in the process.

One person was supported by the Namaste programme. This is a way of enhancing people's experience of care through gentle communication and includes the senses of touch, vision, sound smell and taste to aid effective communication. Trained staff would undertake an interactive session with the person that followed a theme. For example, a beach theme would include the sound of the sea, an ice cream to eat and splashing hands or feet in water. The person supported with this programme was living with end stage dementia and had maintained her weight and all the indicators of well-being were positive. Staff spoke positively about the programme and said they like the one to one time with the person which had achieved positive results. This meant the registered manager, provider and staff recognised the importance of using creative and alternative approaches to care and connect with people living with advanced dementia.

The management team regularly held meetings with people living at the home to seek feedback, discuss

activities and outings, engage people in the decision making processes at the home that had recently included décor and soft furnishings. People had also expressed an interest in helping members of their local community. Through discussion it was agreed that once a month they would offer older members of their community an opportunity to visit the home for a hot meal. People had made posters to advertise this at the local church. People told us it was important to give something back to the local community.

When people had asked to change the meal choices and options at the home the registered provider had invited the supplier to visit and demonstrate a number of new products. People and their relatives were encouraged to complete preference sheets. This information was then used to create a new 28 day menu. This meant people were empowered to be fully involved in the decision making processes at the home.

Holy Communion was held every Sunday at the service for people that wished to attend. People were supported to attend the local church also. People told us that it was very important for them to maintain their links to their faith and the management team understood the importance and actively supported this.

People and their relatives told us that they felt very confident to raise any concern or complaint. They stated the management team were very responsive to any questions or queries and very promptly addressed any concern. The registered provider had a complaints policy and procedure that was readily available at the home. One formal complaint had been received and the registered manager had investigated this and responded in line with the policy.

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in post who had been employed at the home since 2003 and had been the registered manager since 2010. A registered manager is a person is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was supported by the home manager who had daily oversight of the home.

People and their relatives spoke positively about the management team. Their comments included, "The home manager is always available to speak to and is usually with the residents when we visit", "The management are always looking for new ways to develop the service" and "The home manager is part of the team and is always with the residents and supporting staff. They are a true team member".

Every member of the management team and staff were enthusiastic about their role and clear about their responsibilities. Staff described the importance of them all working together as a team, supporting each other and sharing the workload. Staff were observed throughout our inspection and were consistently attentive to people's needs, knowledgeable and understanding of people's individuality, kind, patient and cheerful.

The registered provider undertook audits across all areas of the home to continually identify areas for development and improvement. These included care plans, environment, consent to care and treatment, health care needs, equipment, medicines, accidents and incidents. Actions were identified and promptly addressed.

The registered provider had supported and developed staff to become Champions in the following areas; well-being, mobility and falls prevention, infection control, equality and diversity, safeguarding, health and safety, food and nutrition and skin integrity. Staff took these additional responsibilities seriously and told us they felt valued by the registered provider. Some staff had undertaken additional training to support them to undertake these roles. This meant staff had the opportunity to further develop their knowledge and skills to fully understand and support the people living at the home.

The registered manager who was also an Admiral Nurse held quarterly 'Family meet up' meetings. These meetings were used to answer questions relatives had about many different topics and to also raise awareness generally. Recent topics had included medication in care homes, consent, external agencies that audit care homes, notifications and reporting, care quality commission, staff recruitment, mandatory training and risk assessments. Relatives had agreed to produce a leaflet 'If only we knew what we know now...' The leaflet would hold quotes from relatives, early signs of dementia, past experiences and where to get help. These were distributed to local GP surgeries. One relative told us "I regularly attend these meetings and have found them to be helpful and supportive. Each meeting is really informative."

All staff told us they were well supported through supervision, team meetings, daily handover meetings and

a management team that were visible and accessible at all times. Staff told us they liked the values of the management team. Staff were encouraged to develop positive relationships with the people they supported and there was enough time in their working day to spend quality time talking with people.

The registered provider had developed positive links with the local community. The registered manager was regularly invited to speak at public events about the role of the Admiral Nurse and understanding dementia. They were enthusiastic about sharing their knowledge in the wider community.

The registered provider had all the required policies and procedures that were written in line with good practice guidelines and these were regularly updated. Staff knew how to access the policies and procedures and told us they provided guidance in all areas of their work performance.

The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law.