

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?

Good 

Is the service well-led?

Good 

Overall summary

This was an unannounced inspection, carried out on 7 September 2015.

Plessington court is a purpose built residential care service which provides accommodation and personal care for up to 20 people including people living with dementia. The home is set in its own grounds and is a two storey building. Access to the upper floor is via a passenger lift or stairs. All bedrooms have ensuite

facilities and there are gardens to the side and rear of the property. The home provides care staff 24 hours a day. At the time of our inspection there were 19 people living at the service.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 this location in August 2013 and we found that the registered provider met all the regulations we reviewed.

People were safe and staff understood what is meant by abuse and they were aware of the different types of abuse. Staff knew the process for reporting any concerns they had and for ensuring people were protected from abuse. Staff told us they would not hesitate to raise concerns and they felt confident that they would be dealt with appropriately.

People supported told us "I have only been here for a short while and this is the safest I have felt in a long time", "I know there is always someone lovely to help me and that makes me feel safe here". Family members told us they had no concerns about their relative's safety. They commented; "I know that my family member is safe here, it really is their home now and they would always let me know if there are any concerns".

Staff were caring and they always treated people with kindness and respect. People were happy with the care that they had received. They told us that "staff always know what I need and are very kind and caring when they help me". Observations showed that staff were mindful of people's privacy and dignity and encouraged people to maintain their independence. Relatives and visitors told us that they had no concerns about the care that they observed. They said they had always been made to feel welcome and part of a family when visiting. They felt that the service was warm and homely.

People's needs were assessed and planned for and staff had information about how to meet people's needs. People's wishes and preferences and their preferred method of communication were reflected in the care plans. Care plans we reviewed were personalised and

completed in full and reviews always promoted the involvement of the person or other important people such as family members. Staff worked well with external health and social care professionals to make sure people received the care and support they needed. People were referred onto the appropriate service when concerns about their health or wellbeing were noted.

Robust recruitment processes were followed and there were sufficient qualified, skilled and experienced staff on duty to meet people's needs.

Staff received support through supervision, coaching and team meetings which enabled them to discuss any matters, such as their work, training needs or areas of development. There was a programme of planned training which was relevant to the work staff carried out and the needs of the people who used the service.

Policies and procedures were in place to guide staff in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager had a good knowledge and understanding of the Mental Capacity Act 2005 and their role and responsibility linked to this. Staff had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and were able to show an understanding of the key principles when asked.

People received their medication as prescribed and staff had completed competency training in the administration and management of medication. Medication administration records (MAR) were appropriately signed and coded when medication was given.

The service was well managed by a person described as supportive, helpful and fair. Systems were in place to check on the quality of the service. Records were regularly completed in line with the registered provider's own timescales. We were notified as required about incidents and events which had occurred at the service.

Summary of findings

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.

People were protected from the risk of harm and felt safe at the service. Risks to people's health safety and welfare were identified, assessed and regularly reviewed.

Staff had been safely recruited and there was sufficient, suitable, skilled and qualified staff to meet people's assessed needs.

Medication management was good

Good



Is the service effective?

The service was effective.

People were cared for by staff who were well trained and supported.

The managers and staff had a good knowledge of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS). Policies and procedures in relation to the MCA and DoLS were in place and accessible to staff.

People received good support with food and drink and experienced positive outcomes regarding their healthcare needs.

Good



Is the service caring?

The service was caring.

People were treated with respect and the staff were kind, caring and compassionate in their approach.

People had been involved in planning their care as much as they were able to and other relevant people were involved if needed.

People were supported and encouraged to make their own choices and decisions and staff understood the importance of this.

Good



Is the service responsive?

The service was responsive.

The assessments and care plans were detailed and informative and they provided staff with enough information to meet people's diverse needs.

There was a clear complaints procedure and people were confident that their complaints would be dealt with appropriately.

Good



Is the service well-led?

The service was well led

The registered provider had effective quality assurance systems in place to monitor the service provided. These were always completed in line with the registered provider's timescales.

Good



Summary of findings

The registered provider had notified CQC of significant and notifiable events which had occurred at the service.

The service had a manager who was registered with the CQC. Staff had confidence in the registered manager and shared their passion for caring for people.

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 was planned to check 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 Act 2014.

We visited the service on 8 September 2015. Our inspection was unannounced and the inspection team consisted of two adult social care inspectors.

During our visit to the service we spent time speaking with five people who used the service and three family members and visitors. We also spoke with four care staff the deputy manager, registered manager and registered provider.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed care and support in communal areas and staff interaction with people during a mealtime.

We looked at four people's care records and also records relating to five staff and the management of the service.

Before our inspection we reviewed the information we held about the service including notifications of incidents that the provider had sent us since the last inspection, complaints and safeguarding. We also contacted local commissioners of the service, the local authority safeguarding team and Healthwatch who had not previously visited the service to obtain their views. No concerns were raised about the service.

Is the service safe?

Our findings

People were protected from abuse. They told us they were happy and felt very safe at the service. Observations showed that people were comfortable and relaxed when interacting with staff and each other. One person commented, "I have only been here for a short while and this is the safest I have felt in a long time". Family members raised no concerns about their relative's safety and they told us they knew how and who to raise any concerns too if they had any. Family member's comments included, "My [relative] has been given her life back, [my relative] is very safe in her home".

Staff spoke confidently about their role and responsibilities for ensuring people were safe. Staff told us they had completed safeguarding adults training and records confirmed this. Staff knew what abuse meant and they described the different types of abuse and knew how to report concerns they had about people's safety. Staff had a good awareness of the registered provider's and local authority safeguarding procedures. Records showed that safeguarding concerns had been addressed in partnership with the local authority.

The registered provider had a whistle blowing policy which staff were familiar with. Staff told us they would not be afraid of reporting any concerns they had about the service and were confident that their concerns would be dealt with in confidence.

People's medication was safely stored and administered by suitably trained staff. The registered manager told us that they had carried out competency checks to ensure staff managed medication correctly and we saw that records confirmed this. Medication administration record sheets (MARs) were properly completed and staff had used signatures and appropriate codes when completing them. A recent photograph of the person was in place which helped staff identify the person prior to administering medication. Staff had access to policies and procedures and codes of practice in relation to the management of medicines. We saw that staff had access to important information about people's medication, including what the medication was for and any possible side effects. Procedures were in place for the use of controlled drugs and appropriate records were kept of these medicines. Staff who administered medication had an excellent knowledge of people's medicine needs and their individual

medical history and we observed people being given their medication appropriately. Opened packets and bottles had been signed and dated with the date of opening and a list of staff signatures was available to identify who had administered the medication. There was a good system in place for ordering, receiving, storing and the disposal of medication.

Risks to people's health and safety were well managed. Staff had received training in first aid and fire awareness and they knew to call the emergency services when needed. People had a personal evacuation plan in place and fire drills had been carried out regularly.

There were risk assessments and management plans to help keep people safe, for example for their mobility, skincare, nutrition, falls and accessing the local community. Staff had a good knowledge of people's identified risks and described how they would manage them. Monthly reviews were undertaken by the registered provider to discuss and highlight any changes to the care and support needs of people they supported.

Staffing rotas showed that each day and night there was a team of care assistants led by senior care assistants. In addition to this housekeeping staff supported the service. The registered manager and deputy manager were on duty five days a week and were additional to the rota. The registered provider had not required the use of agency staff cover for over twelve months. This ensured the familiarity and consistency of staff for people they supported.

There were enough staff on duty to meet people's needs. Observations showed that staff were always available and care and support was provided in a timely manner. Visitors told us, "There are plenty of staff working here, they are very knowledgeable and understanding with people", "Staff are always engaging and support people in a dignified and respectful manner".

The registered provider had safe procedures in place for recruiting staff. We viewed recruitment records for five staff and saw that a range of checks had been carried out to assess the suitability of applicants prior to them being offered a position. This included completion of an application form which required the applicant to provide details of their skills, experience and previous employment. References obtained from applicants previous employer and a Disclosure and Barring Service (DBS) check were obtained prior to applicants starting work at the service.

Is the service safe?

The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. This ensured staff were suitable to work with vulnerable

People were cared for in a safe environment. We saw emergency equipment located around the service, including firefighting and first aid equipment. Regular checks had been carried out on all equipment to ensure it was in good working order. Records confirmed that staff had completed health and safety training and regular updates were accessed in line with the registered provider's policy and procedures.

People were provided with equipment such as hoists which they needed to help with their comfort, mobility and independence. Records showed equipment people used was appropriately obtained following assessments of their individual needs.

All parts of the service were clean and hygienic. Cleaning schedules were in place and these were regularly checked to ensure they were effective. Hand gel and paper towels were available next to hand basins and there was a good stock of personal protective equipment (PPE) such as disposable gloves and aprons. Staff were knowledgeable about their responsibilities for managing the spread of infection. Regular audits were completed to monitor infection control practices within the service. The service has been visited by the Infection prevention control (IPC) team for Cheshire West and Chester council in July 2015 and achieved 100% in both their general IPC audit and with regards to Hand Hygiene.

Is the service effective?

Our findings

People were cared for by staff who felt supported and valued. Staff told us that they had received a good induction to the service and that they had received regular supervision and support from the registered manager and deputy manager. One staff member said, “The support is really good, we have regular one to one meetings, observations of our practice and coaching sessions have just been introduced, I feel well supported to do my work.” Another said, “Either the manager or the deputy manager are available every day for advice and support when I need it. They are very supportive.”

Induction records showed that staff were provided with the knowledge and skills needed to give people good care. General training completed by staff included moving and handling, first aid, safeguarding vulnerable adults, person centred support and dementia awareness. Records showed that staff were also supported with their professional development by accessing National Vocational Qualification (NVQ) training. The registered manager informed us that training was also accessed through the local authority and community teams and records relating to external training were available for review. The registered provider was working alongside a national organisation to develop the ‘butterfly household’ model of care. This is a project that achieves a good quality level of dementia care with a focus on the “lived experience” for people living with dementia.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the management team. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The registered manager and deputy manager had a good understanding of the Mental Capacity Act 2005 (MCA) and deprivation of liberty safeguards (DoLS) They knew what their responsibilities were for ensuring that the rights of people who were not able to make or to communicate their own decisions were protected. Records showed that

support staff had attended MCA and DoLS training in 2015. Through discussion staff had an understanding and awareness of the Act and stated that the registered manager informed staff of any changes to care and support needs.

The principles of the Mental Capacity Act 2005 Code of Practice had been followed to assess people’s ability to make a particular decision. Some people who used the service were unable to make important decisions about their care due to them living with dementia. Peoples’ ability to make decisions had been assessed with the relevant professionals and information relating to consent was recorded in care plans we reviewed. During our inspection we heard staff asking people for their consent before carrying out any activities. This meant that where people were not able to make every day decisions for themselves, decisions were made in people’s best interest in line with legislation.

The registered provider was undertaking a review of the documentation used for recording consent to incorporate information relating to Lasting Power of Attorney. The registered provider told us that she is striving to ensure best practice is followed when consulting about decisions on behalf of people.

Appropriate applications had been made to the local authority for DoLS assessments and the registered manager was aware of the requirement to notify us of any applications that are approved.

People were supported to eat and drink and to maintain a balanced diet. People told us that the food was lovely and there was always plenty of it. One person said, “The food is good, there is always a choice of what to eat, if I don’t like something they will get me something else”, Another person said, “We are always asked if we are happy with the food, we can ask for something we like and they try to get it on the menu for us”. One visiting relative said, “I have eaten the food and it is lovely”. The provider uses the Appetito system for meals. Appetito is a company that provides healthy nutritionally balanced prepacked meals to the service on a weekly basis.

It was clear that lunchtime was a pleasant experience for people; they were relaxed, happy and chatting with staff and each other. Tables were set with appropriate equipment and condiments were available for people to use. Where people needed support to eat their meal, staff

Is the service effective?

provided it sensitively giving them sufficient time to enjoy their food. Staff provided clear explanations and visual choices were appropriate. Meals looked balanced and healthy and people were given their choice of meals at the table or alternatives were made available if they did not like the options presented. An accurate record of meals served were kept. Where necessary people's food and drink intake had been recorded and their weight monitored to ensure that their nutritional intake was sufficient to keep them healthy.

Staff were knowledgeable about the care and support people needed. Staff explained their role and responsibilities and how they would report any concerns they had about a person's health or wellbeing. Appropriate referrals for people were made to other health and social

care services. Staff identified people who required specialist input from external health care services, such as GP's and district nurses and where appropriate staff obtained advice and support. Care plans provided staff with good information about how the person's needs should be met, they were personalised and clearly identified what the desired outcome should be for the person. They told us that they saw a variety of healthcare professionals such as the chiroprapist, the optician, the doctor and the district nurse. A visiting relative told us, "They [staff] don't think twice about ringing the doctor when they need to." Records confirmed that people had been supported to attend routine healthcare appointments to help keep them healthy.

Is the service caring?

Our findings

People told us that the staff were respectful and caring and their comments included, “staff are always kind to me”, “The staff are mostly nice and it’s important to have good people to look after you”. One visiting relative told us that the care was ‘genuine’. Another said, “Staff have taken the time to get to know my relative and they also offer support to our family too.”

People were relaxed, happy and cheerful throughout our visit and there was good staff interaction. Staff displayed kind and caring qualities and it was clear that they knew people well and had built up positive caring relationships with them. People were treated with dignity and respect; for example, we saw people being supported and heard staff speaking with them in a calm, respectful manner. People were given the time they needed to carry out any tasks. Relatives told us that staff were respectful and polite in their approach when supporting people. One relative said, “The staff always treat people with dignity and respect and are all very kind and caring.”

People’s religious faith was respected and their cultural needs had been met. Staff regularly accessed the support of local churches to provide religious services such as holy communion to people. People told us that they had the privacy they needed and we saw this in practice, for example staff knocked on people’s doors and waited for a response before entering their rooms.

Staff promoted personal choice and independence at all times when they were engaging with people. Staff offered people choices with regard to food and drink, places to go

and asked people where and how they wanted to spend their time. Staff considered people’s different communication styles and care plans always clearly reflected people’s personal individual needs. People were dressed appropriately for the time of year and looked well presented.

Where they were able to, people were actively involved in making decisions about their care and support. People said they were able to make choices about how they wanted to spend their time. There was good information available about people’s likes, dislikes and preferences in regard to all areas of their care. Staff knew what interested people to help engage in conversation which created opportunity for social interactions. Relatives told us that they were regularly kept informed about changes to their loved ones care and support.

Visitors told us they were always made welcome at any time of the day. One visiting relative said, “There are no restrictions on visiting times so I can visit my relative whenever I want.” Other visitors told us that they were always made to feel welcome whenever they visited and had access to the morning room which supported private family time.

Where people did not have family members to support them to have a voice, the registered manager had a good knowledge of how to access local advocacy services. There was no information readily available for people on how to access local advocacy services. However we noted that some people were supported by staff to access advocacy support when required.

Is the service responsive?

Our findings

People received personalised care that was responsive to their individual needs. People's needs had been fully assessed before they moved into the service. Staff knew how to support people and described their individual needs and preferences. Staff said that they had sufficient information in the care plans to enable them to meet people's needs. One staff member said, "We are a close team and keep up to date about any changes to people's needs on a daily basis. We have a thorough handover each shift to ensure that we know how to care for people safely."

People told us that they received the care they need when they needed it. Care plans had been devised from the initial assessment and had been reviewed and updated monthly to ensure that they continued to meet individual's changing needs. Daily records kept for each person also helped to ensure staff had up to date information about people

People told us that when needed the registered manager provided suitable equipment such as hoists to support their mobility. Staff responded quickly when needed for example, we saw that people were given support to mobilise around the home as soon as they needed it. One person had decided that they wanted to move to another chair at lunchtime and staff were very quick to respond. Another person needed help to access the bathroom and again staff responded very quickly to the person's needs. We observed that staff were quick to respond when people rang their call bell.

There was an activities co-ordinator who organised and led activities in the service. Notice boards around the home displayed a range of forthcoming activities and events including religious services, hairdresser, gardening and day trips out into the local community. Activities were arranged

both in a group and on a 1:1 basis for people. Records we viewed confirmed that people were involved in activity choices. The activities coordinator encouraged and supported people to follow their own interests and hobbies.

People told us that they spent time with their relatives and we saw that there were visitors coming and going throughout our visit. One visiting relative said, "This service is so good, my relative lived in another care home which had no stimulation. This is by far the best [my relative] gets involved with activities and laughs and smiles".

People were asked for their views on a daily basis and we heard and saw this in practice. People told us that they had regular monthly resident meetings and the notes of the meetings were accessible to both people supported and family members.

People told us that they knew how to complain and that they would tell the staff or the registered manager if they had any problems. Family members explained they had no concerns or complaints about the service and they were confident that any complaints would be dealt with. There was a good complaints process in place which fully described how any complaints or concerns would be dealt with. The deputy manager told us, and the records confirmed that when complaints had been received they were dealt with quickly and appropriately. People said they were confident that their complaints would be dealt with effectively. The complaints policy required updating by the registered provider to reflect the name change from CSCI to CQC. The service had received many compliments from family members about the good care and support that had been given to their relative. These had also been acknowledged and responded to by the registered provider.

Is the service well-led?

Our findings

The service was managed by a person registered with CQC since June 2012. The registered manager, deputy manager and staff had a good understanding about their roles and responsibilities and good knowledge about the people they were caring for.

Family members and visitors told us that there was an open door policy and that they could speak with the registered manager as and when they wanted to. Staff and relatives had confidence in the registered manager and said that she was approachable and supportive. They said that she was always available and responded positively to any requests. We saw good relationships amongst the registered manager, people supported and visitors to the service.

There were clear lines of accountability and responsibility within the service. The service benefitted greatly from the support of the registered provider, registered manager and deputy manager in all aspects of administration and record keeping. The management team also maintained a robust and effective system for monitoring the quality of the service. Regular audits of the service's systems and processes had taken place to ensure people's health, safety and welfare. The deputy manager told us and the records confirmed that health and safety, infection control, medication, care plans, accidents and incidents and the fire system had been checked monthly. Records we reviewed identified improvements that were required and the appropriate actions that had been taken by the provider.

People who used the service and family members were invited to attend regular house meetings. An agenda was put together and made available to people prior to the meetings and staff discussed this with them. During the meetings people were encouraged to contribute the running of the service and make suggestions for improvements.

People's views had been gathered in April 2015 through the use of a satisfaction survey. The feedback from the survey was positive and showed that people were happy with the overall service.

Regular staff meetings had taken place and the issues discussed had included care practices, staff training, equipment and care plans. Staff told us that they felt fully involved in how the service was run.

We viewed accident and incident reports and these raised no concerns with us. These were recorded appropriately and were reported through the provider's quality assurance system. This meant the provider was monitoring incidents to identify risks and trends and to help ensure the care provided was safe and effective.

The manager of the home had notified CQC promptly of significant events which had occurred at the service. This enabled us to decide that the service had acted appropriately to ensure people were protected against the risk of inappropriate and unsafe care

Personal records were stored in a locked office when not in use. The registered manager had access to up-to-date guidance and information on the service's computer system that was password protected to ensure that information was kept safe.