

Chapel House Care Ltd

# The Chapel House Nursing Home

## Inspection report

Chapel House Lane  
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Neston  
Cheshire  
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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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

The Chapel House Nursing Home is registered to provide accommodation with personal care for up to a maximum of 35 older people. There were 23 people living at the home at the time of our inspection, some of whom were living with dementia.

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

We have made a recommendation regarding the systems in place to monitor the quality and safety of the service as they were not always effective. Audits did not highlight all the issues identified during the inspection, and when issues were identified, action plans were not always created to reflect what actions would be taken. A new suite of audits had just been implemented to try and improve the governance of the service.

People received their medicines from appropriately trained staff, although records regarding the management of medicines were not always robustly maintained.

Infection prevention and control policies and procedures were in place to help reduce the risk of infections, including COVID-19. The home was clean and cleaning schedules were being further developed to help minimise any risk of infections being spread. Personal Protective Equipment was available to all staff and visitors and we observed this to be worn appropriately and there was a system in place to ensure staff were undertaking COVID-19 tests in line with current guidance. Visits to the service were carried out safely in line with current government guidance.

People and their relatives told us the home was safe. Staff were aware of safeguarding procedures and knew how to report any concerns they had. Risks to people had been assessed and were managed and there were sufficient numbers of safely recruited staff available to support people. Accidents and incidents were managed safely. Records showed that appropriate actions were taken following any accidents.

Systems were in place to ensure Deprivation of Liberty Safeguards (DoLS) applications were made and managed effectively. 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.

Staff received regular supervisions and an annual appraisal and told us they felt well supported. Training was available and staff told us they were up to date with their mandatory training, although records did not always support this. Relatives told us staff had the skills to support their loved ones.

People had access to plenty of food and drinks and their nutritional needs were assessed and met, although feedback regarding meals was varied. People's health and well-being was routinely reviewed, monitored and assessed and GP's were contacted when people were unwell.

People were supported and encouraged to maintain relationships and participate in activities and events of interest to them. A new team of activity staff were in the process of being recruited to enhance the current activities available. People and their relatives knew how to raise any concerns they had and were confident they would be listened to.

Feedback from people and their relatives regarding the care provided was positive. Staff were described as kind and caring, they treated people with respect and encouraged people's independence. People were supported to be involved in their care decisions as much as possible. Family members were also included in care planning to ensure people's needs and preferences could be met.

Relatives told us the home was managed well and that communication had improved since the new manager came into post. They told us they were kept well informed through newsletters and meetings and were able to provide feedback about the home. Staff told us they enjoyed their jobs, liked working in the home and were well supported. They told us they would recommend it to others and would be happy for their family members to live there if they required care.

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

This service was registered with us on 14 August 2020 and this is the first inspection.

The last rating for the service under the previous provider was outstanding (published 20 December 2017).

#### Why we inspected

This was a planned inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### 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.

### 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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

# The Chapel House Nursing 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 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 two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

The Chapel House 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. The Chapel House 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post, as well as a new manager who was in

the process of applying to become registered with the Commission.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed the information we had received about the service and contacted the local authority quality and commissioning teams for their feedback.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

#### During the inspection

We spoke with the registered manager (who is also the nominated individual), the manager and three other members of the staff team. We also spoke with two people who lived in the home and ten relatives, about their experience of the care provided.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to safe recruitment. A variety of records relating to the management of the service, including audits were also reviewed.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Safe medication administration procedures and protocols were in place, but could be further improved.
- We noted that more oversight was required to ensure records regarding stock balances, and topical medicines were robustly and consistently maintained as these were not always completed accurately.
- Safe procedures were in place for people who required their medicines to be administered covertly (hidden in food or drinks), with relevant agreements recorded and plans that reflected how best to support each person with their medicines.
- There were protocols in place for medicines prescribed as and when required (PRN).
- Medicines were administered by staff who had undertaken relevant training and had their competency assessed.

### Assessing risk, safety monitoring and management

- Systems were in place to assess and monitor risks.
- Care files showed that people's individual risks had been assessed and measures had been put in place to reduce those risks. For instance, one person who was at risk of falls, had equipment in place to reduce the risk of falls and potential injuries. We noted that some improvement was required to one person's records relating to their repositioning support.
- Regular internal and external checks made of the building and equipment to ensure people's safety.
- Personal evacuation plans were in place to ensure people could be safely evacuated in the event of an emergency.

### Systems and processes to safeguard people from the risk of abuse

- Procedures were in place to ensure safeguarding concerns were reported appropriately.
- A safeguarding policy was in place; staff had completed relevant training and told us how they would report any concerns.
- People living in the home told us they were safe there. One person said, "I enjoy not having any worries." Relatives agreed and their comments included, "[Relative] is absolutely safe because they genuinely care. They have put the time in to get to know her and I'm 100% confident in them," "[Relative] is safe as there are always two people to walk with her. They keep as close an eye as much as they can" and "Oh yes, [relative] is safe, primarily because the staff are diligent and accessible and they answer my questions."

### Staffing and recruitment

- There were sufficient numbers of safely recruited staff available to support people.

- Records showed that relevant checks had been made to ensure staff were suitable to work in social care. This included a Disclosure and Barring Service (DBS) check, which provides information including details about convictions and cautions held on the Police National Computer and helps employers make safer recruitment decisions.
- Relatives told us there were usually enough staff on duty and agency staff were utilised when needed. They said, "I have to say since [Manager] has been in charge staffing levels have improved and the quality of staff has improved, they are knowledgeable about [relative] which is reassuring," "Yes, there are now, a couple of months ago they were struggling" and "It varies, some days there are more than others. It's been hard because of covid. [Relative] struggles when there are agency staff, she's better with staff she knows."
- The manager and registered manager told us they had worked hard at recruiting the right staff over the past few months and the use of agency staff had greatly reduced.

#### Preventing and controlling infection

- Infection prevention control policies and procedures (IPC) were in place to help reduce the risk of infections, including COVID-19.
- The home appeared clean and well maintained. The manager had reviewed and updated cleaning schedules, and these were due to be implemented the week of the inspection.
- Staff had undertaken IPC training, and had access to Personal Protective Equipment (PPE) that was worn appropriately.
- Staff were undertaking regular COVID-19 tests in line with current government guidance.
- Relatives told us the home was always kept clean. They said, "Oh yes it's clean, her room is regularly cleaned," "Yes, it's all really clean, never any nasty smells and [relative's] things are looked after" and "Yes, it is spotlessly clean and well furnished."

#### Visiting in care homes

- Visits to the service were carried out safely in line with current government guidance.

#### Learning lessons when things go wrong

- Accidents and incidents were managed appropriately. Records showed that appropriate actions were taken following any accidents and advice was sought from other health professionals when needed.
- Each accident or incident was reviewed by the management team, this enabled potential trends to be identified and minimise the risk of future incidents.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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 needs, choices and preferences were assessed and supported in line with standards, guidance and law.
- There was information available to staff around the home to help ensure they provided support in line with best practice guidance and a range of policies were in place to support staff practice.
- Care files included information and guidance regarding people's medical conditions to help ensure staff knew how best to support them.

Staff support: induction, training, skills and experience

- Staff received day to day support and were offered learning, training and development opportunities.
- New staff received an induction and shadowed more senior staff to ensure they had the knowledge to support people safely.
- Staff received regular supervisions and an annual appraisal and told us they felt well supported.
- Training was available, and staff told us they were up to date with their mandatory training, although records did not always support this.
- Relatives told us staff had the skills to support their loved ones. They said, "[Staff] are so patient, professional, I'm overwhelmed by their skills," "I like the link with the Admiral Nurse Service. They've brought training to the staff who buddy up and reflect on their practice and they've home grown staff into senior roles" and "They are well trained in moving and handling from what I've seen."

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

- People's nutritional needs were assessed and met.
- A range of pre made meals were available, with choices offered and individual dietary needs catered for.
- Feedback regarding the meals available was varied. Some people and their relatives were positive about it and said, "I enjoy the food" and "[Relative] eats very well, not a huge amount, but she's eating two good meals a day." However, others said, "I'm not sure about the quality of the Appetito meals. He doesn't get fruit or veg. I wish they would consider doing home cooked meals" and "It's all ready frozen meals that come in. I don't think elderly people like those meals."
- People's nutritional needs were monitored and if any concerns were identified, referrals were made to the dietician or speech and language therapy team as required.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's health and well-being was routinely reviewed, monitored and assessed.
- Records showed that referrals were made to other health professionals in a timely way, for their specialist advice and support.
- People and their relatives told us GP's were contacted when people were unwell.

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

- The home provided a safe environment for people.
- A lift provided access to all floors of the home. Bathrooms had been adapted to help ensure all people could access them.
- Bedrooms had been personalised by people, with pictures and items that were important to them. Call bells were available in bedrooms, to enable people to gain assistance when needed.
- There is a large garden area which people told us they enjoyed using and sitting out in the nice weather.

#### 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 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Systems were in place to ensure DoLS applications were made and managed effectively.
- When there were concerns about a person's capacity to consent to a particular decision, mental capacity assessments were completed and best interest decisions made, with involvement of relevant people.
- Support was provided to people in the least restrictive ways possible.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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; Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff were caring and treated people with respect.
- People told us, "Staff are kind, caring and funny. They know me well" and "Staff are so lovely and helpful. They are so kind and patient."
- Relatives agreed and told us, "[Staff] are fantastic, they look after [relative] no worries at all," "The care shown to mum is very person centred," "They find people who are good to work there, and I hope that continues," "They are absolutely caring and kind, they all know and love her." and "They have nice ways of speaking with mum and the nurse's phone me to keep me informed."
- Staff spoke fondly of people who lived in the home. They told us they got to know people well and how they wanted to be supported. One staff member said, "We give 110% to provide the care [people] need." We observed staff engaging with people during the inspection, in a caring and warm manner.
- People's independence was encouraged by staff. A relative told us, "Walking is important to [relative] and this is recorded in her care plan, so staff take her out for 20 minutes every day to have a walk around."

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

- People were supported to be involved in their care decisions as much as possible. When people were unable to participate, family members were encouraged to be actively involved.
- Service user guides were available; they advised what support people could expect when living in the home. This helped to make informed decisions.
- Information about independent advocacy and support services was also available. An advocate is a person who is independent of the service and who can support people to share their views and wishes if they want support.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Care plans were mainly detailed and personalised, offering individualised information and reflecting people's choice and preferences about their care and support.
- The manager had been working with people and their families to ensure plans were accurate and clearly reflected the support people wanted and needed.
- Care plans were adapted based on assessed risks and were reviewed and updated regularly.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Systems were in place to ensure the Accessible Information Standard was met.
- People's ability to communicate was assessed and documented within their care plans, to help ensure staff knew how best to communicate with them.
- A relative told us, "[Relative] is deaf and [Manager] arranged for deaf awareness training for the staff group to skill them up for supporting people with hearing problems."

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

- People were supported and encouraged to participate in activities and events of interest to them and to maintain contact with their friends and family.
- For instance, staff have recently supported a person to celebrate their wedding anniversary in the home. People's relatives are encouraged to visit safely, and some relatives told us they regularly went out with their family member.
- Staff currently provided activities within the home, and the registered manager was in the process of recruiting a team of activity coordinators to run a schedule of activities and events. External entertainers also visited the home regularly.

Improving care quality in response to complaints or concerns

- There was a procedure in place to investigate and manage complaints.
- People told us they knew how to raise concerns and would do so if needed. One relative described how a

complaint they made was thoroughly investigated and changes made to their family members care plan as a result.

#### End of life care and support

- End of life care and support was provided when needed.
- People's wishes and preferences regarding end of life were recorded within care plans if they had chosen to discuss this.
- Compliment cards had been received from relatives who had lost loved ones and they thanked staff for their care and attention. Comments included, "You made the darkest of times a little brighter and brought many smiles to [relative]" and "You made the load easier to bear as I felt part of a family and not alone on this difficult journey."

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

### Continuous learning and improving care

- Systems were in place to monitor the quality and safety of the service; however, these could be further improved.
- The audits completed did not highlight all the issues identified during the inspection, such as those regarding medicine records, which were not always completed robustly.
- When issues were identified on audits, action plans were not always created to record what improvements were required and who was responsible for them.
- The manager and registered manager had recognised the limitations of the audits in place and had created a new robust suite of audits that had just been implemented. However, the previous audits had not all been maintained whilst the new ones were being created.

We recommend that the provider reviews its practices to ensure effective systems are consistently implemented to monitor the quality and safety of the service.

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

- The culture of the service helped ensure good outcomes for people.
- Feedback from people and their relatives regarding the care provided and the management of the service was positive. Comments included, "The new manager goes above and beyond and he listens," "All the family praise [the manager], he's got a vision," "The owner is quite involved but she allows [the manager] and the nurses to do what they need to do. They've got a deputy and have identified the improvements that need to be made," "It's better now since [the manager] came in; communication is much better. I can have an open and honest discussion with him" and "As soon as I met [the manager] I knew it was the right place for mum."
- Staff told us they enjoyed their jobs, liked working in the home and were well supported. Their comments included, "There is good team morale and always someone to ask for support" and "It really is a good place to work. The whole atmosphere is good. I like the staff, residents and good team spirit."

### 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

- Accidents and incidents were reviewed and acted upon to ensure the service acted in a transparent way.
- Relatives told us they were always kept informed regarding their family members care and wellbeing. Their comments included, "If mum falls which is usually at night, they phone me and let me know" and "[Staff] inform me if they have any concerns."

- Staff told us that they would not hesitate to inform the manager of any issues or concerns they had and were confident they would be dealt with appropriately.

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

- The manager and registered manager understood their roles and responsibilities and were passionate about people receiving good quality care.
- A range of new policies had recently been created to guide staff in their roles.
- The Commission had been informed of all incidents the provider is required to notify us of.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There were clear systems in place to gather feedback from people, staff and relatives, including meetings, surveys and newsletters.
- Relatives told us they were well informed and always kept updated. One relative said, "Communication has improved 100% since the new manager arrived."
- Staff told us they enjoyed their jobs and that team morale was good. They were able to share their views during team meetings and told us they were listened to.
- The registered manager liaised with other health and social care professionals to help ensure people's needs were met.