Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Chapelfields

Chapelfields, Frodsham, WA6 7BB

Tel: 01928734743

Date of Inspection: 07 July 2014

Date of Publication: August 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Staffing	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Methodist Homes
Registered Manager	Ms Rachael Starkey
Overview of the service	Chapelfields is a purpose built care home with separate units providing nursing and residential care for 40 frail older people and 30 people who have dementia. The home has two storeys and all bedrooms are single rooms with en suite facilities. There is a choice of lounges with a communal dining room on the ground floor of the unit for elderly people, and lounges and separate dining facilities on both floors of the dementia unit.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 7 July 2014, talked with people who use the service and talked with carers and / or family members. We talked with staff, reviewed information given to us by the provider and reviewed information sent to us by other authorities.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

Our inspection team comprised two inspectors. We considered our inspection findings to answer questions we always ask;
Is the service safe?
Is the service effective?
Is the service caring?
Is the service responsive?
Is the service well-led?
This is a summary of what we found –

Is the service safe?

People said they were treated with dignity and respect and felt safe. There were the right amount of skilled and experienced staff working at the home to safely meet people's needs.
Systems were in place to make sure that managers and staff learnt from events such as accidents and incidents, complaints and concerns. This reduced the risks to people and helped the service to continually improve.
The home had proper policies and procedures in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards, although no applications had needed to be submitted recently. Relevant staff had been trained to understand when an application should be made, and in how to submit one. This meant that people's rights would be safeguarded as required.

Is the service effective?

People were satisfied with the care provided. Comments included: "It's very good, nice and homely"; "I hope every home's as good as this one"; "It feels like a family".
People's health and care needs were assessed with them, and they were involved in writing their plans of care. Staff had been trained to an appropriate standard to enable them to meet the needs of the people who used the service.
There was a choice of food on offer and people's nutrition and hydration were monitored. People said that they enjoyed the meals and staff knew their likes and dislikes. Comments included "We're offered a choice and they try and accommodate you with whatever you want" and "The food's quite good".
People completed a range of activities in and outside the service regularly. This helped to keep people involved with their local community.

Is the service caring?

People were supported by kind and attentive staff. We saw that nurses and care workers showed patience and gave encouragement when supporting people. People commented: "They're very good"; "They are very helpful and caring".

Is the service responsive?

People's preferences, interests, aspirations and diverse needs had been recorded and care and support had been provided in accordance with people's wishes.
People using the service, their relatives and staff completed regular satisfaction surveys. Where shortfalls or concerns were raised these were addressed.

Is the service well-led?

The service worked well with other agencies and services to make sure people received their care in a joined up way.
The service had a quality assurance system to help make sure the service was continuingly improving.
Staff told us they were clear about their roles and responsibilities. Staff had a good understanding of the ethos of the home and received appropriate supervision.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We spoke with eight people who used the service and two relatives. People's comments included: "It's very good, nice and homely"; "I hope every home's as good as this one"; "It feels like a family". All were satisfied with the care provided, although two people commented that occasionally it takes the staff a while to answer the call bell. We found this to be the case when lunch was being served. We discussed this with the regional operations manager for Methodist Homes, who said that they would make sure a member of staff was designated to answer call bells during mealtimes.

People's care and support was well planned and provided in a way that ensured their safety and welfare. We saw records which showed people's needs were assessed before they moved into the home. We saw that appropriate care plans and risk assessments were in place and that these had been reviewed regularly, with the involvement of the person it was for and/or their representative. Care plans were personalised and contained information about people's likes, dislikes, preferred routines and how people liked to be supported. Information about people's personal history was also included, for example; family and other important people, where they used to live, hobbies and interests and previous employment. This promoted staff awareness of people's individual needs, preferences and diversity. Staff had a good understanding of people's needs.

We used the Short Observational Framework for Inspection (SOFI) to observe staff providing support to people on the dementia unit. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. Staff interacted in a warm and friendly manner. They had a good understanding of the personal histories of people who used the service and used this knowledge to promote engagement in conversations and provide personalised support. When staff spoke to people they made good eye contact and used touch to provide reassurance where appropriate and people who used the service responded positively to this.

Discussion held with staff and records we reviewed confirmed that people had been seen

regularly by primary healthcare providers such as their dentist, chiropodist and optician. We saw charts were in place for recording and monitoring aspects of people's care such as fluid and food intake, weight and behaviour. Where a health concern had been identified staff had acted promptly to request the attendance of relevant health or social care professionals such as the persons GP, dietician, physiotherapist or nurse specialist.

The home employed an activities coordinator and people spoke highly of her and the activities arranged. The activity programme was displayed on the noticeboard in reception and included such things as music therapy, quizzes, reminiscence, pamper sessions and exercise sessions. People told us they had been on visits to other Methodist homes and that someone took them to the local market on Thursdays. The home had a book club and there was a notice inviting people to join a bridge group.

People's spiritual needs were addressed in their care plans. The home employed a Methodist chaplain who provided services and support for the people living in the home. Ministers of other religious denominations also visited.

Arrangements were in place to deal with foreseeable emergencies. We saw first aid equipment at the home and staff knew where it was kept. Staff told us how they would respond in a medical and non-medical emergency. This included making sure people were safe, providing necessary first aid, calling the emergency services and providing reassurance. We noted that the emergency call system was in good working order and staff responded promptly to an emergency call that was activated during the inspection.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

The people we spoke with said that they had been consulted about their dietary needs and care records showed evidence of this. The majority said that they enjoyed the meals and staff knew their likes and dislikes.
One person said "We're offered a choice and they try and accommodate you with whatever you want" and another person said "The food's quite good". During lunchtime one person was offered a choice of sweet but said they would prefer a packet of plain crisps and a member of staff went to the local shop to buy some.

We spoke with staff, who told us that the people on the frail elderly unit were asked to choose from the menu for lunch and tea but could ask for something else if they didn't like what was on the menu. People on the dementia units were shown the choice of meals at mealtimes, so they could make a choice of which meal they would like.

Menus were on display and offered plenty of choice. Fresh vegetables were provided every day and fruit and finger foods were available on the units. People were provided with a jug of water or squash in their rooms. The chef met with the people who used the service to discuss their preferences and had a list in the kitchen of people's preferences and if they were on any special diet.

We saw people who use the service being provided with their lunchtime meal. The food was kept hot till it was served and tables were nicely set. Pureed meals were provided for those with swallowing difficulties. People could choose whether they ate in the dining room or their own room. During the mealtime people appeared to be enjoying the meals they had chosen.

Care records showed that people had a nutritional assessment and were weighed regularly. If anyone lost weight a care plan was put in place to help improve their nutritional intake. Records also showed that fluid intake was recorded if someone was identified as being at risk of dehydration.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

There were enough staff to meet people's needs.

The home employed a registered manager and a deputy manager, who were both nurses. Staffing rotas we viewed showed a consistent amount of nursing and care staff on duty throughout the day and night. There were twelve care staff on duty during the day and eight at night for 58 people who were using the service at the time of the inspection. These numbers included three or four nurses during the day and two at night. Also, on the day of the inspection, one person who used the service was being provided with one to one support by another care worker, because they needed a lot of support. Other staff that worked at the home included; a cook, kitchen assistants, housekeeping staff, an activities coordinator and a maintenance person. People who used the service and their relatives raised no concerns about the levels of staff at the home. One relative told us, "The staff are all very caring and polite. I'm here every day and they are always popping in to make sure my wife is ok." Other comments included: "They treat me with respect"; "They are very helpful and caring"; "The activity coordinator is marvellous".

During our visit we observed that there was always a member of staff present in areas of the home people occupied. We observed positive relationships and interactions between staff and people who used the service and we noted that staff spent time with people and their relatives.

Discussions held with the staff showed that the staff team was stable and many staff had worked at the home for a number of years. Two staff said they could do with another member of staff on the frail elderly unit because of increased dependency of people who used the service. The regional operations manager said that staffing levels were being reviewed.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We viewed records which showed staff had received training in topics relevant to their roles and responsibilities and the needs of the people who used the service. Induction covered all the Skills for Care common induction standards and comprised 3 days in a classroom setting and a minimum of two weeks shadowing a more senior member of staff and supervised practice. As well as completing mandatory training, nurses had kept up to date with the requirements of their professional body. Care staff had also completed mandatory training and training specific to the needs of the people who used the service, for example, first aid, fire awareness, safeguarding adults and dementia care. One member of staff told us that a nurse specialist regularly visited to advise staff on how to care for people with Parkinson's Disease.

The home had proper policies and procedures in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards, although no applications had needed to be submitted recently. Relevant staff had been trained to understand when an application should be made, and in how to submit one.

Staff told us they felt sufficiently skilled to do their job and that they had attended regular training updates to refresh their knowledge, skills and understanding. They also said they received regular supervision and had annual appraisals of their performance.

The deputy manager was supernumerary and had been given responsibility for staff support and training. She was in the process of drawing up a spreadsheet of training needs that had been identified during staff appraisals and was resourcing and allocating training as required. One of the senior nurses had recently completed a facilitator's course for dementia awareness training and was going to provide updates for all the staff.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

There was a system in place at the home to monitor the quality of the service people received.

People told us that the manager frequently asked them if they were satisfied with the service. Also, the manager, deputy manager and senior staff were required to carry out regular checks on areas of the service including people's care plans, medication, the environment and staff training and performance. We saw records which showed that these had been carried out as required and action had been taken where an area for improvement had been identified. In addition to these checks the regional operations manager visited the home periodically and carried out further checks to ensure the home was being operated in the best interests of people who used the service.

The deputy manager had been given lead responsibility for clinical governance. Clinical governance systems allow a service to assess performance, identify areas of concern, implement plans for improvement and prevent potential problems. She had set up a programme of clinical meetings with nursing staff to review people's care.

Individual and environmental risk assessments had also been carried out to ensure that any risks to people's health, safety and wellbeing were identified and managed, thereby minimising any risks identified to people who used the service and others.

Incidents and accidents had been appropriately recorded and reported and the necessary actions had been taken to avoid reoccurrences.

Residents' and relatives' meetings which had taken place provided people with an opportunity to put forward their views and opinions about the home and how it was run. People's views about the service were also obtained via a questionnaire which invited people to rate and comment on areas of the home including the quality of the care, staff,

meals and activities. Completed questionnaires went to the provider's head office and the results were displayed on the noticeboard. The most recent results were positive. A staff survey had recently been sent out, but the results weren't available at the time of the inspection.

We saw that there was complaints procedure and a system in place for monitoring complaints and concerns raised by people using the service or family members.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

We looked at five people's care records and saw that they were accurate, up to date and fit for purpose. People confirmed that they could see their records and were consulted about what was in them. They were asked to sign them to show that they agreed to their plan of care.

Other records relevant to the service, such as staff and maintenance records, were kept for the required length of time.

Records were kept securely and could be located promptly when needed

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk