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: 28 June 2013

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cooperating with other providers	✓ Met this standard
Management of medicines	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Methodist Homes
Registered Manager	Ms. Rachel 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 28 June 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information sent to us by commissioners of services.

What people told us and what we found

We spoke with five people who were receiving a service and twelve relatives. People told us staff always consulted them about their individual needs and involved them in decisions about their care and treatment. One relative said "I'm very impressed the way they listened to Mum and tailored the care to meet her individual needs".
The people we spoke with said that their needs were met and they were happy with the care provided.

People told us that staff always maintained their dignity when carrying out personal care. One person living at Chapelfields said "It's home from home". One relative said "They always ring me if there are any changes at all in my (relative's) condition". Another relative said how much they appreciated the "little touches" that improved people's dignity, such as making sure the dining tables were nicely set with condiments, flowers and napkins.

Care records gave staff clear instruction on how to meet people's individual needs and showed that people were helped to access other health and social care services when necessary.

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

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

We spoke with people who were receiving a service and their relatives. People told us staff always consulted them about their individual needs and involved them in decisions about their care and treatment. One relative said "I'm very impressed the way they listened to Mum and tailored the care to meet her individual needs".

We looked at a sample of care records and saw that people who used the service or their representative had contributed to the assessment process and had signed to say that they agreed with the care plan. One person's care file held a 'Do Not Attempt Resuscitation' (DNAR) instruction. This person lacked capacity to make the decision themselves but the records showed that the decision had been made after a 'best interests' meeting had been held with the person's GP, relatives and staff in the home.

People were offered a care review on a regular basis, depending on their needs, but at least six monthly. This involved a meeting between the person using the service and their representatives, their named nurse or key worker in the home, their social worker and any other appropriate health or social care professional involved in their care.

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.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

The people we spoke with said that their needs were met and they were happy with the care provided.

People told us that staff always maintained their dignity when carrying out personal care. One person living at Chapelfields said "It's home from home". One relative said "They always ring me if there are any changes at all in my (relative's) condition". Another relative said how much they appreciated the "little touches" that improved people's dignity, such as making sure the dinig tables were nicely set with condiments, flowers and napkins.

We talked with some staff and watched them providing care. We saw that staff were aware of the needs of the people who used the service and provided appropriate care. We observed that staff were pleasant and respectful in their interactions.

People's social and recreational needs were also met and people were encouraged to maintain relationships they had before admission. Relatives said the home was very welcoming and some had attended an open day with a cream tea and a tea dance the week before.

There was a weekly activity programme displayed on the notice board. The home had a volunteer coordinator who arranged volunteers to visit and befriend people in the home or help with activities in the home or trips out. One person told us that staff took her to her local church for services and another that staff took them to the local market on Thursdays. We saw people engaging in indoor bowls, a quiz and potting plants for the garden. There were photos displayed of people taking part in various activities and the home had used a grant they had applied for to bring in various artists to do art or craft work with people who lived in Chapelfields. A relative told us how much her mother appreciated that her dog was allowed to visit.

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.

Cooperating with other providers ✓ Met this standard

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare were protected when more than one provider was involved in their care and treatment. This was because the provider worked in co-operation with others.

Reasons for our judgement

We looked at people's care files and saw that they were helped to access other health and social care services when necessary. There was evidence that people had seen their GP on a regular basis. Other health and social care professionals that people had seen included social workers, hospital consultants, specialist nurse advisers, community psychiatric nurses, speech and language therapists and dieticians.

The home provided places for people who were funded by the local authority and people who required continuing health care funded by the local clinical commissioning group, as well as people who were funding their own care. The local authority told us of instances where the home manager had worked with them to improve outcomes for people.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Three weeks before the inspection the provider had introduced a new electronic recording system for medicines. Staff who were responsible for the handling and administration of medicines had received training and had access to hand held computers. The system recorded the amount of medicines received and when the medicines should be given. Staff entered when the medicines were given or a reason for them not being given. The system notified the GP when medicines needed re-ordering and the prescriptions went to the pharmacy who supplied the home. The system also recorded any medicines returned to the pharmacy. The manager received daily reports of any deviations from the prescribed requirements and addressed these with the relevant staff when necessary.

A senior pharmacy technician from the clinical commissioning group had carried out a full audit of the medicines on 18 June and produced an action plan, which the manager was addressing. The actions mainly related to recording drug allergies and recording application of creams and ointments.

Staff we spoke with said that it had initially taken longer with the new system to administer the medicines, but now they were getting used to it they thought it was a better system than the previous one.

We looked at the arrangements for controlled drugs, which were satisfactory. We noted that there was some overstocking of some controlled drugs, which had resulted from a fresh supply being dispensed to the home when the new electronic system was implemented. We also noted that it was time consuming checking the controlled drugs (CDs) because the CD register did not have an index, which resulted in staff having to check through all the pages in the register. We discussed this with the manager, who said she would arrange for the destruction of the CDs that had been supplied before the new system was implemented and obtain a new CD register with an index.

The home had satisfactory storage arrangements for medicines.

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 a sample of care records. We saw that a pre-admission assessment was completed for anyone who was being admitted to the care home. This ensured that a member of senior staff had met with the resident and family in order to confirm that all needs could be safely met when the person was admitted. Risk assessments and care plans had been put in place to address all identified needs and all, apart from one, had been reviewed and updated as people's needs changed. The one that was not up to date was discussed with the manager, who said she would make sure the person's named nurse updated it straightaway.

People's records were stored securely to make sure that only the people who needed to had access to people's confidential personal information.

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

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