

Roseberry Care Centres GB Limited

Chapel Lodge

Inspection report

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Date of inspection visit:
10 April 2019
11 April 2019

Date of publication:
12 June 2019

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 ●

Summary of findings

Overall summary

About the service:

Chapel Lodge is a care home service with nursing. It is registered to provide service to 63 older people. At the time of our inspection there were 47 people living at the service.

People's experience of using this service:

Since the last inspection considerable improvements had been made in the way risks and medicines were managed. People were receiving their medicines safely. People's care plans were up to date and accurately detailed the care and support people wanted and needed. Risk to people were properly assessed and safeguards put in place to mitigate any risks which had been identified. It was also clear that effective processes had been put in place to make sure these improvements were sustained

There was better management oversight and the checks and audits of the quality and safety of the service had been strengthened, and this helped to drive continuous improvement. People's feedback was regularly sought, so that they could contribute to improvements within the service.

People received care and support which was tailored to their needs, delivered by staff who treated them with respect and understood their needs and preferences. Staff were caring, and people and relatives complimented the service and said they would recommend it to others.

People were protected against the risk of abuse and received care from staff who were well trained to meet people's needs. . Staff were recruited safely and there were enough of them to keep people safe. People received care in an environment that was safe, clean and tidy. There had been improvements made, to make the home more conducive to people's wellbeing, homelier and more welcoming.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's dietary and healthcare needs were met. There was a complaints procedure available which enabled people to raise any concerns or complaints about the care or support they received. People's feedback was used to make improvements to the service.

Rating at last inspection:

The service was last inspected on 23 August 2018 (report published 23 October 2018). At that time the overall rating for the service was 'Inadequate'. The service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions.

Therefore, this service is now out of Special Measures.

Why we inspected:

This was a planned, comprehensive inspection based on the rating at the last inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service improved to Good.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service remained Good.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service remained Good.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service improved to Good.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service improved to Good.

Details are in our Well-Led findings below.

Chapel Lodge

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014

Inspection team:

The inspection was carried out by one adult social care inspector.

Service and service type:

Chapel Lodge is a 'care home' with nursing. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Chapel Lodge provides accommodation over two floors, accessed by a lift. All bedrooms have en-suite toilets. There are lounges and dining areas on each floor of the home. There is a garden and a car park.

The service had a manager registered with the Care Quality Commission. 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. The registered manager had not been in post since September 2018 and was not managing the service at the time of this inspection. They had applied to cancel their registration but remained on our register at the time of the inspection as their application was being processed by CQC. The provider had recruited a new manager, who had applied to be registered with CQC.

Notice of inspection:

The inspection was unannounced on the first day. The second day of the inspection was announced, as we

wanted to ensure the manager was available.

What we did:

Prior to the inspection visit we gathered information from many sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered provider. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with seven people using the service to gather their views and experiences and six visiting relatives. We spent time observing staff interacting with people. 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 spoke with seven staff members, including senior carers and nurses; the manager and two senior managers for the company. We looked at documentation relating to three people who were using the service, two staff files and information relating to the management of the service.

We gathered information from other stakeholders, such as the local authority and NHS clinical commissioning group, who commission places in the service. At the time of the inspection we also spoke with two healthcare professionals, who visited the service regularly and worked with the service to support people.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

At our last inspection of August 2018 this key question was rated inadequate. This was because risks associated with people's care were not always planned for and minimised and medicines were not always managed in a safe way. The registered provider sent us an action plan to say what action they would take to meet the requirements of the regulations. At this inspection the service improved to good. We found considerable improvements had been made and these ensured people's care was managed safely and any risks to people's health, welfare and safety were well managed. There was also clear evidence that effective processes had been put in place to make sure these improvements were sustained.

Assessing risk, safety monitoring and management

- Risks to people's care were managed safely .
- The systems in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of people who used the service were effective.
- People had comprehensive risk assessments. These identified any risk relevant to their needs and showed appropriate measures were in place to manage these. For instance, potential falls risks had been identified and measures were in place to reduce the risk of people falling.
- The system to make sure people's individual risk assessments were completed appropriately and in a timely way had been strengthened since the last inspection.
- During the inspection we observed staff supporting people to move by using a hoist or assisting people to stand. All these manoeuvres were carried out safely and with respect for the people being assisted.
- The service shared information about risks consistently and reliably. For instance, a new initiative had been introduced where brief meetings, referred to as, 'safety huddles' were held daily. Representatives attended from all areas of the staff team. The manager used the meetings to highlight priorities in safety of the service to ensure they were addressed and resolved quickly.
- Risks were also discussed during handovers and team meetings, so all team members remained up to date with any changes.

Using medicines safely

- People's medicines were well managed. Medicines systems were well organised, and people were receiving their medicines when they should.
- The management of people's medicines had improved since our inspection and we found this area was safely managed by the provider. For example, improvements had been made to the audit checks of controlled drugs, to make sure they were being dealt with properly and all records were accurate. Controlled drugs are medicines controlled under the Misuse of Drugs legislation and there are specific instructions about how they are stored and dealt with.

- The system of monitoring the administration of people's transdermal patches had been improved and daily checks were undertaken by senior staff to ensure people's these were administered at the right times. A transdermal patch is an adhesive patch that delivers a specific dose of medication through the skin and into the bloodstream.
- People told us they were happy with the way staff supported them with their medicines.
- The quality of medicines audits had improved and at this inspection we found these were effective in identifying issues and driving improvements. For instance, the provider had undertaken work with staff to ensure they were aware of the importance of reporting any medicines issues, errors and 'near misses' in a timely way.

Preventing and controlling infection

- Measures were in place to prevent and control the spread of infection and we found the home to be clean.
- Staff had received training in infection control and personal protective equipment (PPE), such as gloves and aprons were made available to staff.
- Audits of the cleanliness were undertaken regularly, and any identified shortfalls were addressed, effectively and in a timely way.

Systems and processes to safeguard people from the risk of abuse

- Systems in place to safeguard people from abuse were effective.
- People told us they felt very safe and their relatives told us they had no concerns in respect of their family member's safety. One person said, "Yes I feel safe. Staff know me, and I trust them."
- Staff had received training and had a good understanding of safeguarding processes.
- Records showed when incidents of suspected abuse had occurred the provider had reported these appropriately to the local authority safeguarding team and to CQC.

Staffing and recruitment

- The provider continued to recruit staff safely.
- There were enough numbers of staff to keep people safe and meet people's needs. People and their relatives shared no concerns about staffing levels, although one relative said the staff were sometimes very busy, especially at weekends.
- Staff felt there were enough staff working with them to support people effectively.

Learning lessons when things go wrong

- Staff reported and maintained records of incidents.
- The provider continued to monitor and review accidents and incidents to identify any trends and records showed appropriate actions were taken to reduce reoccurrences.
- Staff had enough guidance to reduce the risk of a repeat of accidents. Debriefs and team meetings were used to discuss learning points from incidents and changes to people's care plans, so that people were supported safely.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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 Act 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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found the service was working within good practice guidelines.
- People who had the capacity to consent to their care, had signed to indicate their consent to their care plans. People confirmed staff sought their consent. One person told us, "Staff always ask if it's OK before giving me my care."
- Mental capacity assessments we reviewed were decision specific and, where needed, best interests decisions had been recorded, when made on a person's behalf.
- Support staff told us they had received training in the MCA and DoLS.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed and had been reviewed periodically to make sure care and support was delivered appropriately. One person said, "We discuss changes in my care all the time."
- Information gathered had been used to develop care plans, which ensured people's preferences and diverse needs were met. This included protected characteristics under the Equalities Act 2010 such as age, culture, religion and disability.
- Staff understood people's diversity, values and beliefs and these aspects of their care and support were planned in partnership with them.
- People told us they were treated fairly and felt able to discuss any needs that were associated with their beliefs, gender or sexuality with staff they had formed positive and trusting relationships with. People praised the way staff supported them and felt they were treated appropriately.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to care for them effectively.
- People spoke very positively about the skills and knowledge of the staff. One person said, "The staff are very good. They do know what's what."
- A record was kept of training staff had undertaken. This showed staff had received a range of training in areas appropriate to the needs of people using the service.
- New staff had completed a structured induction programme and went on to receive regular supervision and appraisal to monitor their performance and support them in their role.

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

- People received a balanced diet which took in to consideration their preferences and dietary requirements.
- Everyone was complimentary about the food in the home. One person said, "I can choose what I like to eat. We have a good menu, good choices and good food."
- Where people were at risk of not maintaining a balanced diet, there was information in their care plans guiding staff how this should be addressed.
- When needed, staff recorded the person's food and fluid intake. If people were not consuming enough food and fluid, this was closely monitored, and advice sought from relevant community healthcare professionals.

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

- The provider worked in an integrated way with external healthcare providers to make sure people received person centred care and support.
- Staff were clear about their role in involving healthcare professionals such as GP's, occupational therapists, district nurses and psychiatric services, when needed.
- Healthcare professionals' involvement was clearly recorded in people's files and information and assessments they shared with the service had been incorporated into people's care plans. Staff provided guidance in relation to making healthier choices and improving mental and physical health.

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

- There were signs to help people to find their way throughout the home. Equipment was available in different areas for staff to access easily to support people to mobilise.
- There were kitchenettes on each floor, accessible to people and their relatives.
- Improvements were being made to the decor and the reception area had been refurbished making it more homely and inviting.
- People gave positive feedback about improvements the provider was making to the home environment. One person said, "I am very comfortable here."

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- The provider recognised people's diversity and promoted this in their policies, which highlighted the importance of treating everyone as individuals.
- Care records showed people's rights were considered when their care was being planned.
- Staff received training in equality and diversity, spoke to people with warmth and respect, and were supportive, kind and caring towards people.
- Staff were caring and compassionate with the people they supported and their families. One person said, "[Staff] are really good and they make me feel cared for." Relatives also complimented the staff. One relative said, "They [staff] are kind and caring with [family member], and with us [the family]."

Respecting and promoting people's privacy, dignity and independence

- Discussion and records showed staff upheld people's dignity and privacy. One person said, "The staff are nice. They are thoughtful and always ask how I am and if I need anything. They show respect."
- People were encouraged to maintain and improve their independence. A relative commented, "They [staff] are kind. They are helping [family member] to regain their independence in a lot of areas." Everyone we spoke with said staff were kind, respectful and treated them well.
- People's care plans included information that enabled staff to promote people's independence and to provide care and support in a way people preferred.
- It was clear from people's comments that staff formed positive relationships with people and knew them well. They used their knowledge of people's personal preferences to care for them well. A care worker said, "The care plans tell you a lot about what people need and like, and you get to know people through chatting with them and their families."
- The service maintained their responsibilities in line with the General Data Protection Regulation (GDPR). The GDPR sets out guidelines for the collection and processing of personal information. People's confidentiality was respected, and their care records were kept securely.

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

- People told us they were involved in decision making in relation to their care and support.
- Care records showed that people's views were central to how their care was planned and delivered.
- Staff encouraged people to make choices in the way they received their care and people's choices were respected.
- When people could not speak for themselves relatives had been involved in making sure their care was

planned as they preferred. One relative commented, "I speak to staff regularly. I feel our views are listened to."

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

At our last inspection of August 2018 this key question was rated requires improvement. This was because we found concerns in relation to people's care records, as people did not always have all the relevant risk assessments and care plans in place. The registered provider sent us an action plan to say what action they would take to meet the requirements of the regulations. At this inspection the service improved to good. We found improvements had been made that ensured people's care met their needs, with accurate, complete and contemporaneous records in place.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received person centred care that was tailored to their individual needs and preferences. Following assessment each person had a care plan developed to meet their needs and wishes. The plans we saw were individualised and reflected the care people told us they were receiving.
- Staff consistently confirmed care plans reflected people's current needs, gave complete guidance for staff and were reviewed monthly, or as people's needs changed.
- Communication about people's needs and any changes in their care and support was shared appropriately with staff through daily handover, ongoing daily communication and regular team meetings.
- The day to day records kept of people's care and wellbeing ensured people received good quality of care in a timely way. For instance, we saw accurate record keeping of one person's skin integrity. This had enabled the home to appropriately monitor this and contact relevant healthcare professionals quickly when there were signs of deterioration.
- People told us they were very happy with the service they received.
- It was clear staff supported people to maintain positive relationships with their family members, friends and partners.
- People's communication needs were identified, recorded and highlighted in their care plans.
- There was a range of activities on offer, arranged to suit people's needs and interests. These were well received by people and their relatives, who said they were varied and met people's specific preferences. Colourful pictorial records were kept of activities, celebrations and outings and used to engage people in discussion.
- The manager was keen to ensure the environment had a positive effect on people's wellbeing. He placed emphasis on activities and services in the home being a special experience. A new, themed hairdressers and barbers was being created and a particularly well-equipped sensory room had been created to help people with relaxation.
- Technology was creatively and effectively used to assist people's independence or aiding recovery, or in making people's environment more pleasant for them.

End of life care and support

- People's wishes about their end of life care were well supported and documented within care records.
- The service worked closely with relatives when people were at the end of their life and continually reviewed their approach to end of life care.
- Staff completed training in this topic and the staff we spoke with were aware of the importance of ensuring people's expressed preferences for this time of their life were respected.

Improving care quality in response to complaints or concerns

- People were enabled to raise concerns and complaints.
- The registered provider had a complaints process in place. A guide to how to make a complaint, which was given to people when they moved in and was displayed in the home. The regional operations manager was kept informed if the service received any complaints.
- People told us they would complain to staff or managers if they needed to and trusted them to listen and sort things out.
- Records we saw showed complaints were thoroughly investigated and used to improve the service.

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

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection of August 2018 this key question was rated inadequate. This was because we identified a need to improve the quality assurance processes in the home. The registered provider sent us an action plan to say what action they would take to meet the requirements of the regulations. At this inspection the service improved to good. The provider had ensured the breaches of regulation we found at the previous inspection had been addressed. We found considerable improvements had been made in the management oversight and governance in the home and this ensured people's care was managed safely, met their individual needs and made sure these improvements were sustained.

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

- The provider had improved the systems and processes to assess, monitor and improve the quality and safety of the service to make sure they were effective. Audits were carried out thoroughly, on a daily, weekly and monthly basis, by staff at all level in the team.
- It was evident that the management team had worked hard to ensure all improvements were properly and thoroughly embedded in practice. For instance, daily 'safety huddle' meetings had been introduced, when the manager and their team reviewed all aspects of the running of the service. This included checking progress with remedial action being taken to address any issues that had been identified by the audit system.
- Senior managers for the provider, such as the regional manager and quality manager also kept a clear overview of the quality and safety of the service, visiting weekly, undertaking management audits and checking audits undertaken by the manager. They closely monitored and encouraged progress with any actions taken to improve the service. This contributed the culture of continuous improvement.
- The provider had appointed a new manager who had extensive experience and a very good track record in managing this kind of service. The new manager was completing the CQC registration process.
- People and their relatives gave vary positive feedback about the manager, who they viewed as approachable, responsive committed.
- Staff were clear about the lines of responsibility and spoke very positively about the manager. They also told us the culture of the management team overall, promoted good practice, openness and honesty.
- The provider understood the responsibilities of their registration. Notifications had been submitted to CQC as required by law and the rating of the last inspection was on display within the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's feedback was regularly sought and incorporated into the way the service was run.
- The manager undertook daily walk rounds, with an emphasis on speaking with people who used the service and observing and talking to people about their experience of the care provided to them.
- Regular service user and relatives' meetings were held, and actions taken where required. These were reviewed at the following meeting to make sure people were satisfied with the action taken.
- People and their relatives told us they felt their views and opinions were listened to. Regular surveys were sent out to people and their families. Most feedback was positive, and we saw action was taken where required.
- Staff told us they felt listened to and supported by the management team.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The service had a positive and open culture that was shared throughout the management and staff team. All members of the team we met told us people were very much at the heart of the service.
- People who used the service and staff told us they would recommend the service to others needing care.
- The manager had a visible daily presence in the home and led very much by example. They told us one of the organisation's priorities was the importance of treating staff well and recognising their achievements.
- Staff were well motivated, and proud of the improvements made in the home. One staff member told us, "Things have improved steadily since the last inspection. The manager acts on things very quickly and doesn't let anything go until it is properly and thoroughly in our practice. Everyone works well together as a team."

Continuous learning and improving care

- The management team was keen to foster an ethos of continuous learning and development to facilitate the best care possible for the people who were living in the home.
 - All managers and staff we spoke with showed a passion for providing people with the best, most person-centred service that could be achieved.
 - There was effective communication between staff and managers, underpinned by regular team meetings and a culture of learning from incidents and feedback
 - The manager attended a range of meetings and provider forums to keep up to date with best practice and developments within the area, and shared this with the team at meetings.
- The manager also used the daily 'huddles' to raise issues of good practice, to help keep this at the forefront of staff's minds.

Working in partnership with others

- The management team had fostered good links with outside agencies to share best practice. This included the local authority, health professionals and other community service providers.
- The healthcare professionals we spoke with spoke very positively about the way staff in the home worked in partnership with them to ensure people's needs were met.